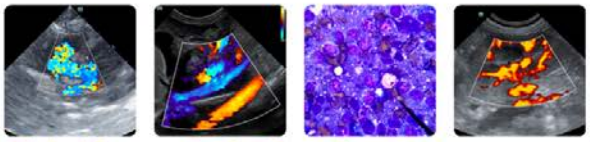


PATIENT

Jack Andrews

SPECIES

Canine

BREED

Chow Chow x

SEX

Neutered Male

AGE

10 Years 10 Months

WEIGHT

53 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside Animal Medical Center

REFERRING VET

Rebekah Sims, DVM

INVOICE

72034

DATE

11/21/25

PRESENTING CLINICAL SIGNS

Routine annual bloodwork revealed elevated liver zn (alp, alt, ggt); O opts for US to look for liver, gb or adrenal pathology to explain elevated liver nz; P was fasted for US scan, no sedation needed

Abnormal PE/Chem/CBC/UA Results: Attached

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 7.3 cm. Right kidney measures 6.7 cm.

Reproductive System

Prostate not visualized.

Adrenal Glands

Bilaterally enlarged, with a rounded shape, but maintaining a normal echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.96 cm and 0.91 cm in width. Right measures 0.83 cm and 1.07 cm in width.

Spleen

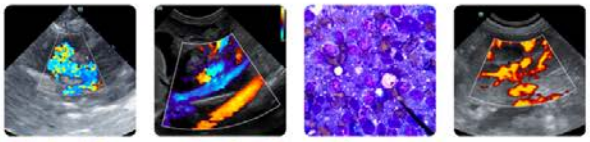
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Small, focal, hypoechogenic parenchymal nodule noted in the body of the spleen, measuring approximately 0.40 cm x 1.0 cm in size. The spleen measures 2.4 cm in width.

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 a small 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.



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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. Small intestinal wall measures 0.34 cm.

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

- Hepatopathy.
- Bilateral adrenomegaly.
- Splenic nodule.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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

The most likely etiology for the splenic nodule would be incidental reactive hyperplasia/extramedullary hematopoiesis, with hematoma, granuloma, and emerging neoplasia being less likely differential diagnoses.

The gallbladder sediment is most likely an incidental finding.

Further assessment would be urine specific gravity and a urine cortisol to creatinine ratio, and if abnormal, then adrenal function testing (ACTH stimulation/LDDS test). If Cushing's disease 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.

Specific therapy would be dependent on an etiological diagnosis.

Monitoring of the splenic nodule would be recommended, and if there is any progressive enlargement or bulging of the overlying capsule noted, then splenectomy should be considered.

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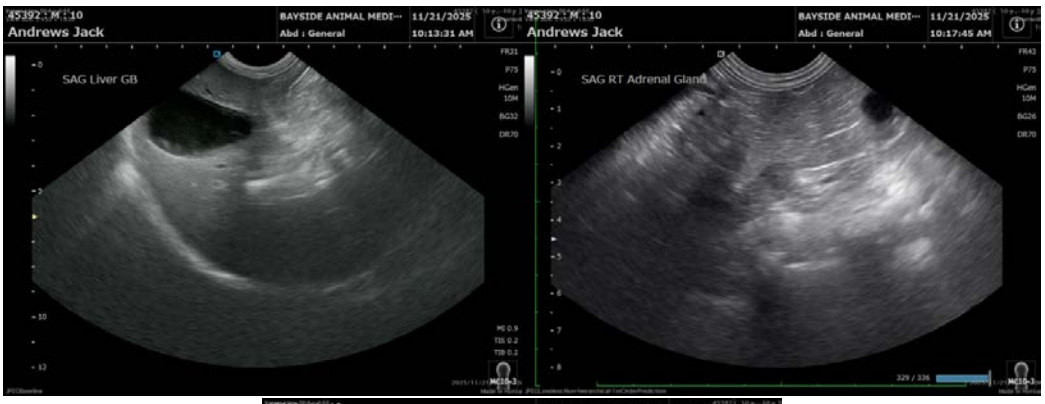

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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