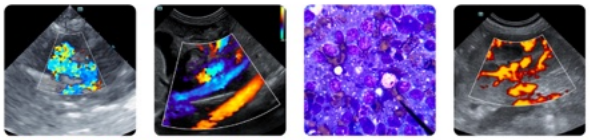


PATIENT

Nala Maldonado

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

6 years

WEIGHT

22.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dr. Pet

INVOICE

69821

DATE

1/5/26

PRESENTING CLINICAL SIGNS

History: Presented as a referral for an abdominal ultrasound to evaluate elevated vomiting, liver enzymes and leukocytosis. Pt started to vomit 2 weeks ago bile and then undigested food. Pt was evaluated initially and it was thought to have Leptospirosis as snap test was positive, but then PCR was negative. Presented to another veterinarian 2 days ago and were suspicious of hepatic and biliary problems. Pt hospitalized and started on Clavamox, famotidine, Ursodial, cerenia and Denamarin. Since started medication 2 days ago, pt is doing much better.
Abnormal PE/Chem/CBC/UA Results: Blood work attached as supporting documents: Chem: ALP> 2,000, ALT too high to read, GGT: 18, TBili: 3.7 CBC: WBC 22k

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 (0.5 x 0.9 cm). Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 4.5 cm, right measured 5.3 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.

Adrenal Glands

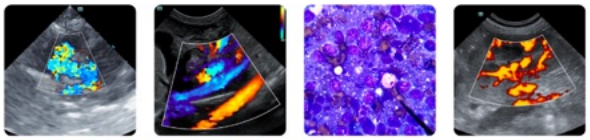
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.9 cm in length x 0.42 cm and 0.41 cm in width. The right adrenal gland measured 2.15 cm in length x 0.4 cm and 0.54 cm in width.

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 1.3 cm in width.

Liver

Normal size with a diffuse increased echogenic and coarse appearance, prominent 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 moderate amount of non-adhered, hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Dilated cystic and common bile ducts measuring up to 0.5 cm in diameter with a thickened and hyperechogenic wall. No obvious obstruction evident.

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. The stomach measured 0.43 cm, duodenum measured 0.5 cm, small intestine measured 0.31 cm, colon measured 0.15 cm.

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. The left pancreas measured 2.3 cm in width.

Free Abdomen

Normal mesenteric lymph nodes measuring up to 0.2 x 1.5 cm in size.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Dilated bile duct.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the appearance of the liver, gallbladder and dilated bile duct, the most likely etiology would be cholangiohepatitis and possibly cholecystitis.

Differential diagnosis would be acute hepatitis (viral, toxins, bacterial), Leptospirosis with infiltrative neoplasia a less likely differential diagnosis.

Further assessment that can be considered would be Leptospira PCR/serology and FNA cytology of the liver.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be to continue with the current therapy.

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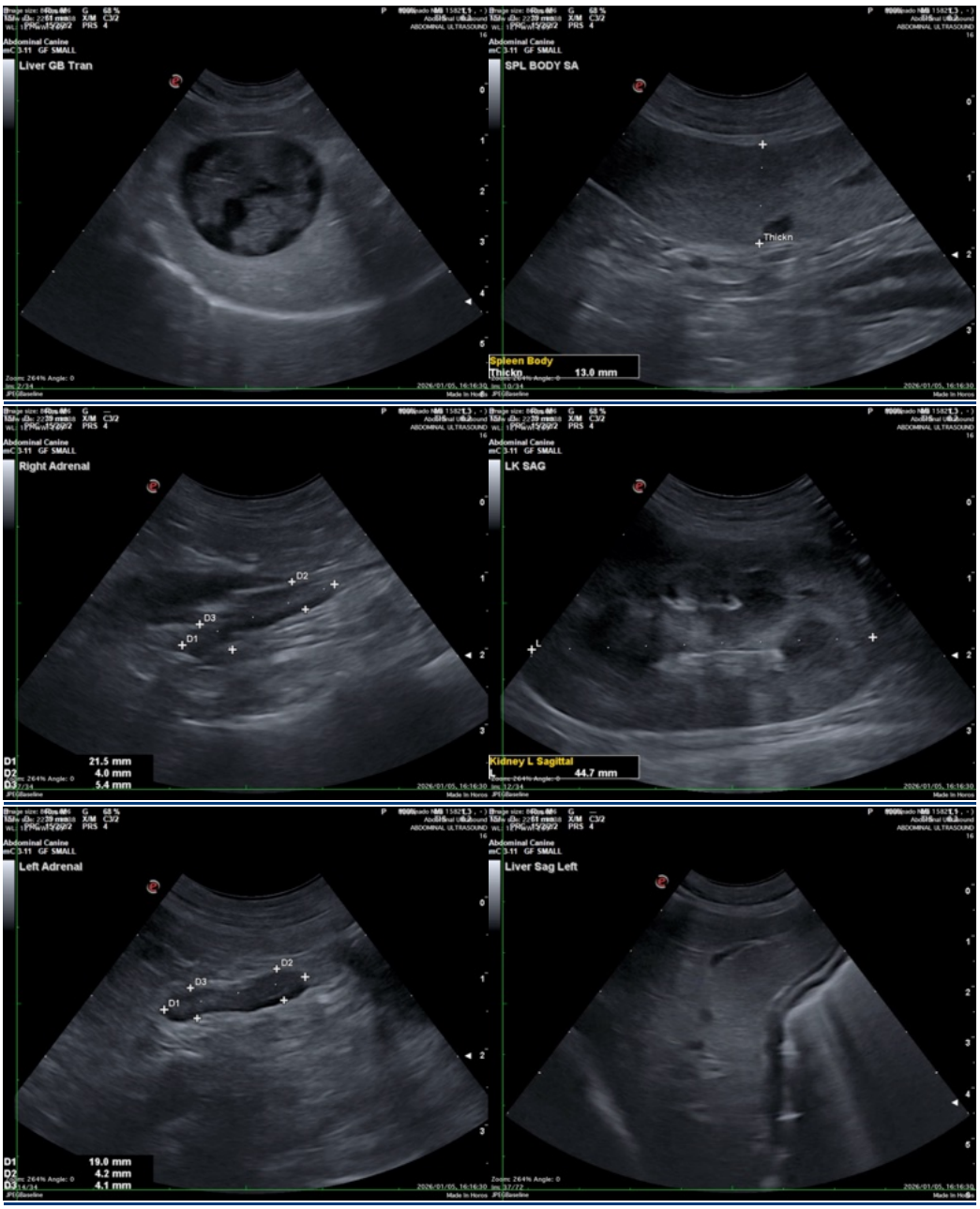

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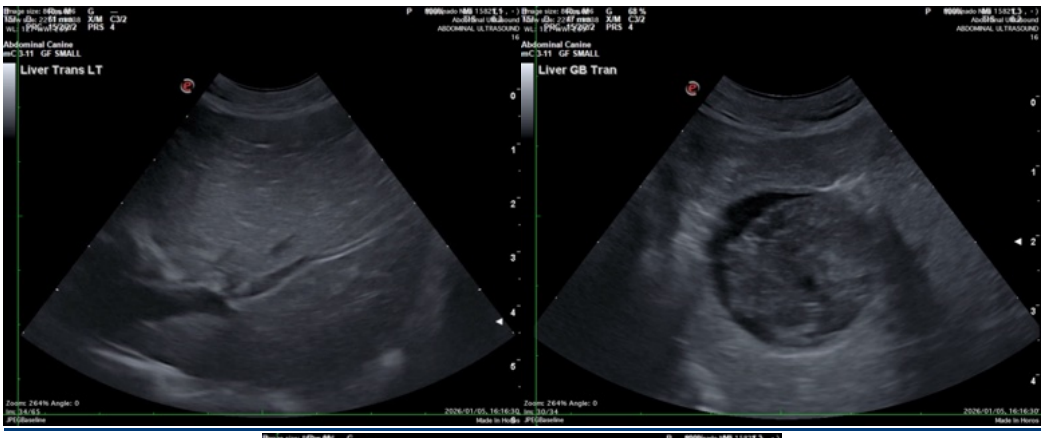

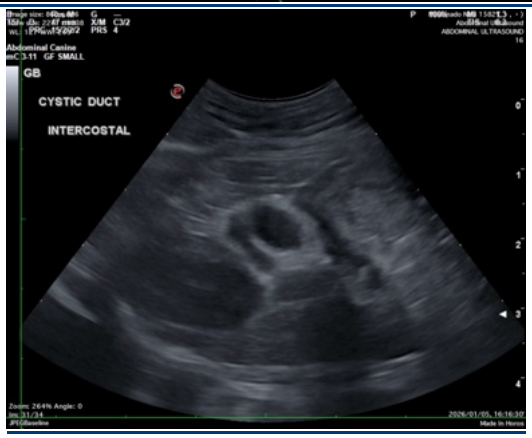

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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