



PATIENT

Scout Carter

SPECIES

Canine

BREED

Beagle

SEX

Intact male

AGE

7 years

WEIGHT

58.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Nicole Hession

HOSPITAL NAME

Spring Run VH

REFERRING VET

Dr. Goebel

INVOICE

68887

DATE

11/20/25

PRESENTING CLINICAL SIGNS

History: Vocalizing pain when lying down, tense on abdominal palpation, radiographs show pushed liver with rounded edges. P is e/d well. Newly ataxic with decreased CP response.

CBC: RBC 5.15 (5.84-8.95), HCT 33 (41-60), HGB 11.1 (14.6-21.7), RETIC 22.8 (23.8-28.3), WBC 19.8 (5.8-16.2), NEU 16.4 (3-9.7), MONO 1.4 (0.15-0.74), PLT 444 (120-412). CHEM- GLOB 4.7 (2.4-4.0), ALB:GLOB ratio 0.6 (0.7-1.5), CHOL 553 (131-345), Creatine Kinase 496 (10-200).

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 (0.6 cm), 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 6.8 cm, right measured 7.3 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. Bilateral, multiple cysts are evident and measured up to 2.2 x 2.3 cm in size.

Normal size and appearance of the testicles. The left testicle measured 2.9 cm in length. The right testicle measured 2.7 cm in length. The prostate was normal in size and appearance measuring 3.5 cm in width with a regular curvilinear capsule, normal echogenic appearance of the periprostatic tissue.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.58 cm and 0.55 cm in width. The right adrenal gland measured 0.51 cm and 0.45 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

The liver is enlarged with rounded edges with a diffuse, increased echogenic and coarse appearance, normal 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. Normal size and appearance of the cystic and common bile duct. Bile duct measured 0.3 cm in diameter.

Gastrointestinal

Thickening of the pylorus measuring up to 0.7 cm with no loss of layering and maintaining a 1:3 muscularis to mucosa ratio. The remainder 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 gastric fundus measured 0.41 cm, duodenum measured 0.36 cm, jejunum measured up to 0.45 cm.

Pancreas

Normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. The left pancreas measured 1.5 cm in width. The right pancreas measured 1.2 cm in width.

Free Abdomen

Normal mesenteric lymph nodes measured 0.4 x 1.6 cm.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Pyloric thickening.
- Hepatopathy.
- Renal cysts.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the pyloric thickening would be chronic gastritis, ulcerative disease, Helicobacter gastritis and possibly emerging pyloric hypertrophy.

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

The gallbladder sediment can be considered an incidental finding.

At this point the renal cysts can be considered an incidental finding representing cystic renal disease.

Further assessment would be FNA cytology of the liver and possibly gastroscopy with biopsies.



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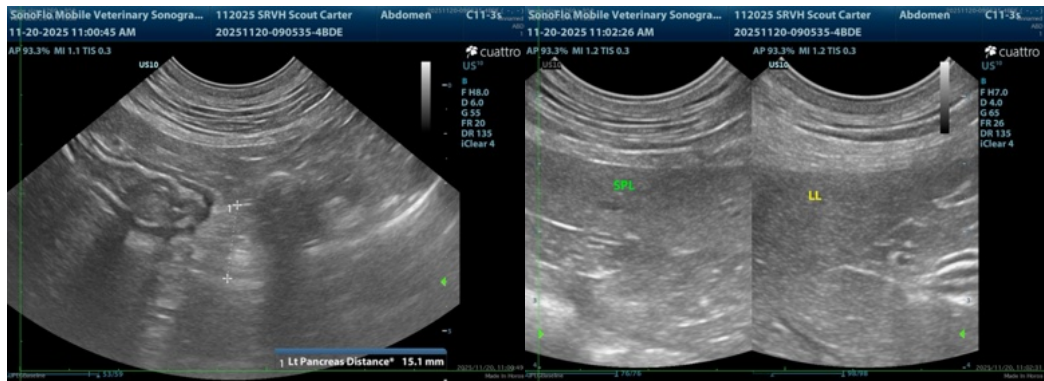
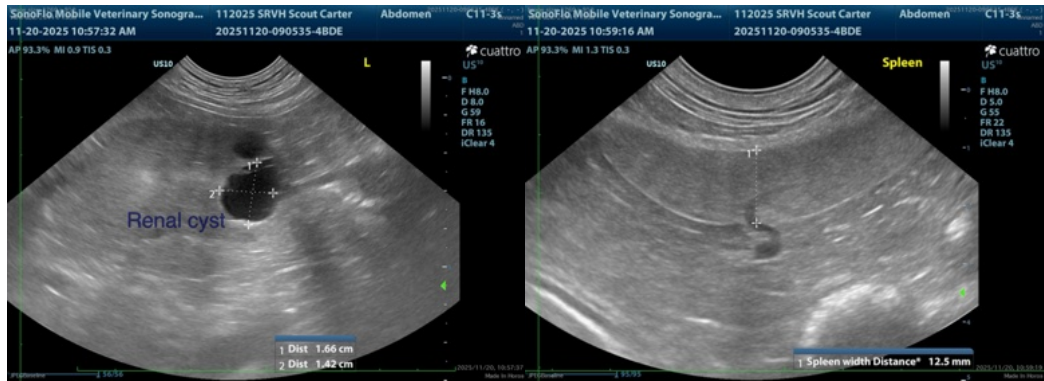
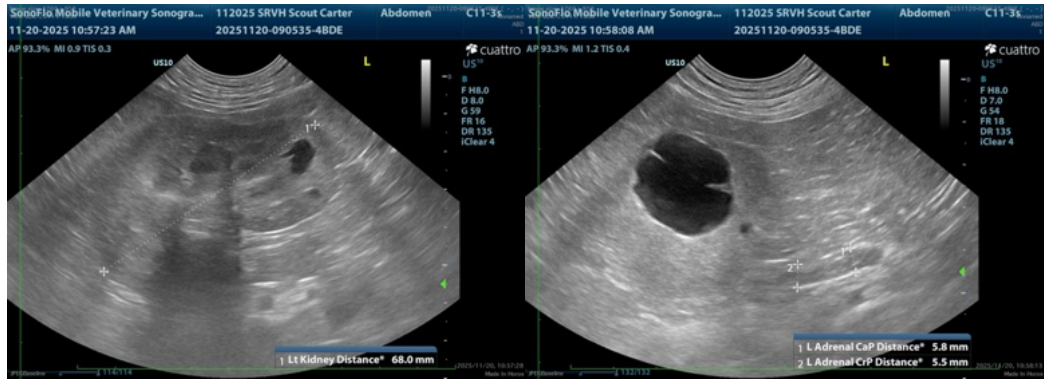
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With the presenting clinical signs, primary neurological disease such as intervertebral disc disease and meningitis would be important considerations.

Specific therapy would be dependent on an etiological diagnosis.





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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