

**PATIENT PRESENTING CLINICAL SIGNS**

**Bo Kudrna**  
Patient presented for dental consultation. Pre-operative blood work revealed thrombocytopenia, elevated ALP and ALT, hyperbilirubinemia, and mild isosthenuria (1.025). Patient has a history of very mild ALP elevation over the past few years with previous veterinarian. Patient has been eating, drinking, urinating, and defecating appropriately. No C/S/V/D reported. Owner has occasionally used chopped garlic as a seasoning when cooking fish for patient. Otherwise, diet often changes between Taste of the Wild with Just Food For Dogs added in. Unremarkable physical exam.

**SPECIES**

Canine

**BREED**

Doberman Pinscher

Abnormal PE/Chem/CBC/UA Results: LABs attached- BP-182mmHg (performed after all other diagnostic samples were obtained)

**SEX**

Neutered Male

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**AGE**

6/15/17

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.

**WEIGHT**

36 kg

The prostate is normal in size (1.4 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

**INTERPRETED BY**

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

The left kidney has a normal shape and size (6.7 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.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

The right kidney has a normal shape and size (5.54 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.

**HOSPITAL NAME**

LuxPetVet

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.94 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.

**REFERRING VET**

Dr. Kristin Kee

The right adrenal gland is normal in size measuring 0.63 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.

**INVOICE**

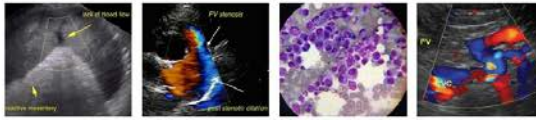
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**Spleen**

The spleen is subjectively normal in size, 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.

**DATE**

7/11/23



**PATIENT** *Liver*

Bo Kudrna The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

**SPECIES**

Canine The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

**BREED**

Doberman Pinscher

**Gastrointestinal**

**SEX**

The stomach contains minimal luminal contents. 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. No masses or focal lesions were observed.

Neutered Male

**AGE**

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid 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 0.55 cm. Jejunum wall measures 0.46 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

6/15/17

**WEIGHT**

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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.

36 kg

**INTERPRETED BY**

**Pancreas**

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

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.

**IMAGING PERFORMED BY**

**Free Abdomen**

Loetitia Saint-Jacques, LVT

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a significant mesenteric lymphadenopathy. A prominent lymph node is visualized at 0.62 cm. The omentum is of normal echogenicity.

**HOSPITAL NAME**

**ULTRASONOGRAPHIC FINDINGS**

LuxPetVet

- No significant ultrasonographic lesions visualized

**REFERRING VET**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Dr. Kristin Kee

Today's scan appears relatively normal. No focal lesions were visualized associated with the liver or gallbladder to explain the elevation in liver enzymes reported. Consider reevaluation of liver values on a fasted sample with no evidence of lipemia, as this can artifactually elevate bilirubin and liver enzyme levels. If repeat lab work confirms a hepatopathy, then consider the following steps:

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- Consider close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc...

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- Consider PCR on urine/serum for leptospirosis (if not on antibiotics)/serology if recent antibiotic history



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**IMAGING PERFORMED BY**

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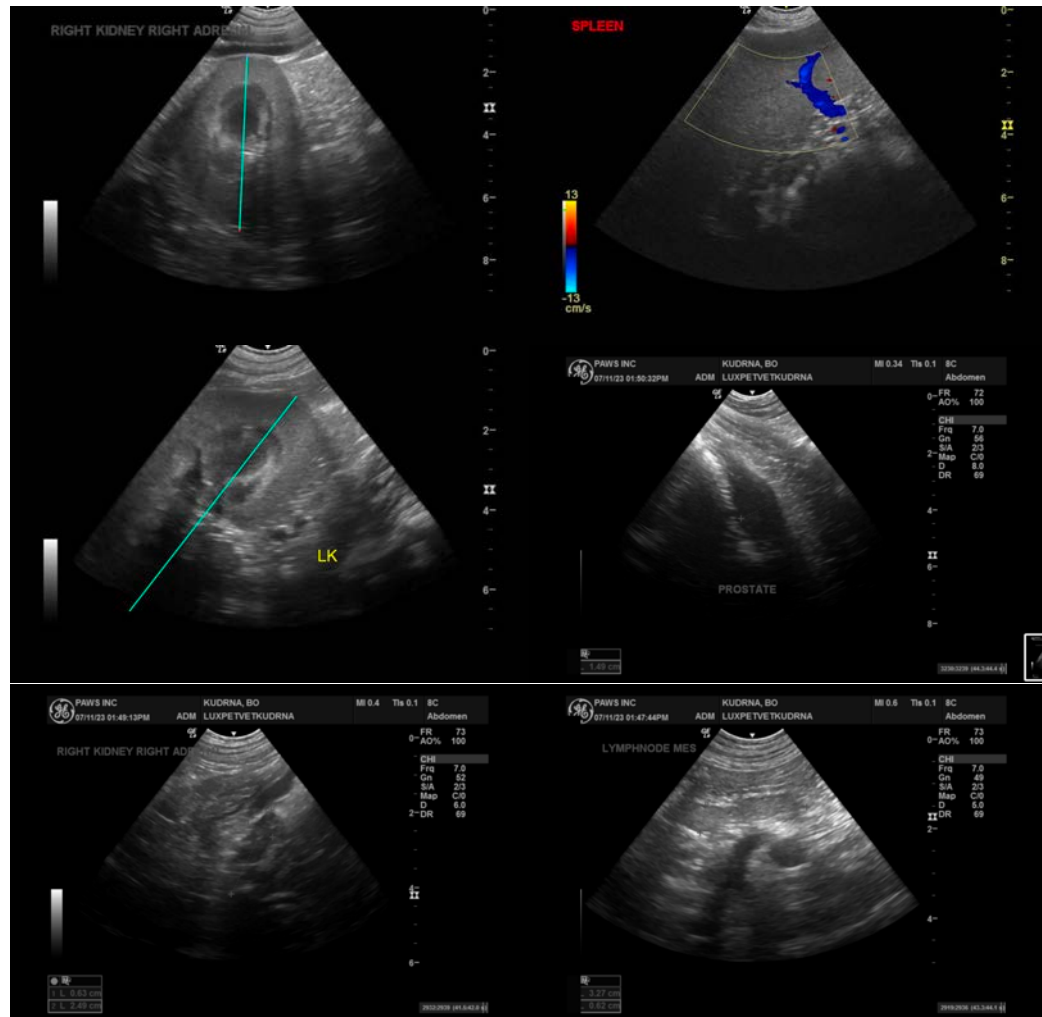
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- If not already done, consider pre and post prandial bile acids to evaluate liver function
- Consider Fine needle aspirate if round cell neoplasia is on your differentia list (25 g needle, normal coags)
- If no response to supportive care (Denamarin, fluids, antibiotics, +/- ursodiol etc.) Consider liver biopsy with samples obtained for histopathology, culture, and copper levels.





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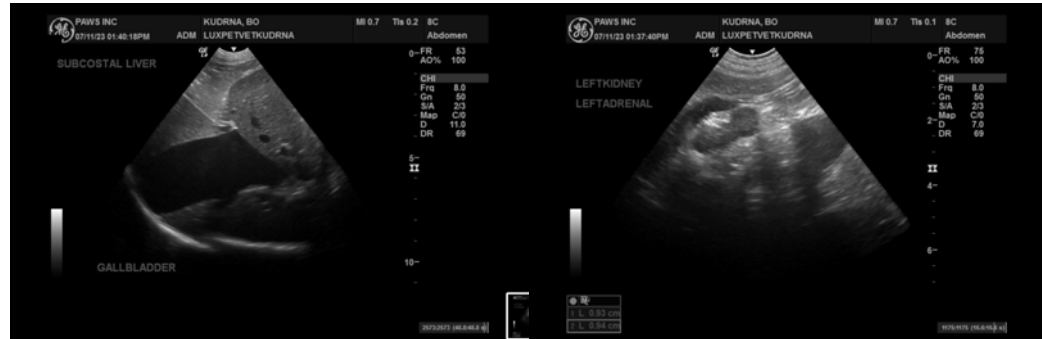
Dr. Kristin Kee

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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)

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