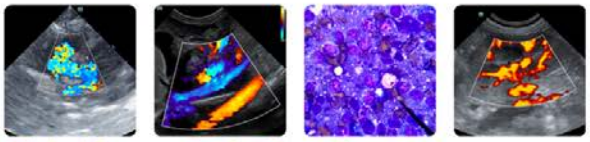


PATIENT

Leia Sobr

SPECIES

Canine

BREED

Bichon Frise x

SEX

Spayed Female

AGE

13 Years

WEIGHT

18 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

Eric Steinberg, DVM

INVOICE

75700

DATE

6/4/26

PRESENTING CLINICAL SIGNS

In-House NSAID panel. ALT 511, AST 108, ALP 906 - R/O hepatic dz vs nodular hyperplasia vs endocrine (Cushing's vs other) vs other.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is mildly thickened and irregular, measuring at 0.49 cm. The 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 left kidney has a normal shape and size (4.58 cm). Overall echogenicity is slightly hyperechoic with poor 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 (4.73 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.39 cm at the cranial pole and 0.27 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 0.44 cm at the cranial pole and 0.46 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.

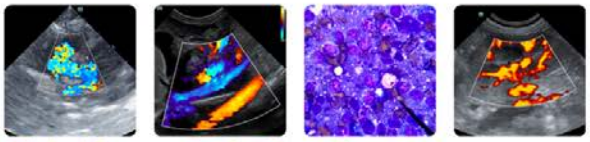
Spleen

The spleen is subjectively normal in size (1.25 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 borderline large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. Occasional ill-defined hypoechoic nodules are noted.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. 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 a large amount of 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. Correlate with feeding history. If the patient was adequately fasted, this could represent ingested foreign material.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate fluid and chyme distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.40 cm. Jejunum wall measures 0.32 cm. There is mild mucosal speckling. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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

- Mildly thickened, irregular bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Age related changes visualized associated with both kidneys.
- Subjectively large, heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The hypoechoic nodules have an appearance most consistent with benign regenerative nodules, although an early neoplastic process cannot be ruled out.
- Moderate gallbladder debris – 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.
- Large, hard shadowing material visualized within the gastric lumen – Correlate with feeding history. If the patient was adequately fasted, consider the possibility of ingested foreign material or similar.

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- Mild mucosal speckling visualized associated with the small intestine – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts. The significance of this is uncertain in the absence of reported gastrointestinal symptoms.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

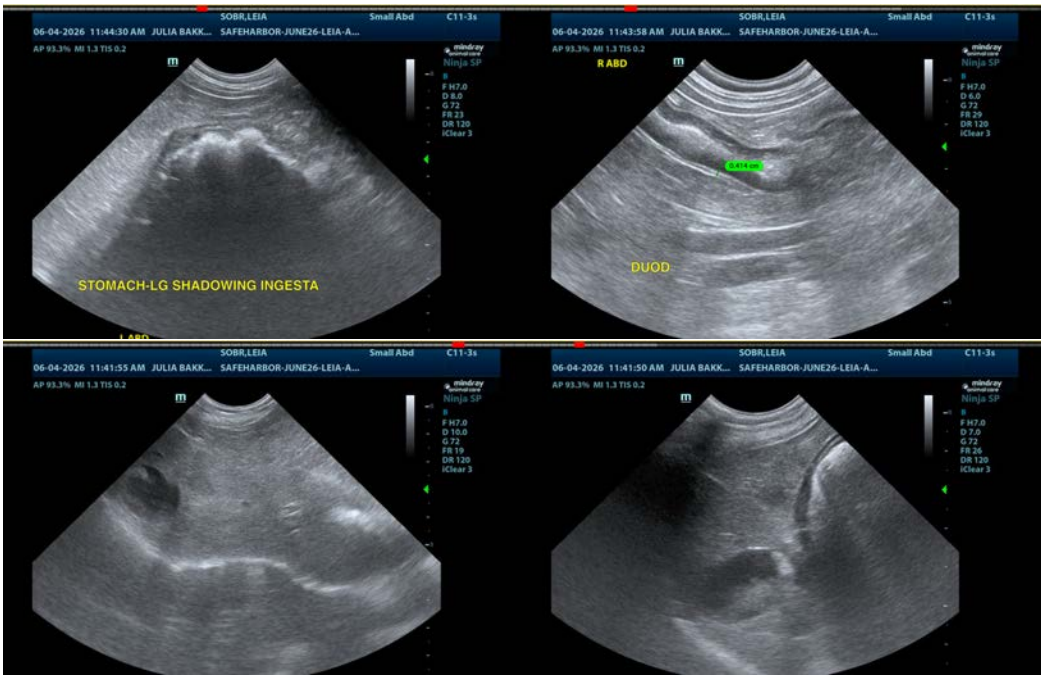
No focal lesions are visualized associated with the liver to explain the elevation in liver enzymes reported. The parenchyma appears mildly heterogeneous, most consistent with a primary hepatopathy. Consider the following for further evaluation:

- Recommend pre- and post-prandial bile acids to assess liver function.
- Consider a fine needle aspirate of the liver (provided coagulation parameters are normal).
- If clinically appropriate, you could consider screening for Leptospirosis.

While awaiting test results, you could consider empirical treatment for acute liver injury/cholangiohepatitis with a course of Ursodiol, Denamarin and antibiotics. There is some moderate debris in the gallbladder, so chronic Ursodiol therapy could be considered. If liver values are persistently elevated, ultimately biopsies of the liver with samples for histopathology, culture and copper levels may be warranted.

There is a large amount of hard shadowing material visualized within the gastric lumen. Correlate with the feeding history. If the patient was fasted, correlate with abdominal radiographs, as foreign material cannot be ruled out.

There is mild mucosal speckling visualized associated with the duodenum. This is not always associated with clinical symptoms. If chronic GI signs have been present, further evaluation for an underlying enteropathy may be warranted.



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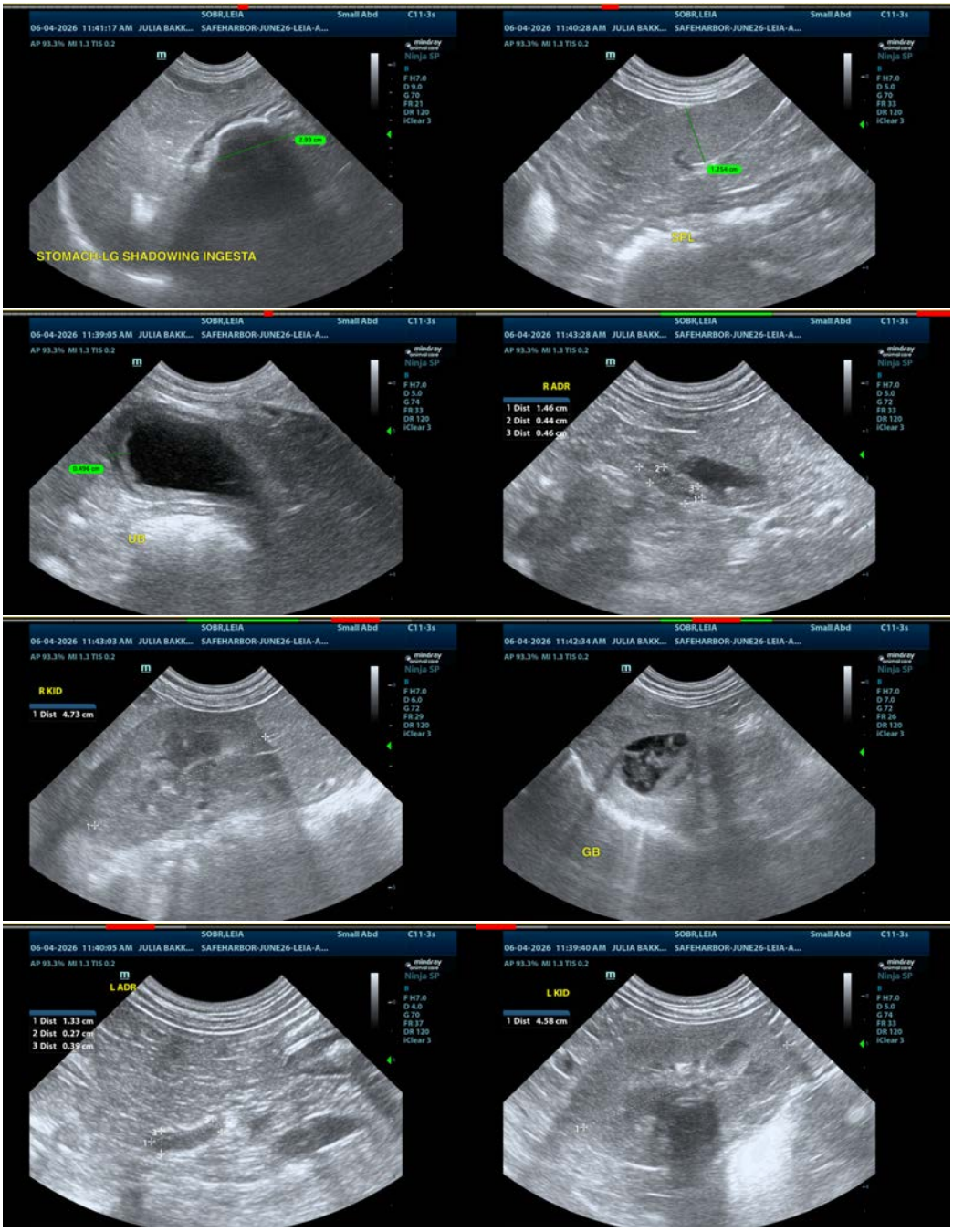

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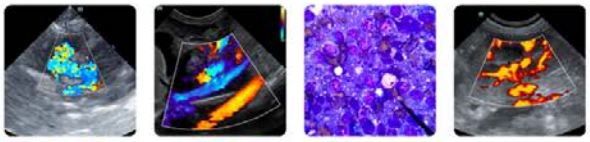

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Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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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