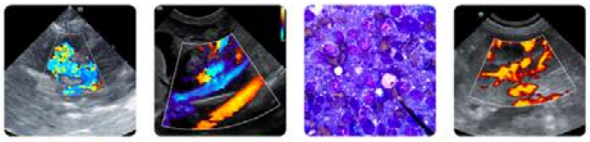


PATIENT

Copper Cheney

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

12 Years

WEIGHT

36.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Saum Hadi

HOSPITAL NAME

Nimbus Pet Hospital

REFERRING VET

Dr. Saum Hadi

INVOICE

71759

DATE

11/12/25

PRESENTING CLINICAL SIGNS

P presents for evolution of elevated liver enzymes (marked ALKP increase, mild ALT increase). Chronic, never worked up, and values have now worsened and are accompanied with weight loss. Chest rads clear of metastasis, revealed cardiomegaly, echo performed today as well by a cardiologist. Labs also revealed a mild non-regenerative anemia, 2+ struvites in urine.

Abnormal PE/Chem/CBC/UA Results: Mild non-regenerative anemia Mild thrombocytosis Mild increase in ALT Marked increase in ALKP Normal AST, GGT, t. bili 2+ struvites in urine

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. Left kidney measures 6.0 cm. Right kidney measures 6.5 cm.

Reproductive System

Small, hypoechogenic prostate.

Adrenal Glands

Bilaterally enlarged, with a rounded shape, increased echogenic appearance, but maintaining normal position and appearance of the visible peri-adrenal vasculature. Left measures 0.84 cm and 0.86 cm in width. Right measures 1.2 cm in width.

Spleen

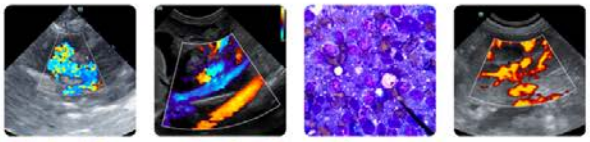
Normal size (1.4 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Incidental myelolipoma present.

Liver

Normal size, with a diffuse increased echogenic 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. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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Gastrointestinal

Mild thickening of the gastric wall noted, measuring up to 0.60 cm, with no loss of layering but with an increase in the muscularis to mucosa ratio, normal peristaltic activity, and no distention of the lumen. Normal appearance of the 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 present 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

- Bilateral adrenomegaly.
- Hepatopathy.
- Gastric thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the adrenomegaly would be reactive hyperplasia, disease stress, and possibly emerging pituitary dependent Cushing's disease.

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic, with hepatitis and infiltrative neoplasia being highly unlikely differential diagnoses.

Etiologies for the gastric thickening would be chronic gastritis, helicobacter gastritis, parasitic disease, and possibly ulcerative disease.

Further assessment would be urinalysis and urine cortisol to creatinine ratio, and if the urine specific gravity is low and/or the urine cortisol to creatinine ratio is abnormal, then adrenal function testing (ACTH stimulation/LDDST) would be indicated. If Cushing's has been excluded, then further assessment of the hepatopathy would be FNA cytology. However, a tru-cut or wedge biopsy may be required for a final etiological diagnosis.

Further assessment of the gastric thickening would be fecal analysis and gastroscopy with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

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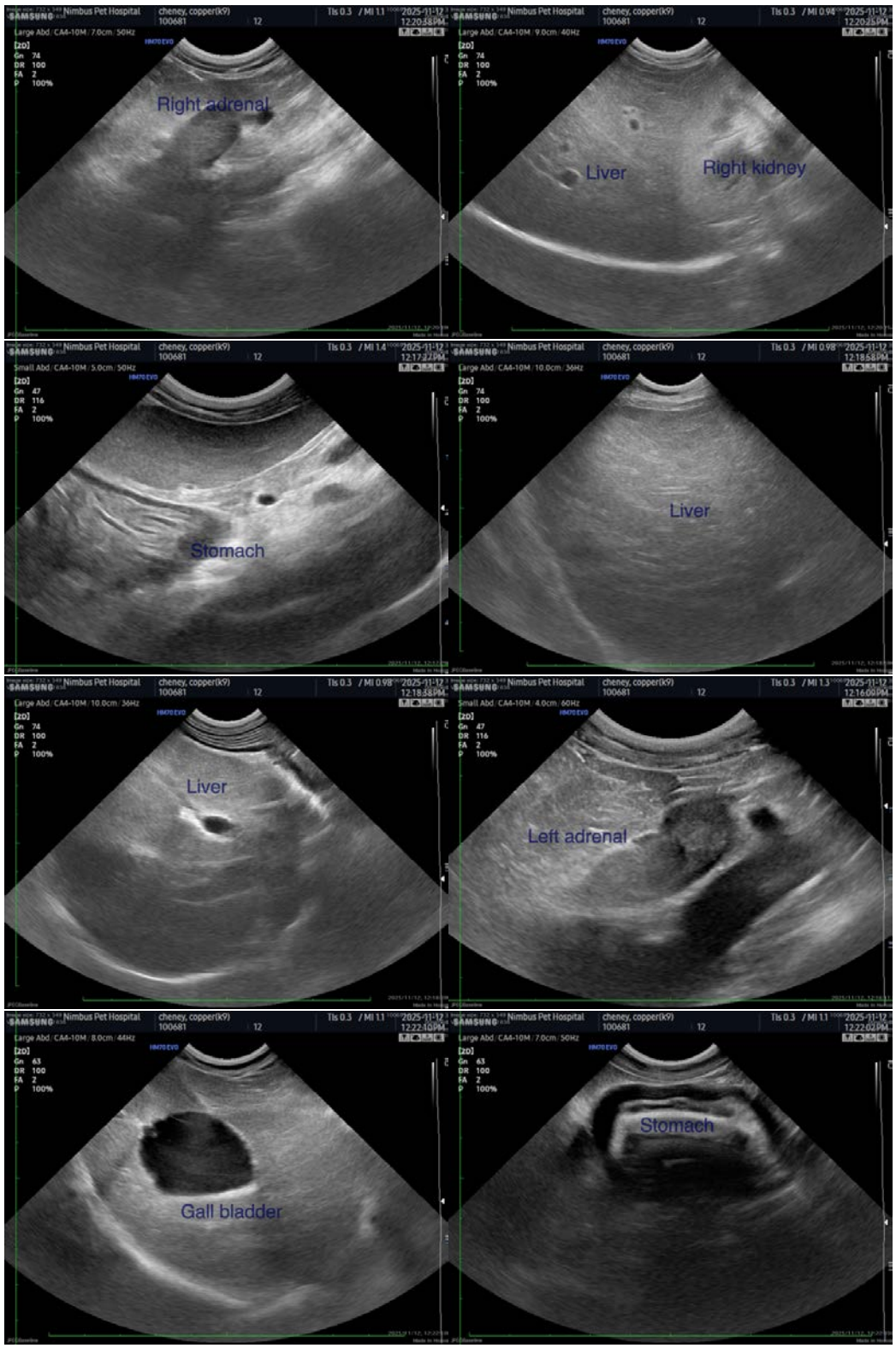

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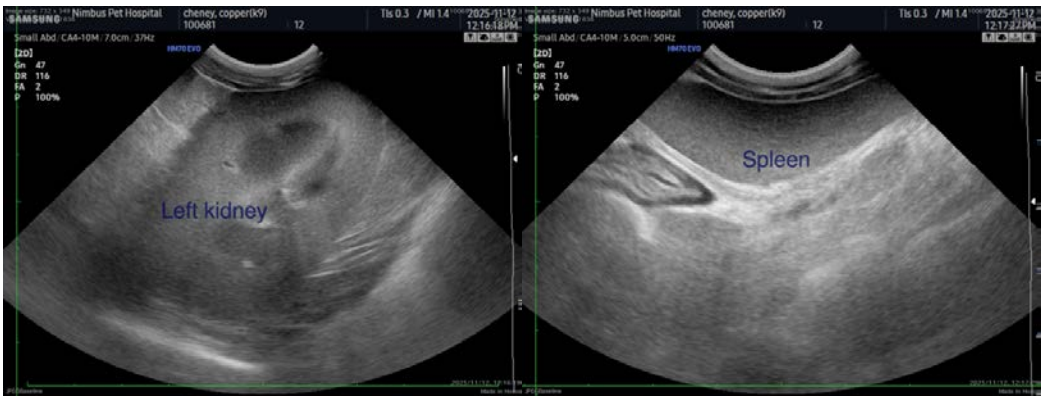

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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