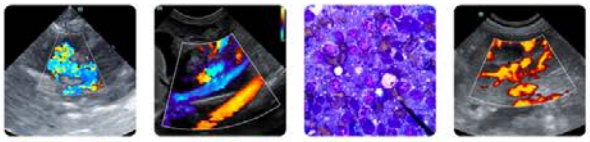


PATIENT

Jelly Neville

SPECIES

Canine

BREED

Terrier x

SEX

Neutered Male

AGE

13 Years

WEIGHT

17 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Adriana Ribas, DVM

INVOICE

75979

DATE

6/17/26

PRESENTING CLINICAL SIGNS

Investigating acute onset hepatopathy
Abnormal PE/Chem/CBC/UA Results: Labwork and radiographs attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size. (4.53 cm) Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.33 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.43 cm at the cranial pole and 0.49 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.61 cm at the cranial pole and 0.64 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

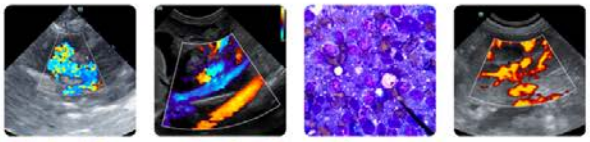
Spleen

The spleen is subjectively normal in size (1.13 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively borderline small in size, with normal echogenicity and smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a mixed echogenicity hypoechoic nodule in the parenchyma measuring 0.75 cm.

The gall bladder lumen is moderately distended. The gallbladder wall is slightly prominent and hyperechoic, measuring at 0.22 cm. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach contains moderate fluid and shadowing ingesta. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. Shadowing ingesta interferes with full evaluation of the stomach and some areas of the cranial abdomen.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid and gas distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.37 cm. Duodenum wall measures 0.43 cm. Visualized peristalsis appears appropriate. There is very mild mucosal speckling visualized associated with the duodenum.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Small, mixed echogenicity nodule in the liver – The significance of this lesion is uncertain. It could be consistent with a benign or early neoplastic lesion.
- Moderate gallbladder debris with a prominent/mildly thickened gallbladder wall – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring. The prominent gallbladder wall could be consistent with mild inflammation/cholecystitis, edema, etc.
- Fluid, gas and shadowing ingesta distended stomach and segmental fluid and gas distention of the small intestine – Correlate with feeding history. This could be normal for a post-prandial patient. If the patient was adequately fasted, this could represent ileus/gastroenteritis.
- Mild mucosal speckling visualized associated with the duodenum – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant focal lesions are visualized associated with the liver. There is a small mixed echogenicity nodule of uncertain significance, but it seems unlikely to be associated with significant liver enzyme elevations. Recommend continued monitoring, as the location is likely difficult for sampling.

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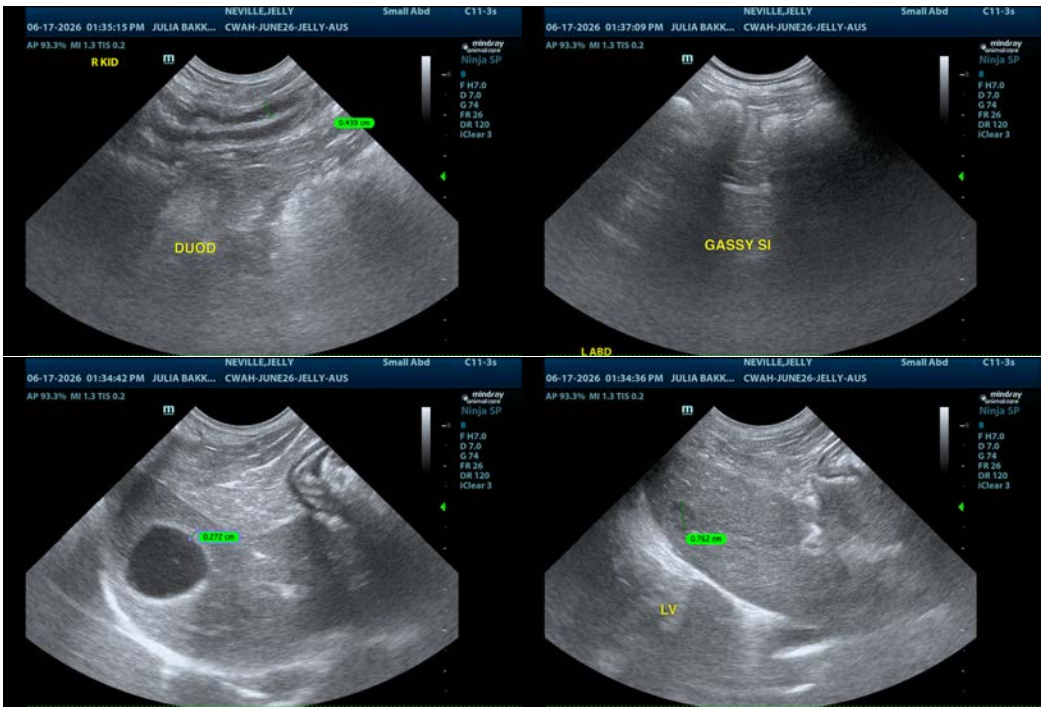
The liver is borderline small with subjectively reduced portal markings. The significance of this is unknown. Recommend the following:

- Recommend pre- and post-prandial bile acids to assess liver function.
- Recommend screening for Leptospirosis if clinically appropriate (I believe this was already done).
- Fine needle aspirate could be considered if round cell neoplasia or infectious disease is high on your differential list.

As this is reported to be acute in nature, consider treatment for acute liver injury with a course of Ursodiol, Denamarin, and antibiotics. If symptoms and liver enzyme elevations are persistent, ultimately biopsies of the liver with samples for histopathology, culture and copper levels would be warranted.

The gallbladder has a moderate amount of debris with a slightly prominent wall. This could be incidental or could be consistent with mild cholecystitis. The above recommendation for treatment for acute liver injury would also likely cover cholecystitis.

There is mild mucosal speckling visualized associated with the duodenum. The significance of this is uncertain in the absence of chronic gastrointestinal symptoms. If these should develop, further workup may be warranted.



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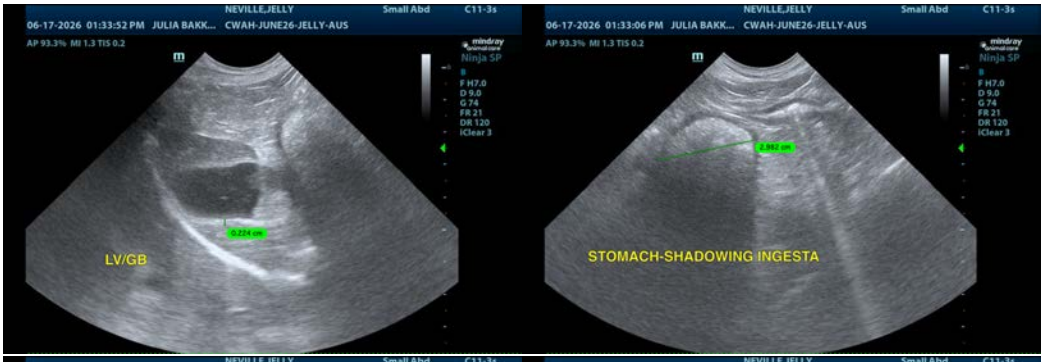

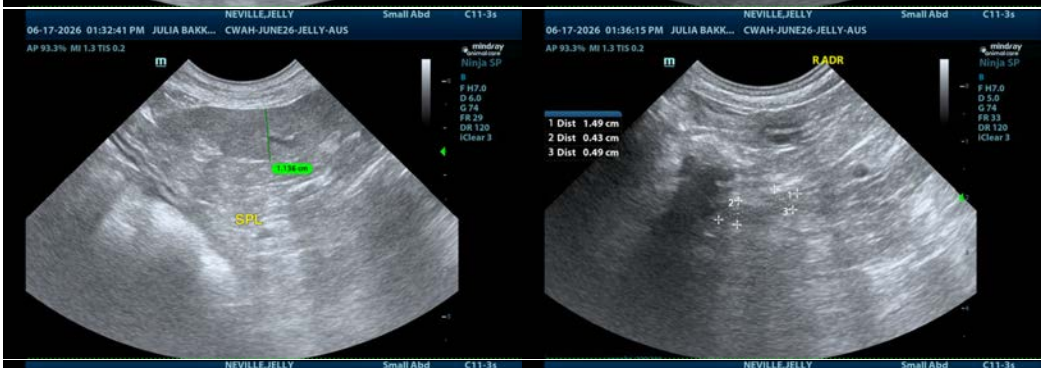

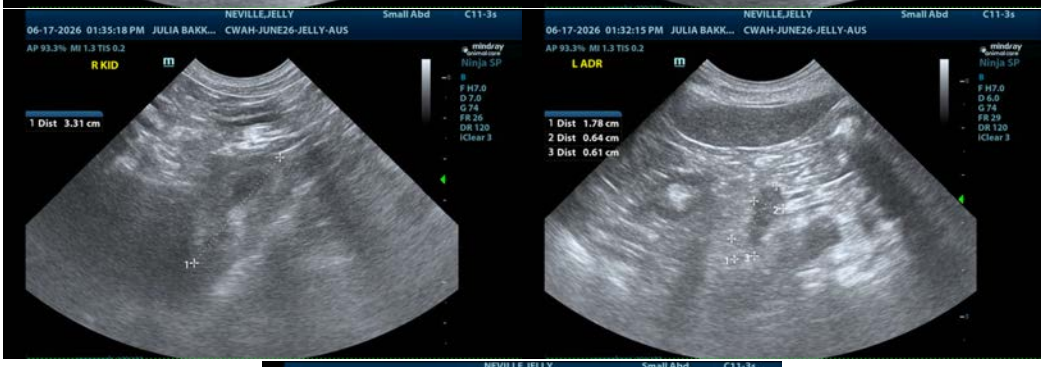

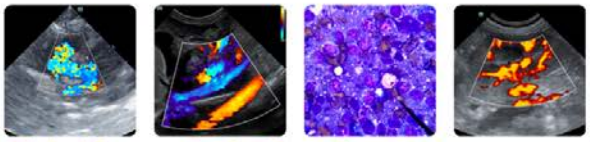

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com