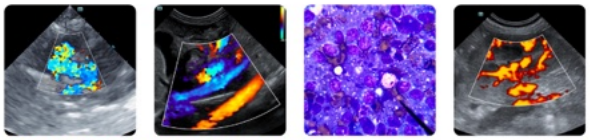


PATIENT

Lavender Habora

SPECIES

Canine

BREED

Doberman

SEX

Female

AGE

7 years

WEIGHT

65.31 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Laurel Logas

HOSPITAL NAME

Bradenton VH

REFERRING VET

Dr. Logas

INVOICE

70293

DATE

1/19/26

PRESENTING CLINICAL SIGNS

- Last night Lavendar went to the ER acutely lethargic with a bloated abdomen. The ER did TFAST and diagnosed abdominal effusion. Hemorrhagic fluid was aspirated. She was discharged with Yunan bayou
- Lavendar presented this afternoon for recheck feeling better. Owner consented to a more in depth work-up
- PE T 101, HR 100, RR 40. pale pink mms, CRT 2 sec. mildly distended abdomen, no abdominal mass palpated. There is hard 1x1x1cm palatal mass on the lingual aspect of 104 present for 2 years, there is a new mass that the owner pointed out that is smooth, firm and movable on the right lower lip 3x3x2 cm, There is a mass in the area of the rt LN 3x3x3cm. The two masses were aspirated and the population of cells appear neoplastic and very similar. PTC 0.03, RBC 4.77, HCB 10.7,HCT 30.0,PLT 38,000, BUN 7.9, TP >11.0,Albumin 2.6, glob 8.4, ALT(GPT)408, Potassium 3.5

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.

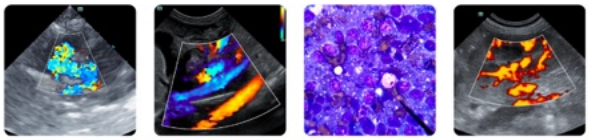
Normal renal size (left measured 6.2 cm, right measured 7.0 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.49 cm in width. The right adrenal gland measured 0.69 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 2.9 cm in width.



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Liver

Normal size with a diffuse increased echogenic, coarse and nodular appearance, normal portal markings, and regular curvilinear capsule. Nodules are diffuse, hypoechogenic, parenchymal and measure up to 1.6 x 2.3 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing normal anechoic bile. 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

- Nodular hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the previous presentation of hemoabdomen, the most likely etiology for the nodular hepatopathy would be neoplasia with granulomatous disease a differential diagnosis.

Nodular hyperplasia would be a highly unlikely differential diagnosis.

Further assessment would be based on the pending cytology results, but could include three view thoracic radiographs, FNA cytology of the liver and nodules and serum protein electrophoresis.

A tru cut or 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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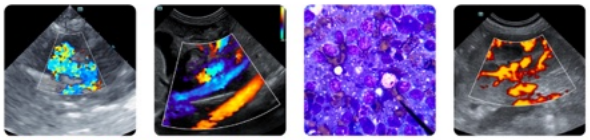

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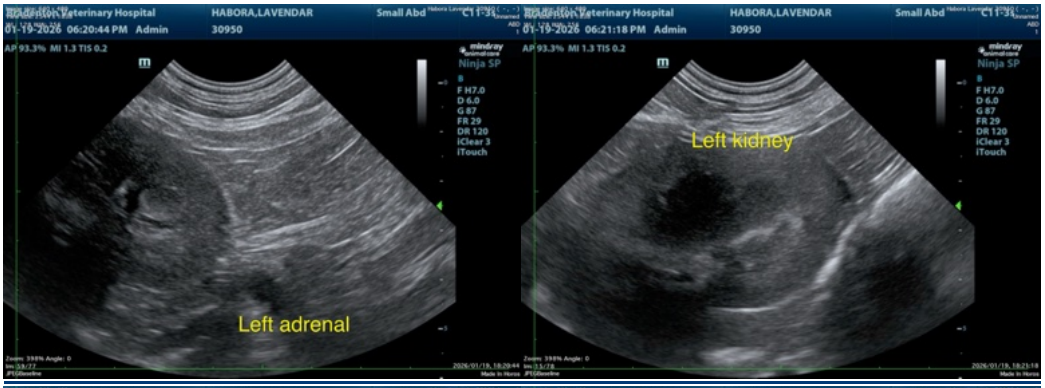

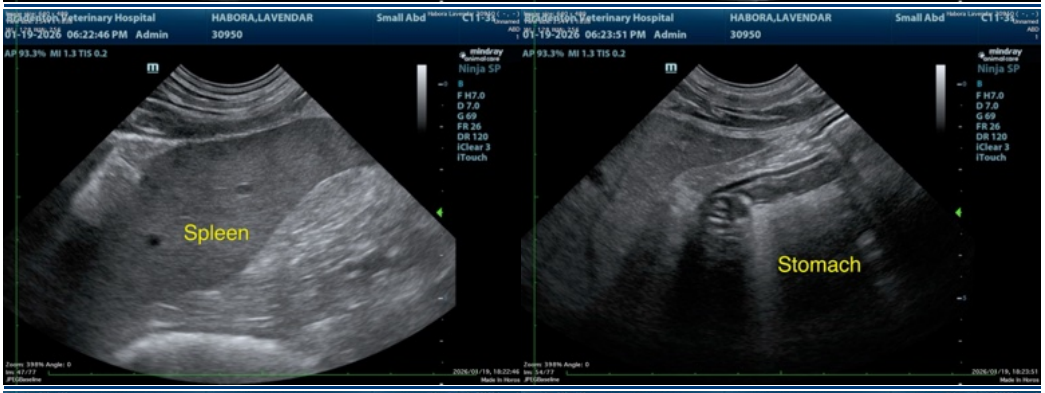

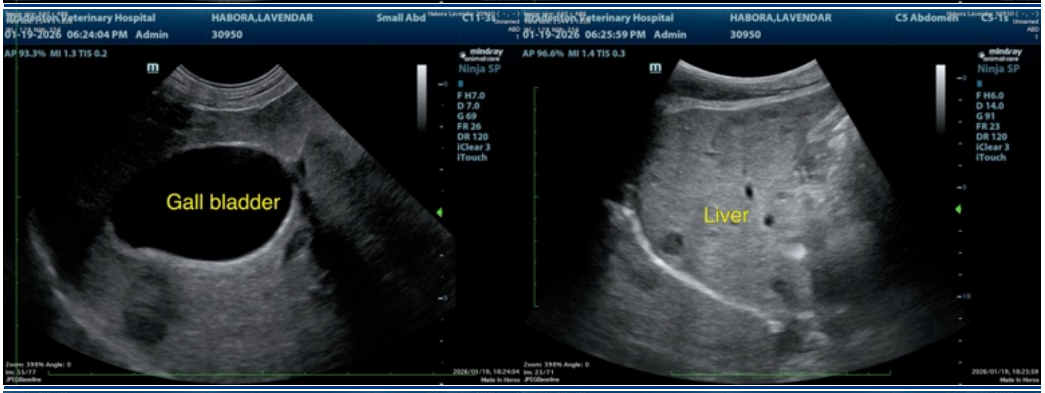

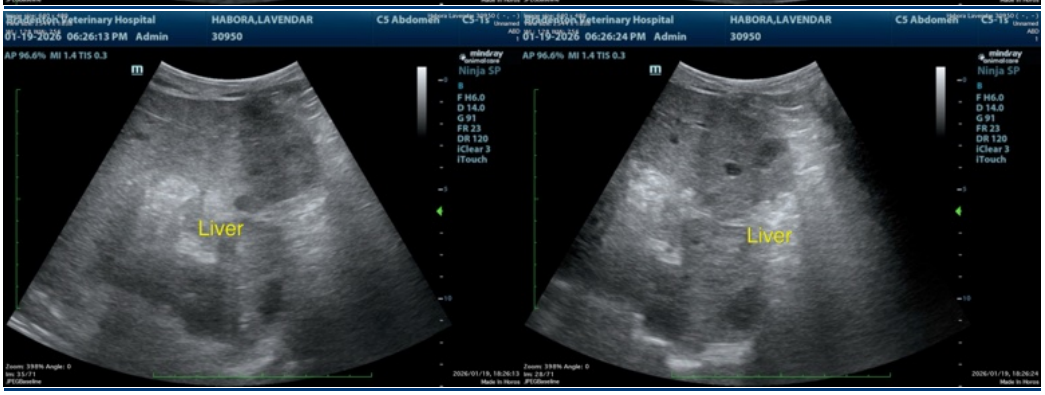

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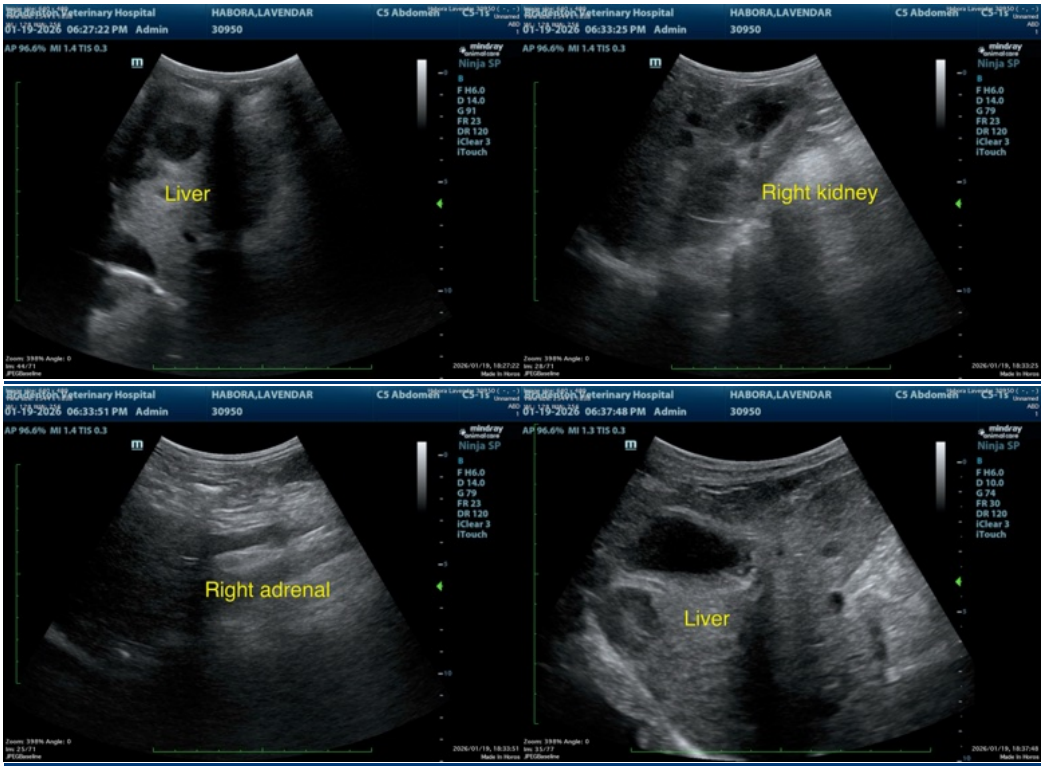

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com