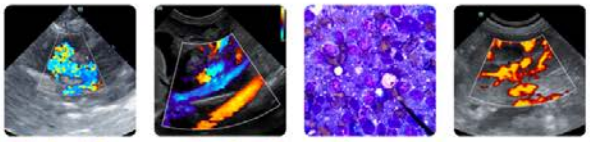


PATIENT

Rudolph Toth

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Neutered Male

AGE

16 Years

WEIGHT

12 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Kristie Johns, DVM

INVOICE

72937

DATE

1/2/26

PRESENTING CLINICAL SIGNS

Recent history of vomiting, being dull/lethargic and weak.. Labs: BP 118-120 mmHg sys, repeat q6h BP 112 mmHg sys HCT 28% (MCV 57, MCH 20) - nonregenerative anemia WBC 21 K/uL, Neu 15.9 K/uL, mono 2.9 K/uL, eos 0.02 K/uL, lymph wnl - inflammatory leukogram, r/o early infection minimal thrombocytosis 485 K/uL - inflammation mild azotemia BUN 34 mg/dL, cr 1.5 mg/dL (r/o dehydration vs renal disease), BG wnl, TP 8.5 g/dL (r/o dehydration), globulins 5.6 g/dL (r/o inflammation), ALP 278 U/L (r/o endocrine vs hepatopathy), remaining liver enzymes, lytes, minerals wnl PL 44 U/L wnl (RR 0-200) Radiographs show GB stones and possible cranial abdominal mass effect.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder 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 left renal size (4.2 cm) and small right kidney (3.1 cm), both with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern evident in both kidneys.

Reproductive System

Prostate not visualized.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 1.67 cm in length x 0.39 cm and 0.38 cm in width. Right measures 1.19 cm in length x 0.27 cm and 0.48 cm in width.

Spleen

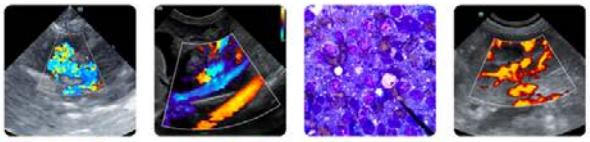
Normal size (1.2 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Small, focal, hypoechogenic parenchymal nodule noted in the body of the spleen, measuring approximately 0.80 cm in size.

Liver

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

Gallbladder

Full containing normal anechoic bile and a few small, non-obstructive choleliths. Thickened and hyperechogenic 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, 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

Visible sections presents normal size and echogenic appearance. 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.
- Choleliths.
- Possible cholecystitis.
- Splenic nodule.
- Age related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatopathy would be age related reactive hyperplasia, with early nodular hyperplasia, vacuolar and metabolic being differential diagnoses. Hepatitis and infiltrative neoplasia would be highly unlikely differential diagnoses.

The most likely etiology for the splenic nodule would be incidental reactive hyperplasia/extramedullary hematopoiesis, with hematoma, granuloma, and emerging neoplasia being unlikely differential diagnoses.

Ideal further assessment would be FNA cytology of the liver. Either a tru-cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be considered would be fluid therapy, a course of antibiotics, and Ursodiol.

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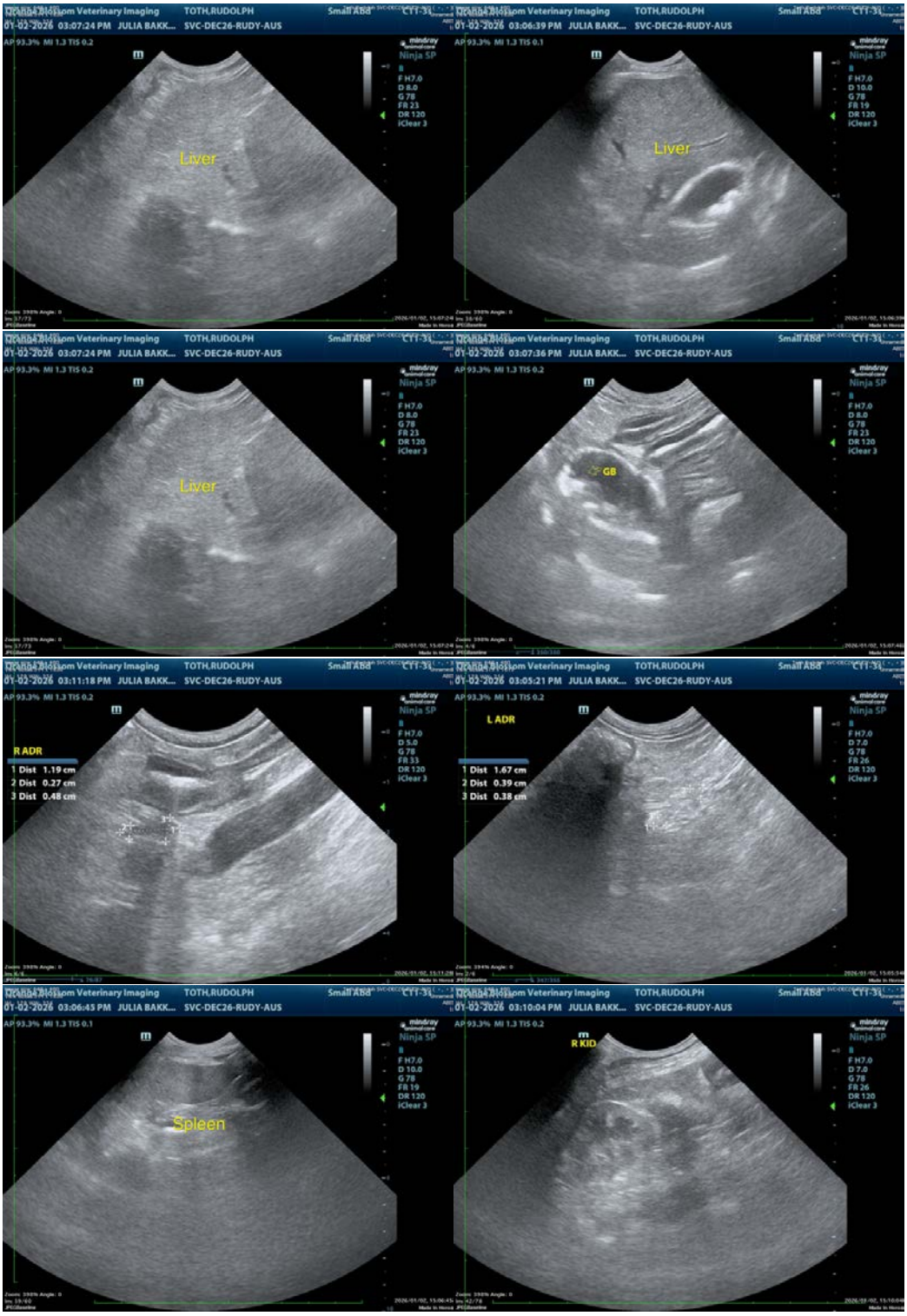

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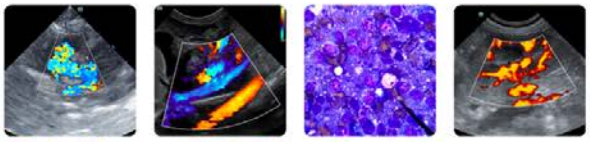

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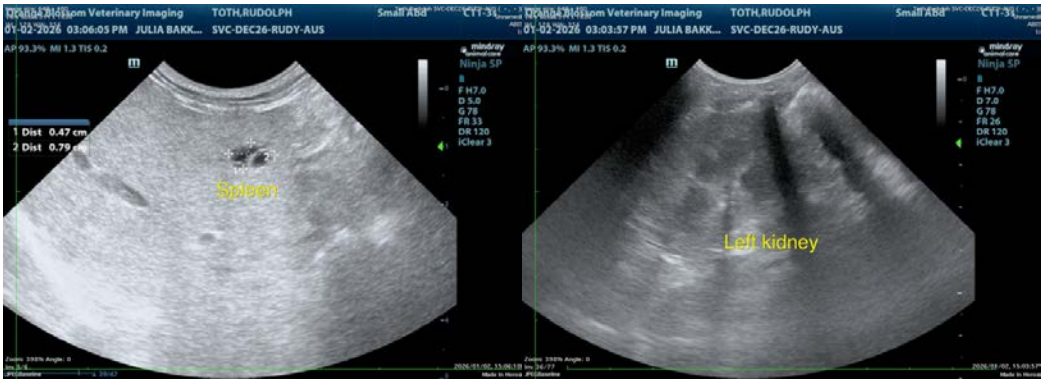

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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