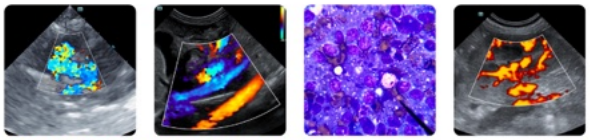


PATIENT

Lucy Wolters

SPECIES

Canine

BREED

Jack Russel

SEX

Spayed female

AGE

14 years

WEIGHT

18.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

Animal Care Center of Flanders

REFERRING VET

Dr. Casulli

INVOICE

69830

DATE

1/5/26

PRESENTING CLINICAL SIGNS

History: urinating on carpet , sig liver values elevated, suspect sick euthyroid, borderline isosthenuria, LDDS pending amoxi-250mg twice daily for 2 weeks
Abnormal PE/Chem/CBC/UA Results: anaplasma pos (chronic), mild low t4, retic 23(lo), platelet 580(hi), alt 717(hi), ast - 72(hi) , alp 1993(hi) ggt - 24, amy - 1482(hi), lipase >1800hi, t4 - 0.9 (lo) U/A protein plus 3 culture - e.coli 100,000 USG - 1.029 (LO)

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 left renal size (left measured 4.5 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. The right kidney was not visualized.

Adrenal Glands

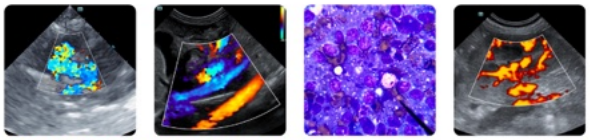
Normal left adrenal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.65 cm in width. The right adrenal gland was not visualized.

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 1.6 cm in width.

Liver

Normal size with a diffuse increased echogenic and coarse appearance, portal markings, and regular curvilinear capsule. A mottled echogenic mass was noted on the caudal aspect of the left lobe measuring 2.2 x 2.4 cm in size with bulging of the overlying capsule noted. A hyperechogenic parenchymal mass was noted adjacent to the gallbladder measuring 2.6 x 5.0 cm in size. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing a small amount of non-adhered, hyperechoic 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

- Hepatic masses
- Hepatopathy.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatic masses would be organized granulomas, hematomas and neoplasia.

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis an unlikely differential diagnosis.

The gallbladder sediment can be considered an incidental finding.

Further assessment would be three view thoracic radiographs and FNA cytology of the liver and hepatic masses.

A tru cut or wedge biopsy of the liver and masses may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

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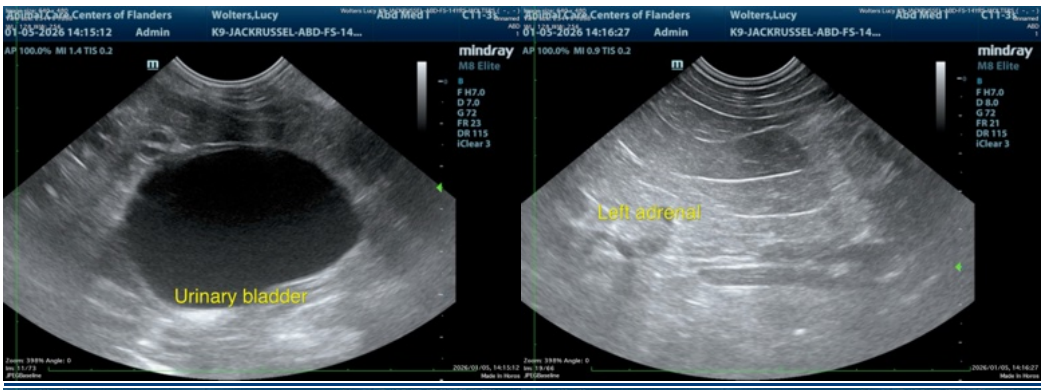

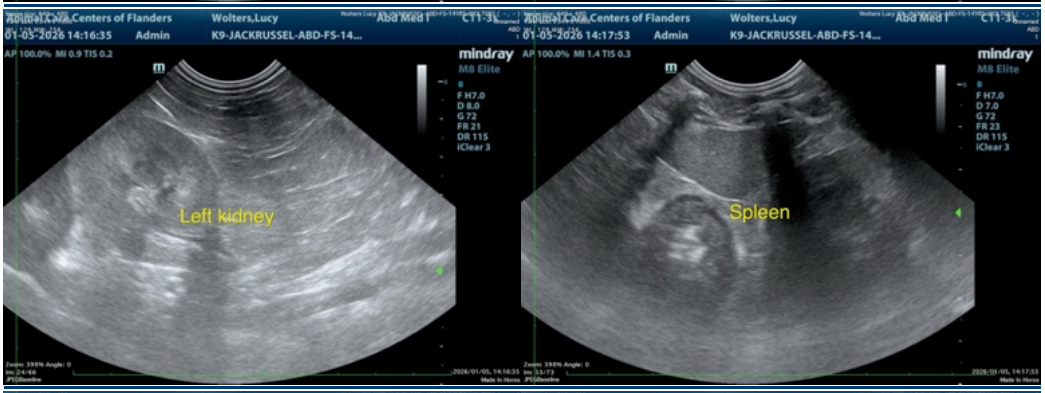

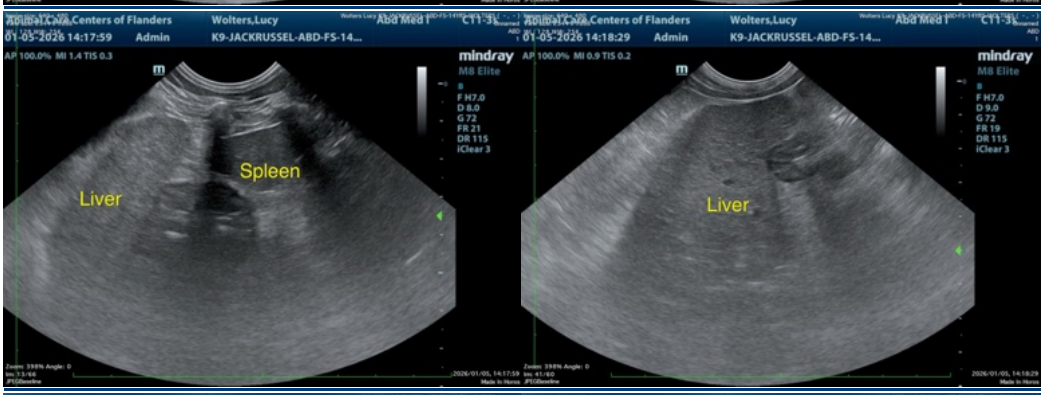

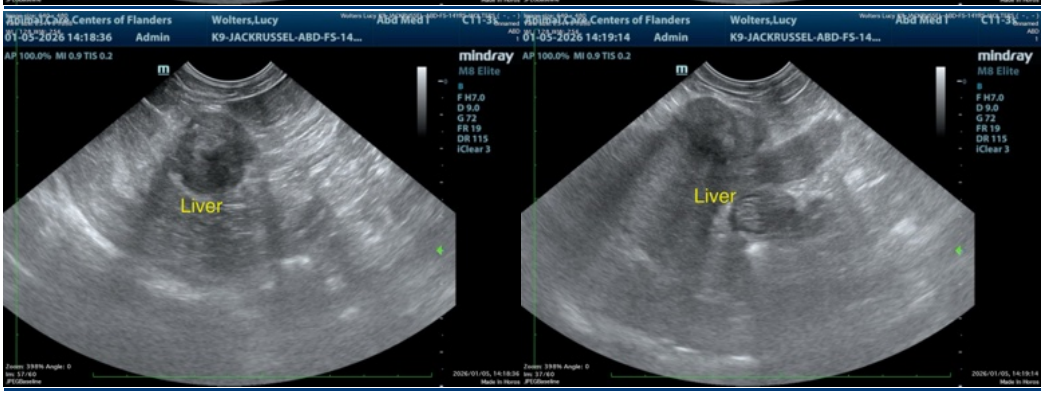

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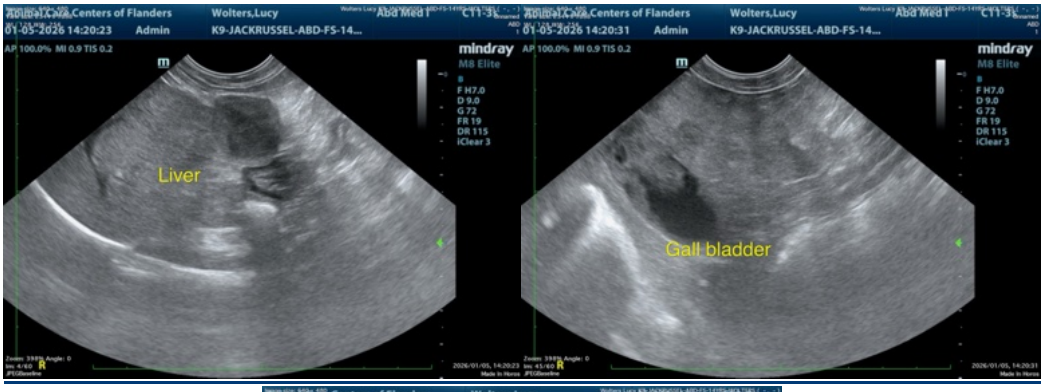

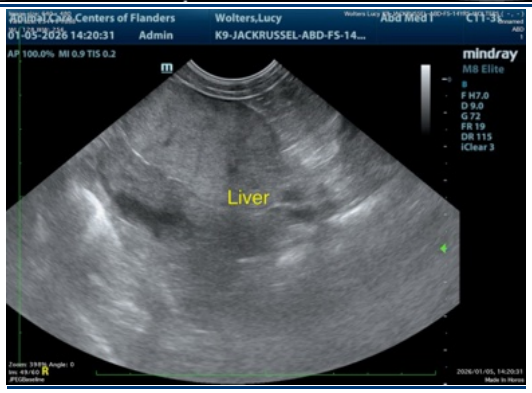

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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