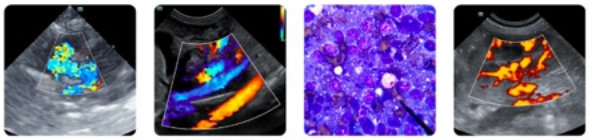


PATIENT

Tuna Guida

SPECIES

Canine

BREED

English Bulldog

SEX

Neutered male

AGE

8 years

WEIGHT

38 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sreenivasa Maddineni

HOSPITAL NAME

West Babylon AH

REFERRING VET

Dr. Maddineni

INVOICE

69959

DATE

1/9/26

PRESENTING CLINICAL SIGNS

History: - Owner reports that Tuna has been vomiting since Friday, with no vomiting today as he did not eat. - Tuna vomited his breakfast and dinner on Friday and continued to vomit on Saturday. - Owner notes that Tuna is thirsty and has not eaten a full meal without vomiting for an unspecified time. - Owner has switched Tuna from prescription food to a different food (believed to be Hill's) due to difficulty obtaining the prescription food. - Owner observed fluff in Tuna's stool this morning, which raises concern for possible worms. Radiographs attached. Patient was sedated for both radiographs and abdominal ultrasound.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 5.4 cm, right measured 6.0 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.

The prostate is small and hypoechogenic.

Adrenal Glands

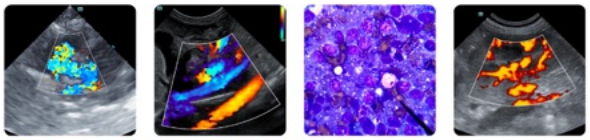
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.51 cm in length x 0.74 cm and 0.7 cm in width. The right adrenal gland measured 2.54 cm in length x 0.66 cm and 0.64 cm in width.

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 1.8 cm in width.

Liver

Normal size, echogenic 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 small containing normal anechoic bile. Thickened and hyperechogenic appearance of the wall measuring 0.4 cm. 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. The stomach measured 0.43 cm, small intestine measured 0.48 cm. A small amount of ingesta was present in the stomach compatible with a recent meal. Fecal material is present in the colon.

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

Prominent mesenteric lymph nodes measuring up to 0.5 x 1.5 cm in size maintaining a normal shape and echogenic appearance.

A scant amount of ascites is present around the lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Gallbladder thickening.
- Mesenteric lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the appearance of the liver and gallbladder wall thickening, together with the patient's blood results, the most likely diagnosis would be cholangiohepatitis.

Mesenteric lymphadenomegaly can be considered reactive with infiltrative neoplasia and lymphadenitis a less likely differential diagnosis.

Further assessment would be fecal analysis (liver fluke), FNA cytology of the liver and possibly cholecentesis for cytology and culture.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be a course of Fenbendazole, course of antibiotics (Penicillin, cephalosporins, hormones) and Ursodiol.

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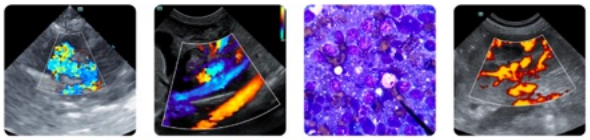

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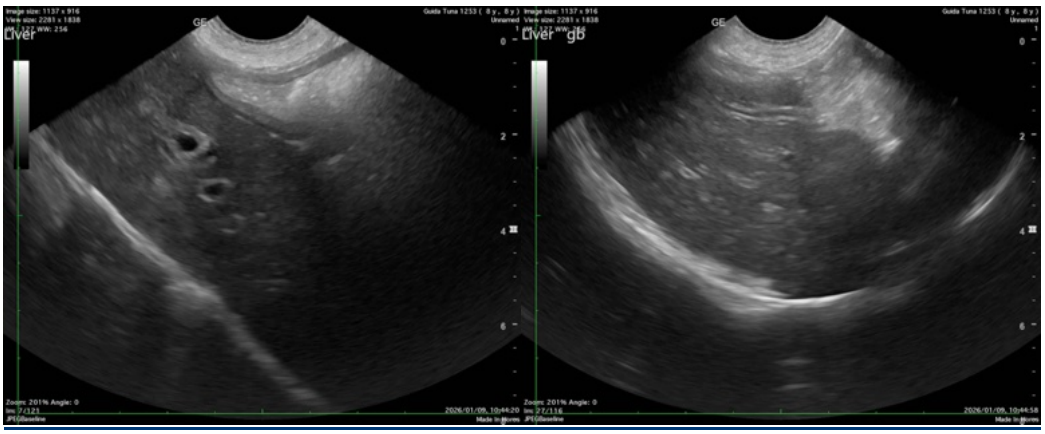

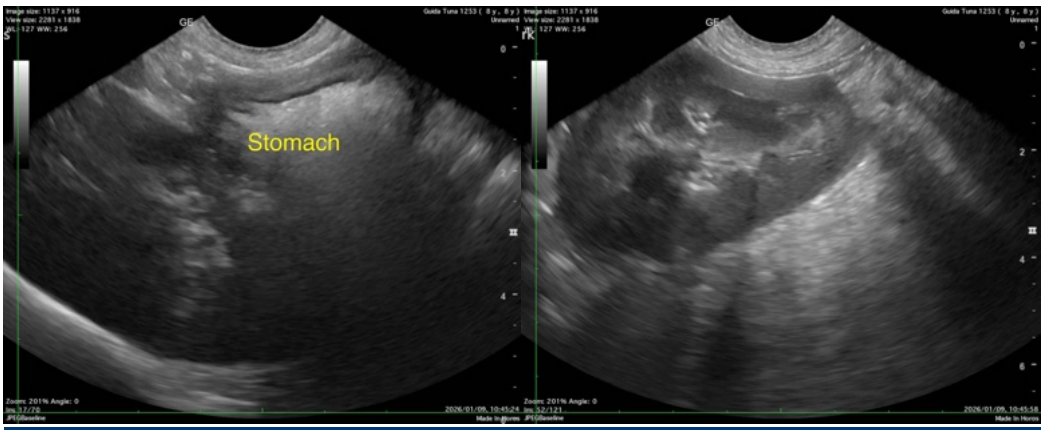

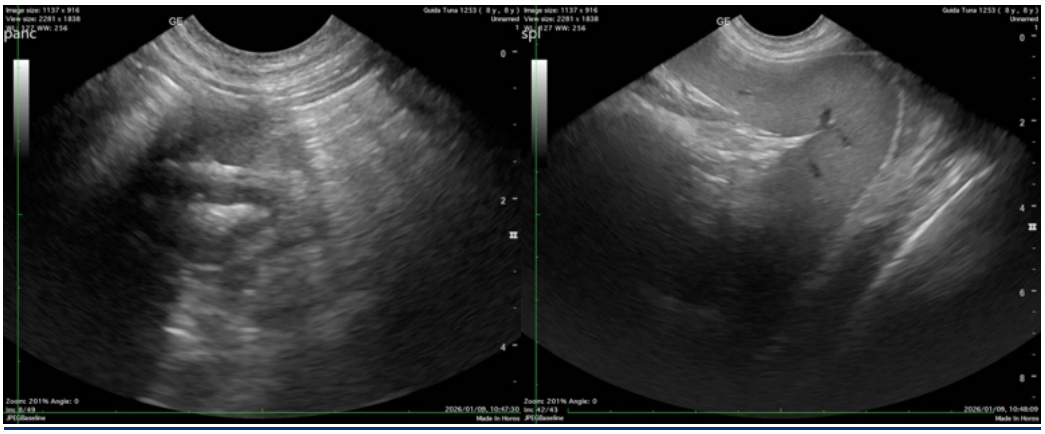

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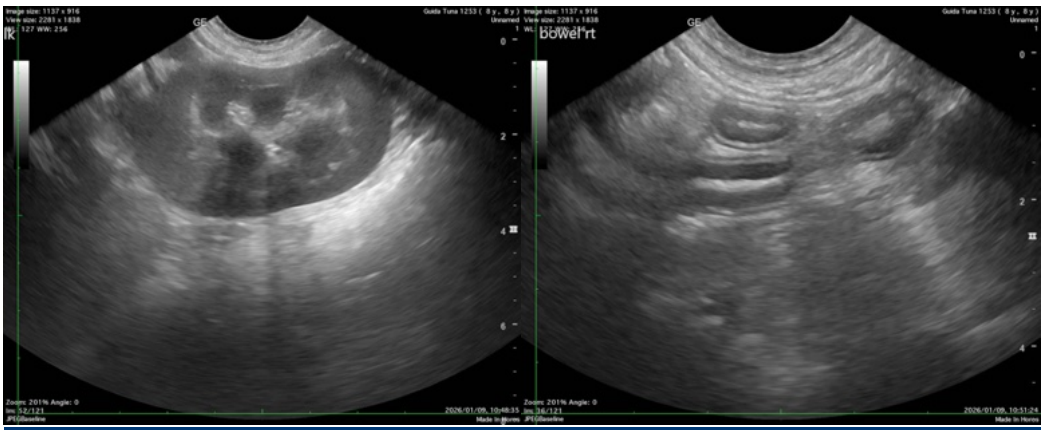

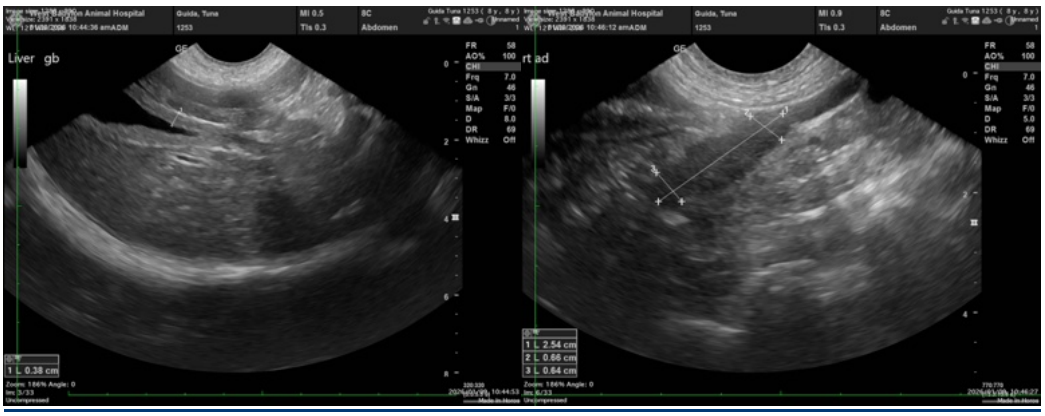

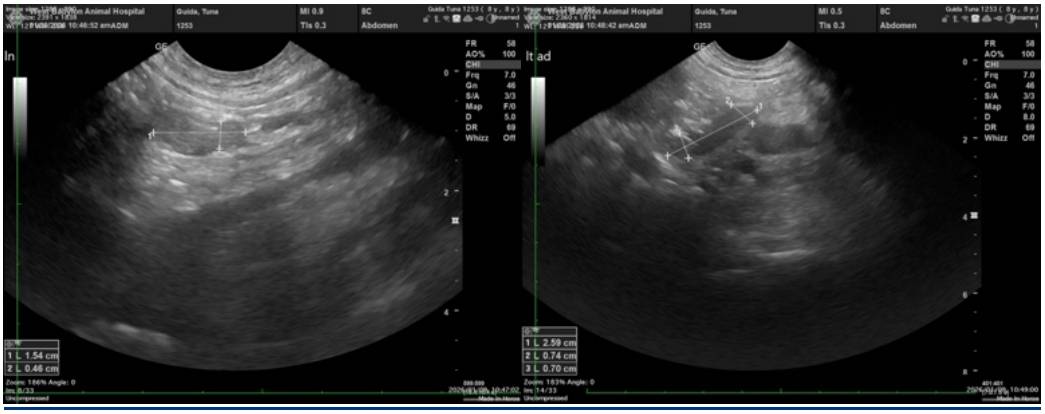

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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