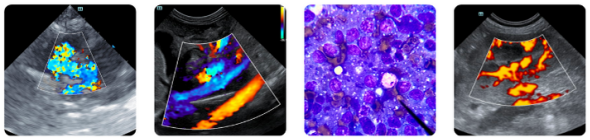


PATIENT

Coco Rodriquez

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

7 years

WEIGHT

26 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dr. Javier Rodriguez

INVOICE

11145

DATE

1/16/2026

PRESENTING CLINICAL SIGNS

Presented for an abdominal ultrasound to evaluate icterus, ascites, leukocytosis, anorexia elevated liver enzymes. Pt was hit by car 2 weeks ago and went to EC for hematuria that developed 3-4 days after the hit and was anorexic. Presented on Jan 14th for second opinion as pt was anorexic and developed icterus and ascites. Pt was hospitalized with IV fluids and Cerenia + Famotidine + Unasyn and ate some with the Owner.

Abnormal PE/Chem/CBC/UA Results: PE: PT very icterus and with abdominal distention. BW attached as supporting documents. CBC: Leukocytosis, CHEM: ALP did not read, ALT, GGT and TBili elevated. Fecal: NPS 4DX: nega to all Abdominocentesis at rDVM: yellow modified transudate final analysis report pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder containing small amount of floating hyperechogenic sediment. Normal anechoic urine with no uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes (right iliac measures 0.4 cm x 1.1 cm, left iliac measures 0.6 cm x 1.2 cm). Ureters not visualized, which can be considered a normal finding.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 5.6 cm, and the right kidney measures 6.2 cm.

Reproductive System

Small, hypoechogenic prostate measuring 1.2 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal measures 2.2 cm in length x 0.55 and 0.52 cm in width. Right adrenal measures 2.99 cm in length x 0.53 and 0.75 cm in width.

Spleen

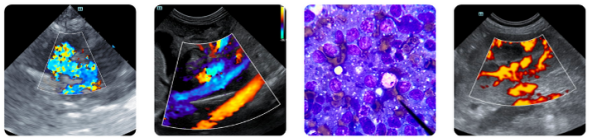
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measures 1.3 cm in width.

Liver

Normal size with an increased echogenic appearance, normal portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full containing small amount of non-adhered hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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Gastrointestinal

Normal appearance of the stomach (0.52 cm), duodenum, small intestine (0.34 cm), ileo-cecal junction, and colon (0.22 cm) with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. Left pancreas measures 1.9 cm width, and right pancreas measures 1.5 cm in width)

Free Abdomen

Normal mesenteric lymph nodes.

Large amount of cellular ascites present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Ascites.
- Gallbladder sediment.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the presenting clinical signs, an acute hepatitis such as viral toxins and bacterial as well as leptospirosis needs to be considered.

The ascites can be described as secondary to the hepatopathy. However, peritonitis (bacterial or sterile) should still be considered.

Both the gallbladder and urinary bladder sediment can be considered incidental findings.

Further assessment needs to be based on the pending fluid analysis results but could include FNA cytology of the liver, PCR/Serology for leptospirosis.

Pre- and postprandial bile acids could also be considered. A Tru-cut or wedge biopsy of the liver may however be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be considered would be the use of ursodiol, and feeding a good quality protein diet.

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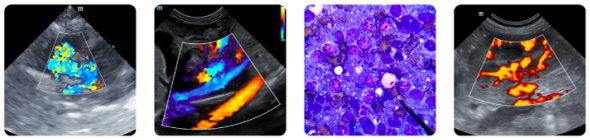

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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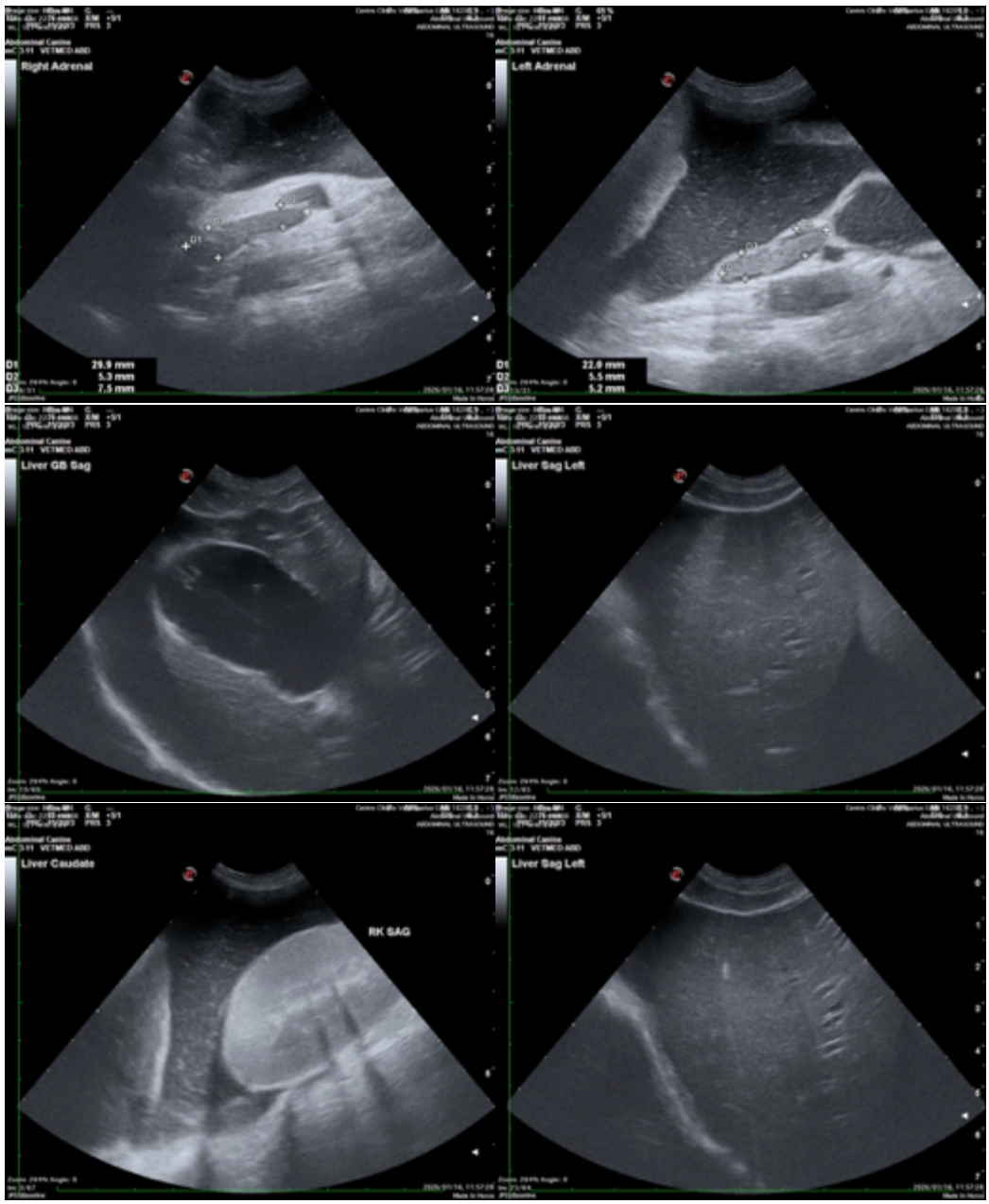

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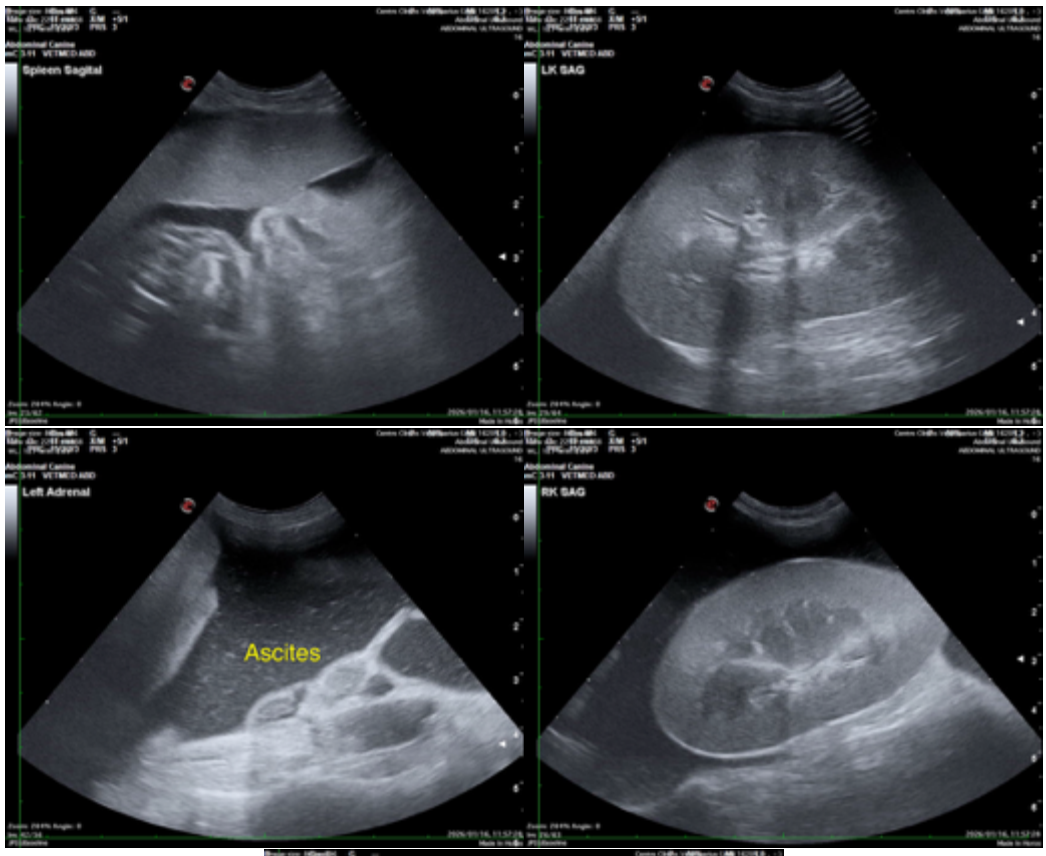

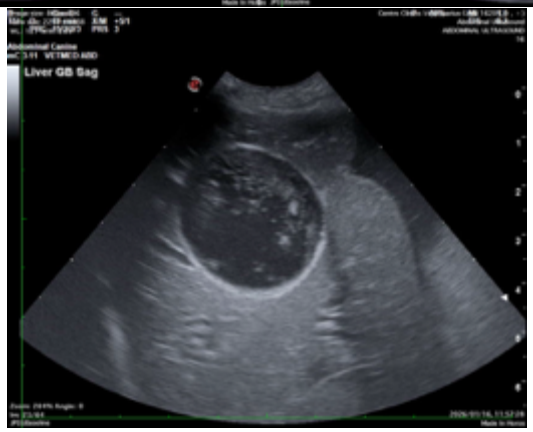

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com