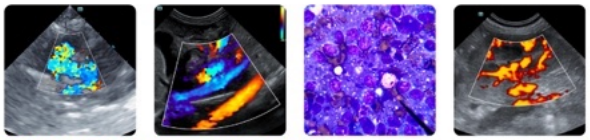


PATIENT

Roscoe MacDowell

SPECIES

Canine

BREED

Rottweiler Mix

SEX

Neutered male

AGE

12 years

WEIGHT

30.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patrick Hennigan DVM

HOSPITAL NAME

Mattydale AH

REFERRING VET

Dr. Hennigan

INVOICE

70210

DATE

1/16/26

PRESENTING CLINICAL SIGNS

History: Presented November 12th for inappetence for 3 days and vomited once as well as right thoracic limb lameness. Patient found to be 10 pounds down from March. Rad of limb revealed no obvious boney lesions, Increased opacity in cranial abdomen noted. Supportive tx with SQ fluids and Cerenia. Bloods revealed a normal CBC, TT4 and Accuplex. Increased globulins, ALP and PSL. Decreased Albumin.
CBC - wnl Chem - Decr ALB (2.6), inc GLOB (6.8), inc ALP (531), inc PSL (275)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

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

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 6.0 cm, right measured 6.8 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

The prostate is small and hypoechogenic.

Adrenal Glands

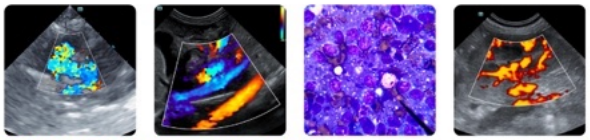
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.62 cm and 0.68 cm in width. The right adrenal gland measured 0.71 cm and 0.75 cm in width.

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 measured 2.2 cm in width.

Liver

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



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Gallbladder

The gallbladder is full containing a large 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.

Gastrointestinal

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

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatopathy would be age related reactive hyperplasia with vacuolar and metabolic differential diagnosis and hepatitis and infiltrative neoplasia a highly unlikely differential diagnosis.

The gallbladder sediment is most likely an incidental finding.

As the hepatopathy is unlikely to be the cause for the hypoalbuminemia and weight loss and even though the GI tract appears ultrasonographically normal, an underlying enteropathy such as dietary hypersensitivity, parasitic enteritis and inflammatory bowel disease should still be considered.

Further assessment of the hepatopathy would be pre and post prandial bile acids and FNA cytology.

A tru cut or wedge biopsy may be required for a final etiological diagnosis.

Further assessment of a possible enteropathy would be fecal analysis, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

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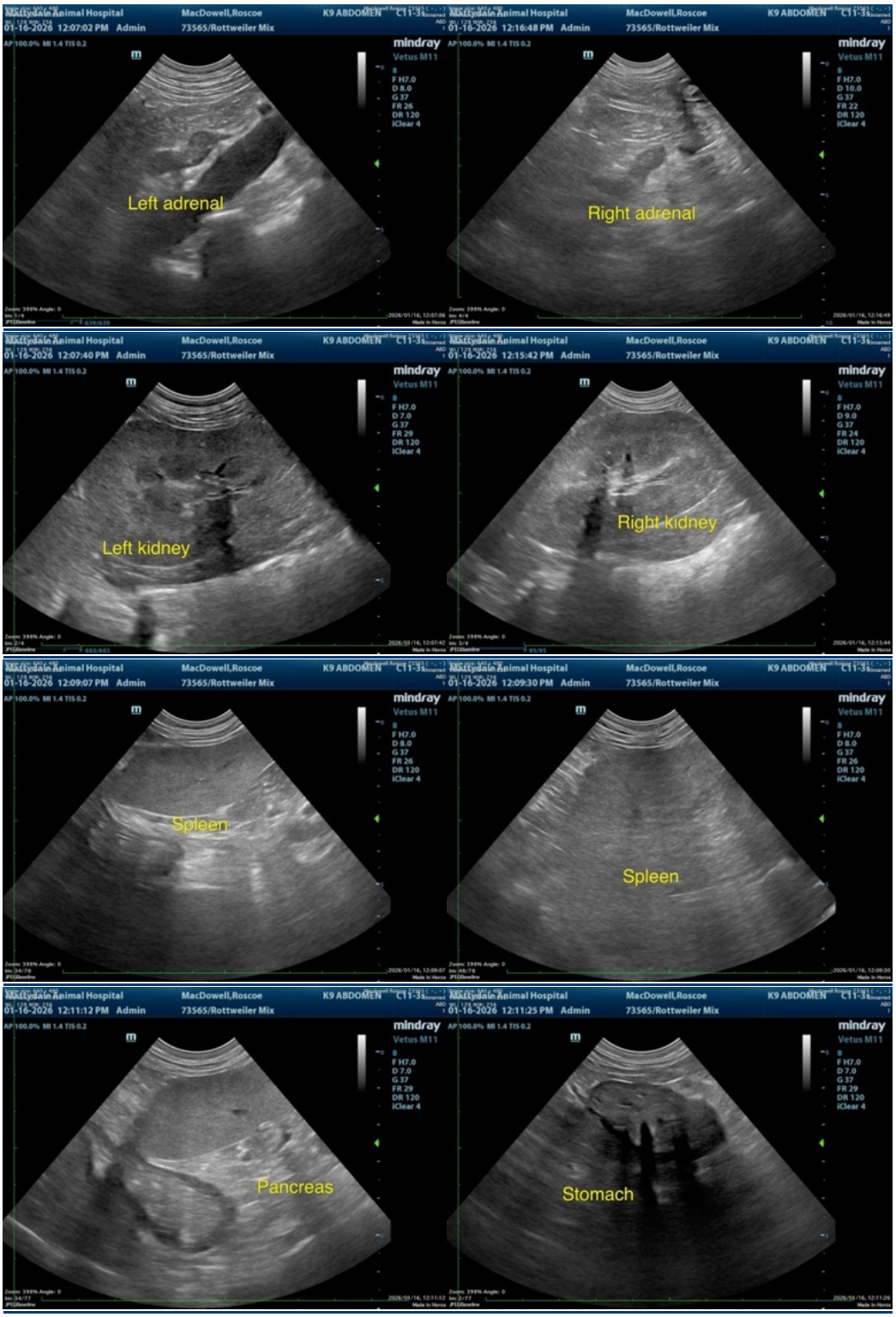
Specific therapy would be dependent on an etiological diagnosis.



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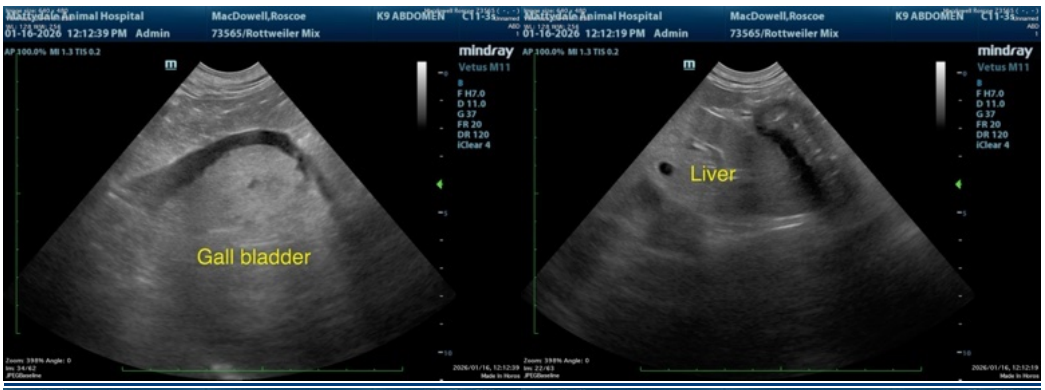
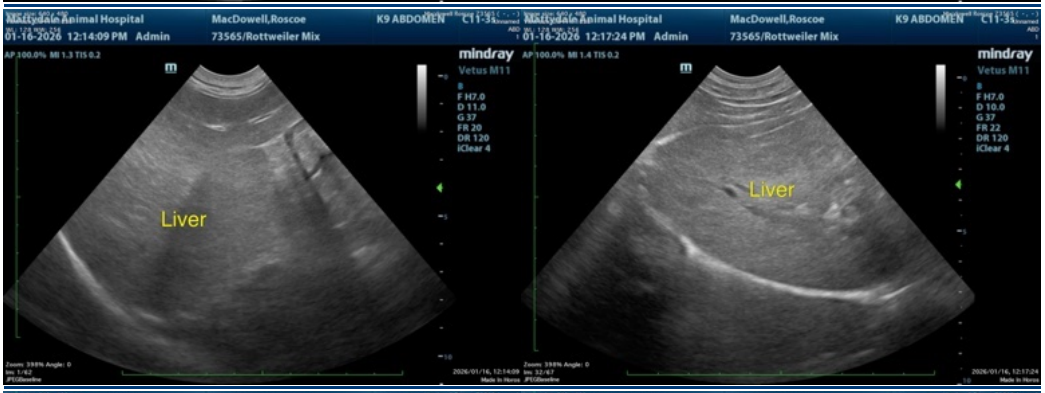
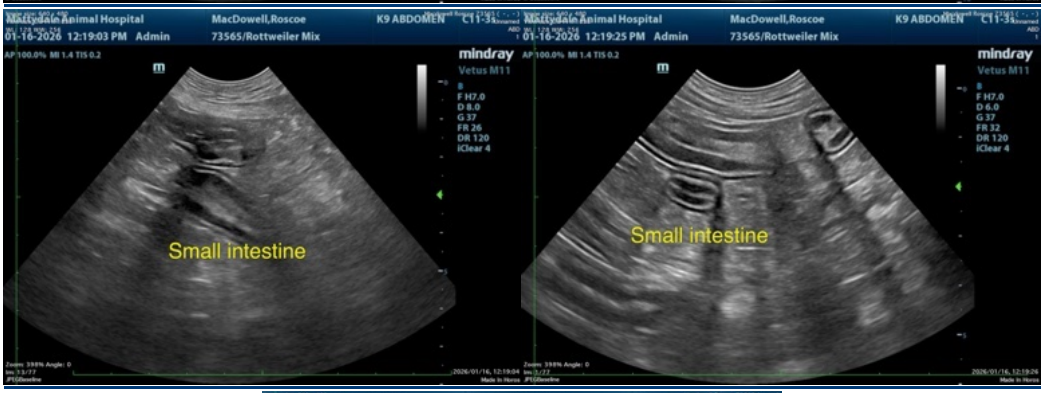
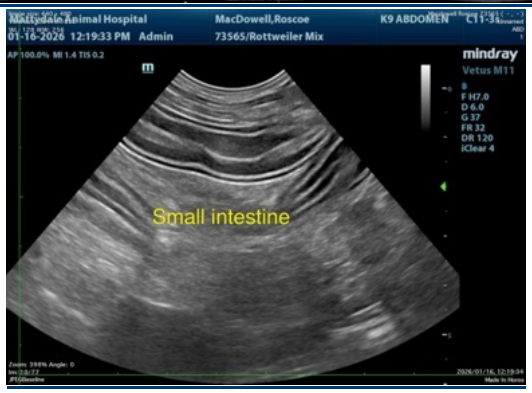
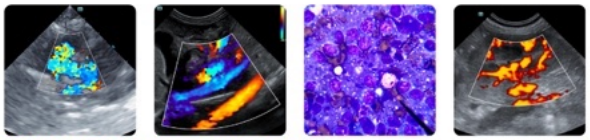








The information and recommendations provided are based on the images presented by the



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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.

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

info@sonopath.com