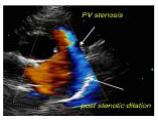
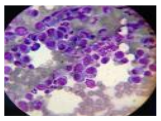
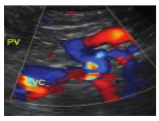





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Gracie Gavronski

SPECIES

Canine

BREED

Labrador

SEX

FS

Age

13 years

WEIGHT

74 #

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Palm Coast Pet Clinic

REFERRING VET

Dr Sheffield

INVOICE

304014

DATE

3/15/23

PRESENTING CLINICAL SIGNS

History: Chronic elevated liver enzymes and normal urine cortisol: creatinine ratio.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: Elevated ALT and ALP activity.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes (2.4 cm). Ureters not visualized.

Normal renal size (left 6.5 cm, right 6.9 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

N/A.

Adrenal Glands

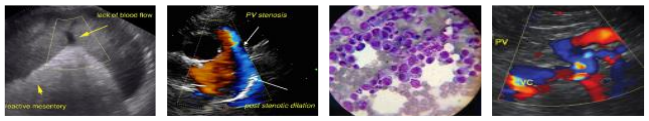
Normal position, echogenic appearance, shape, and size. Left 0.58/0.58 cm, right 0.68 cm.

Spleen

Normal size (2.7 cm) and echogenic appearance. Smooth homogenous parenchyma, normal vasculature, and regular curvilinear capsule. Mottled echogenic parenchymal nodule (1.8 x 2 cm) in the head of the spleen and a cystic hypoechogenic parenchymal nodule (1.2 x 1.4 cm) in the body of the spleen.

Liver

Enlarged with rounded edges, hyperechogenic appearance, loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).



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Gastrointestinal

Normal appearance of the duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.5 cm, colon 0.21 cm) and peristaltic activity, and no distension of the lumen. Segmental thickening of the stomach (up to 0.72 cm) and small intestine (0.58 cm) with no loss of layering or distension of the lumen. Diffuse mucosal stippling of the small intestine.

Pancreas

Normal size (left 1.6 cm, right 1.5 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Mesenteric lymphadenomegaly (0.8 x 2.9 cm) with normal shape and echogenic appearance.
No ascites evident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Gastroenteropathy.
- Splenic nodules.
- Hepatopathy.
- Mesenteric lymphadenomegaly.

Secondary Findings:

- Gall bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the gastroenteropathy would be *Helicobacter* gastritis, ulcerative disease, primary lymphangectasia and secondary lymphangectasia (inflammatory bowel disease, parasitic enteritis, dietary hypersensitivity, emerging lymphoma).

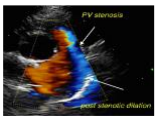
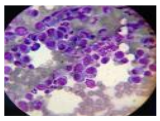
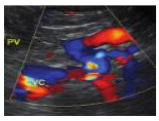
Etiology for the splenic nodules would be hyperplasia, hematoma, granuloma, abscess, and neoplasia.

Etiologies for the hepatopathy would be reactive, hyperplasia, vacuolar, chronic hepatitis, iron/copper hepatitis, and infiltrative neoplasia.

The most likely etiology for the lymph nodes would be reactive hyperplasia with lymphadenitis and infiltrative neoplasia, unlikely differential diagnoses.

Further assessment would be fecal analysis, cobalamin assay, FNA cytology of the liver and splenic nodules, and endoscopy of the upper GI tract with biopsies. Tru-Cut/wedge biopsy of the liver may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

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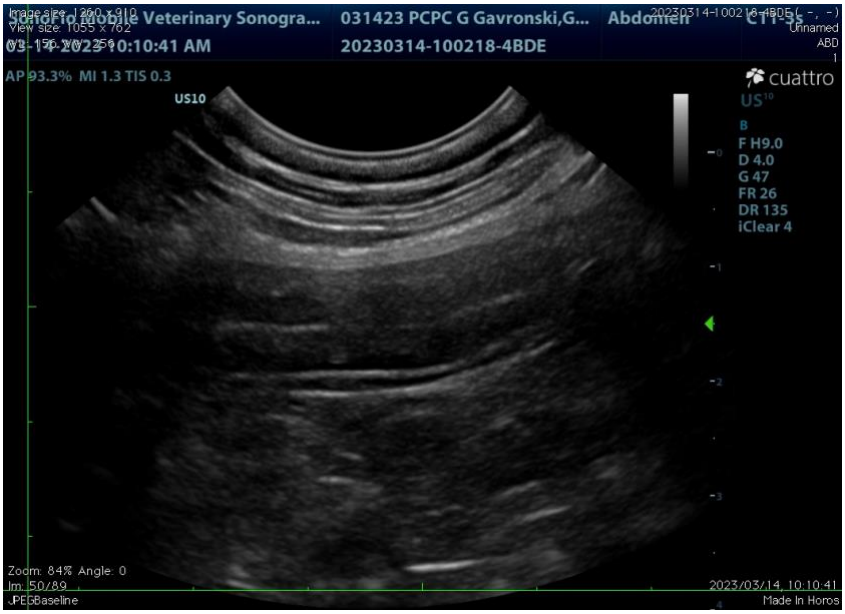
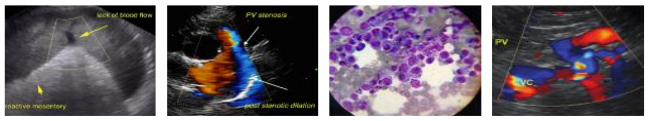
IMAGES

Stomach

Small intestine





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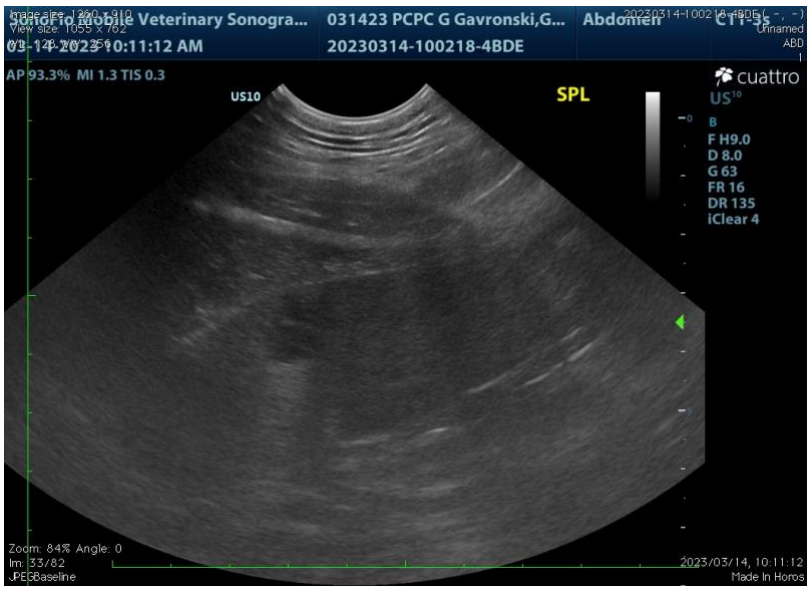
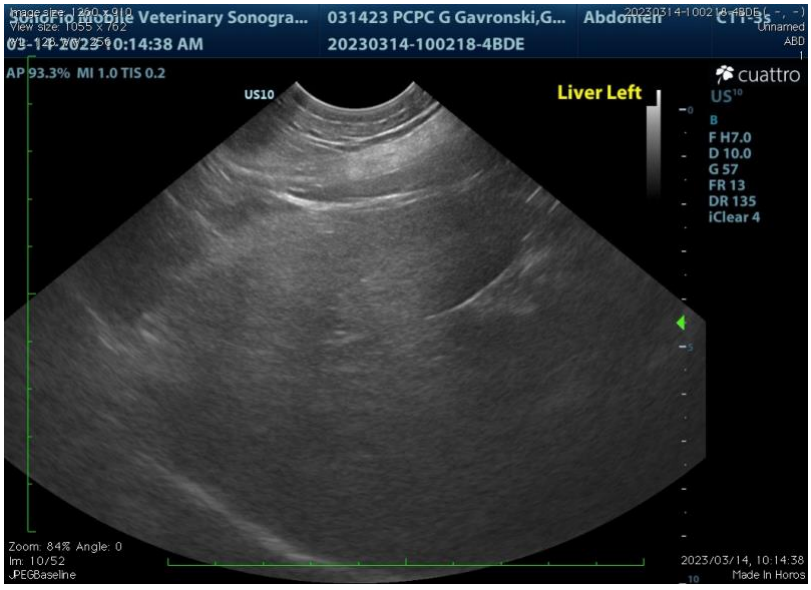
Spleen



Liver



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
rlobetti@mweb.co.za