**PATIENT**

Sammie Hanson

SPECIES

Canine

BREED

Pit bull Mix

SEX

FS

AGE

6 years

WEIGHT

67 #

INTERPRETED BYRemo Lobetti, BVSc,
MMedVet (Med), PhD, Dipl.
ECVIM**IMAGING PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Mitton Animal Hospital

INVOICE

303012

DATE

6/5/22

PRESENTING CLINICAL SIGNS

History: Elevated liver enzyme activity, bilious vomiting in the morning controlled with Pepcid. Currently on Denamarin.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: Elevated ALT and AST activity.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment evident. Small urolith present.

Normal trigone, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (right 6.6 cm, right 6.1 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

N/A.

Adrenal Glands

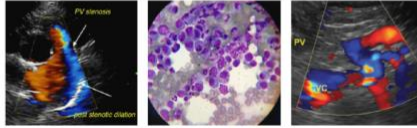
Normal shape, echogenic appearance, position, and size. Left 0.52/0.5 cm, right 0.74/0.68 cm.

Spleen

Normal size with an increased echogenic appearance. Smooth homogenous parenchyma, regular capsule, and normal vasculature. Diffuse faint small hypoechogenic parenchymal nodules.

Liver

Normal size with an increased echogenic and coarse appearance, and some loss of portal markings. No nodules or masses evident. Full gall bladder containing small amount of non-adhered hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

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Gastrointestinal

Thickening of the stomach (0.62 cm) and duodenum (0.55 cm) with no loss of layering or distension of the lumen. Mild stippling of the duodenal submucosa. Prominent hypoechogenic appearance of the submucosal layer of the small intestine but with normal thickness and no loss of layering or distension of the lumen. Normal appearance of the ileo-cecal junction and colon. Ingesta within the stomach, fecal material within the colon.

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Hepatopathy.
- Splenic pathology.
- Gastroenteropathy

Secondary Findings:

- Gall bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive, vacuolar, metabolic, chronic hepatitis, early nodular regeneration, and early cirrhosis with infiltrative neoplasia, a less likely differential diagnosis.

Etiologies for the splenic pathology would be reactive, hyperplasia, splenitis, granulomatous disease, and infiltrative neoplasia.

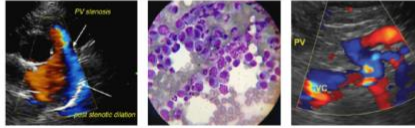
Etiologies for the stomach would be chronic gastritis, *Helicobacter* gastritis, helminths, ulcerative disease, inflammatory bowel disease, and emerging lymphoma; and for the small intestine, inflammatory bowel disease, parasitic enteritis, dietary hypersensitivity, and emerging lymphoma.

Further assessment would be fecal analysis, FNA cytology of the liver and spleen, cobalamin assay, and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management of the gastroenteropathy would be novel protein/hypoallergenic diet, course of metronidazole and/or fenbendazole, cobalamin supplementation, and possibly prednisolone. Adding ursodiol can be considered for the hepatopathy.

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SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



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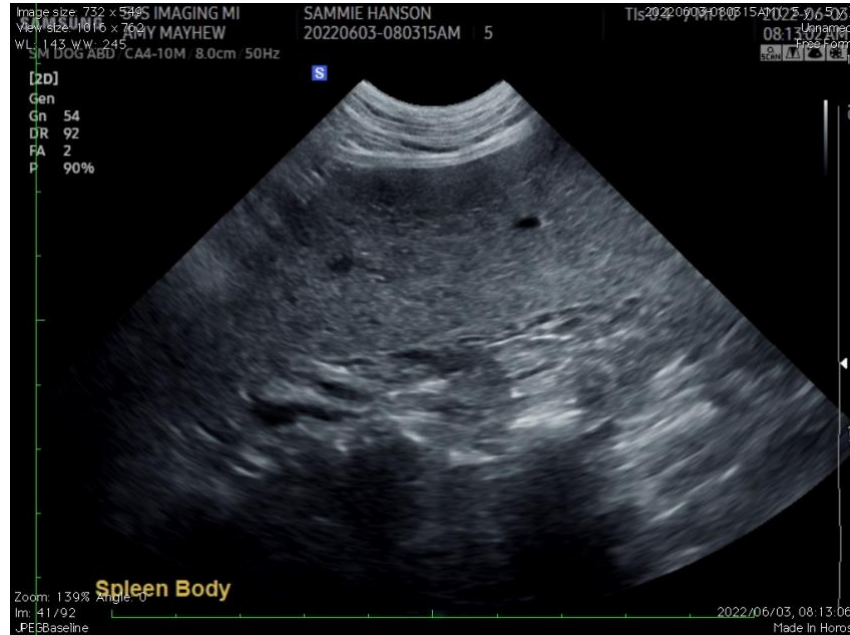
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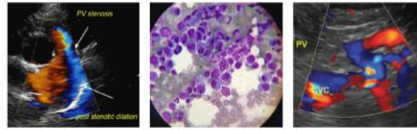
IMAGES

Spleen



Liver





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Stomach



Duodenum



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