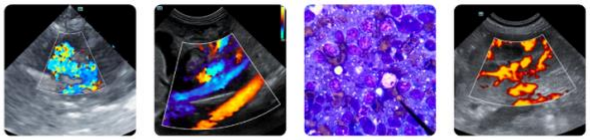


PATIENT

Lucy Seelig

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

11

WEIGHT

31 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Craig Seyler

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Craig Seyler

INVOICE

35634

DATE

1/31/26

PRESENTING CLINICAL SIGNS

- O notes pt has been eating less than usual in the last couple of weeks. But has not E anything in 24hrs. Pt has been very selective with taking medications as well per O and is just laying around. Pt has been lethargic over the last 24hrs per O and is having a hard time getting up/down. O notes extreme hind end weakness (having to sling with blanket and help pt walk). D+ started last night around 9pm and pt has had 1 more episode overnight and one this morning (level 4 per O, dark in color. Per O pt has been wheezing more and O has concerns for congestion. Previous Medical Conditions: Arthritis dx 2 yrs ago, MCL repair 3 months ago on RR leg, Mass on liver dx fall of 25 (biopsy done benign), severe allergies, High protein levels seen in ur fall of 25.
- Current Medications: (dosage, how often, last time/dose given, why is the pt on this medication?):
- Denamarin: (o unsure of mg) last given 2-3 months ago
- Enalapril (o unsure of mg) PO BID last given 1/30 @9AM
- Gabapentin 300mg PO BID last given 1/30 @9pm
- Abnormal PE/Chem/CBC/UA Results: General Appearance: lethargic, Abdomen: Distended, Musculoskeletal: Abnormal: RH stifle NWB, severe stifle thickening, sarcopenia, pendulous abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small 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 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. The left kidney measured 6.0 cm. The right kidney measured 6.1 cm.

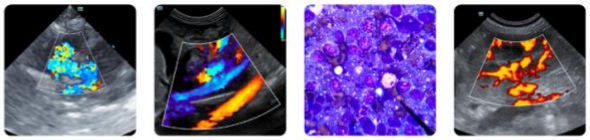
Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.73 cm in width. The right adrenal gland measured 0.51 cm and 0.56 cm in width.

Spleen

Normal size (2.1 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. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver



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Normal size, with a diffuse increased echogenic and coarse appearance, normal portal markings, and a regular curvilinear capsule. Irregular mottled echogenic mass was noted, measuring approximately 4.0 cm x 4.8 cm in size, originating off the caudal aspect of the left lobe. No nodules or additional masses were evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full gallbladder, 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

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
- Hepatic mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Likely etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar, metabolic, and breed-specific hepatopathy, with hepatitis and infiltrative neoplasia highly unlikely differential diagnoses.

The most likely diagnosis for the hepatic mass would be a benign hepatoma as per the previous diagnosis.

On this ultrasound there is no obvious etiology for the presenting clinical signs. With the presenting clinical signs, intra-thoracic pathology, cardiac disease, and neurological disease should still be considered.

Further Assessment: survey thoracic radiographs, neurological examination, and echocardiography.

Specific therapy: dependent on an etiological diagnosis.

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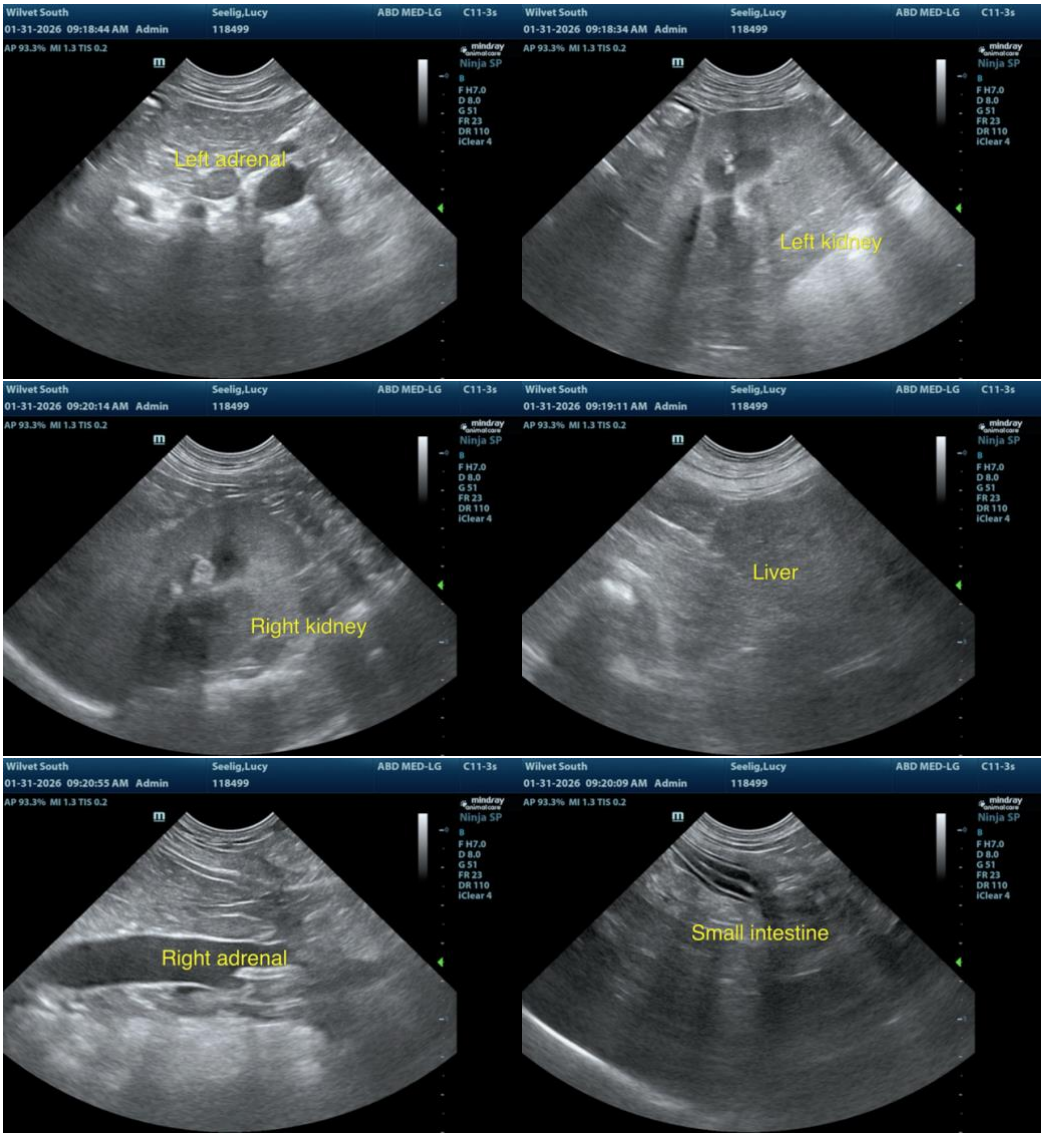

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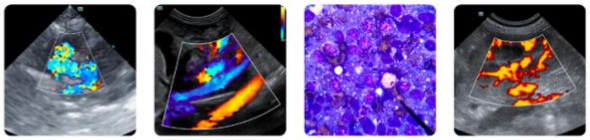

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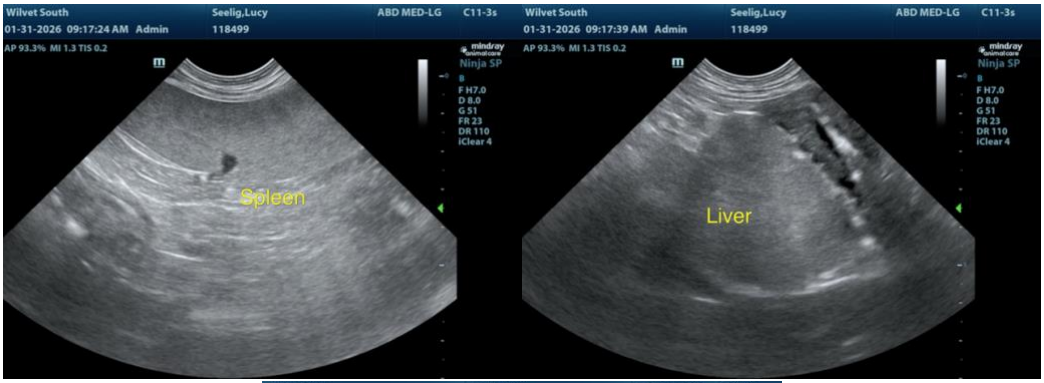

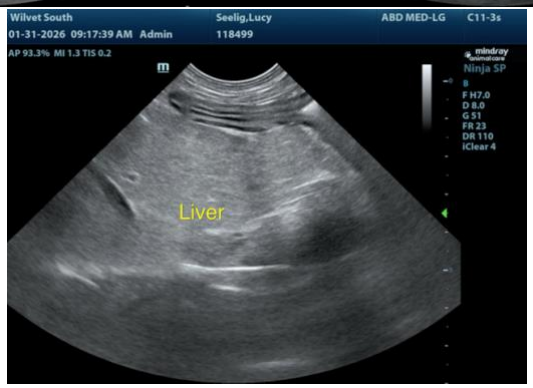

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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