

## PATIENT

Rocky Bacon Graves

## SPECIES

Canine

## BREED

Poodle

## SEX

Neutered male

## AGE

14 years

## WEIGHT

20.2 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Denise Bruno, LVT,  
RDMS

## HOSPITAL NAME

Kenilworth AH

## REFERRING VET

Dr. Mansour

## INVOICE

69022

## DATE

11/25/25

## PRESENTING CLINICAL SIGNS

History: High ALT. Evaluate for neoplasia. Labs attached.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment.

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. The left kidney measured 5.0 cm. The right kidney measured 5.3 cm. Normal color flow pattern is evident in both kidneys.

The prostate is small and hypoechogenic measuring 1.1 cm in width.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 2.15 cm in length x 0.5 cm and 0.45 cm in width. The right adrenal gland measured 2.28 cm in length x 0.5 cm and 0.53 cm in width.

### *Spleen*

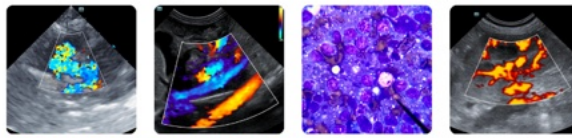
Normal size, echogenic appearance, and a smooth homogenous parenchyma. Irregular, scalloped appearance of the capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Focal, isoechoic parenchymal nodule measuring 0.9 cm originating off the tail of the spleen. The spleen measures 2.1 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.

### *Gallbladder*

The gallbladder is 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***

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 small intestine measured up to 0.45 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.

***Free Abdomen***

Normal mesenteric lymph nodes.

No ascites evident.

**ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy.
- Splenic nodule.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

Etiologies for the splenic nodule would be hematoma, granuloma, nodular hyperplasia/extramedullary hemopoiesis and possibly emerging neoplasia.

The scalloped appearance of the splenic capsule can be considered an incidental age related change.

Further assessment would be FNA cytology of the liver. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

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

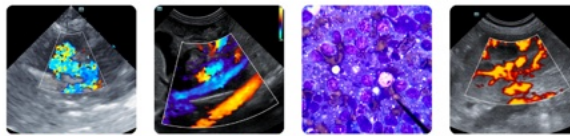
Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management for the hepatopathy that can be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.

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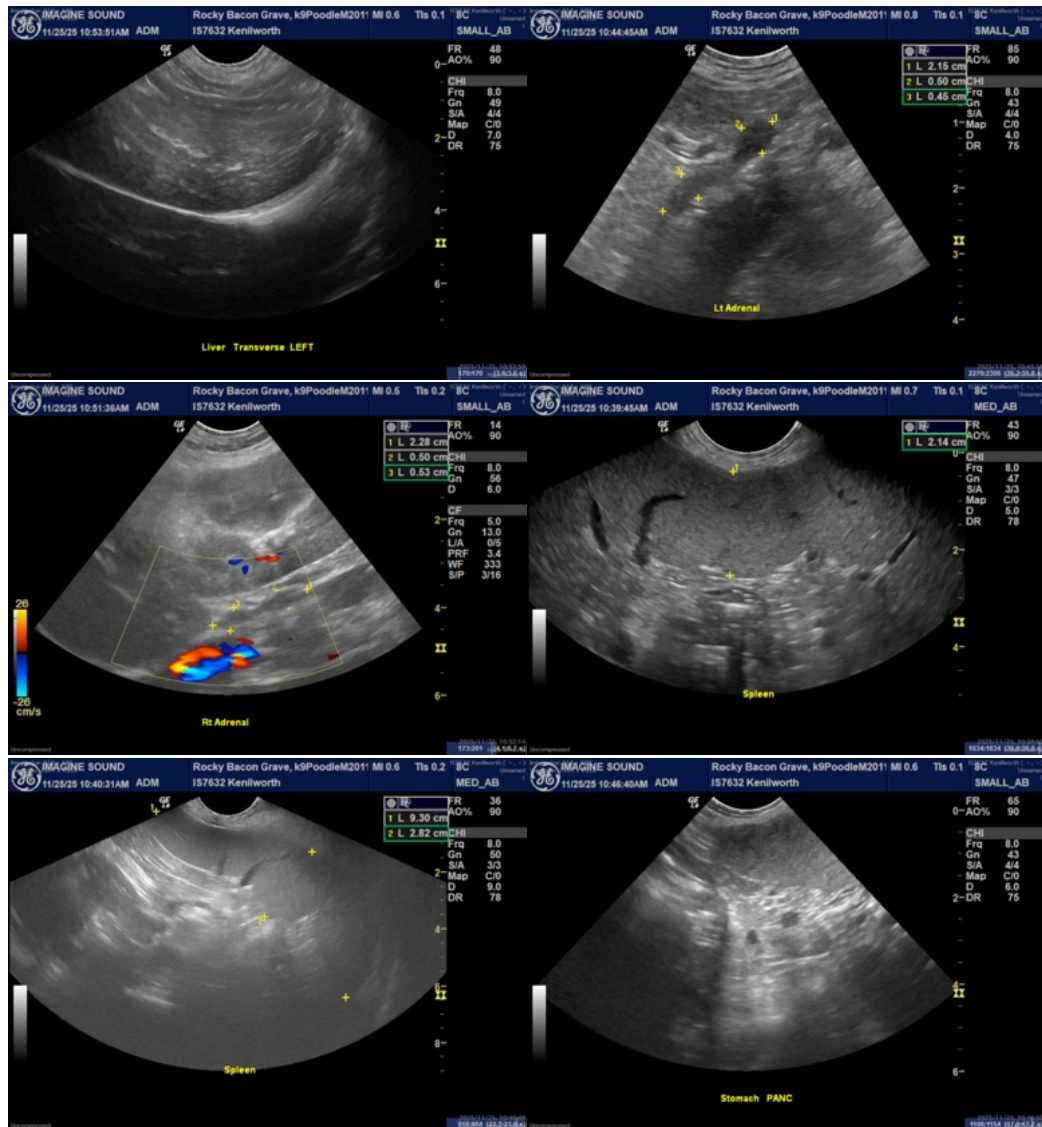
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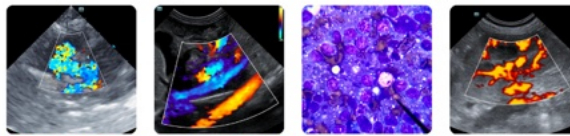
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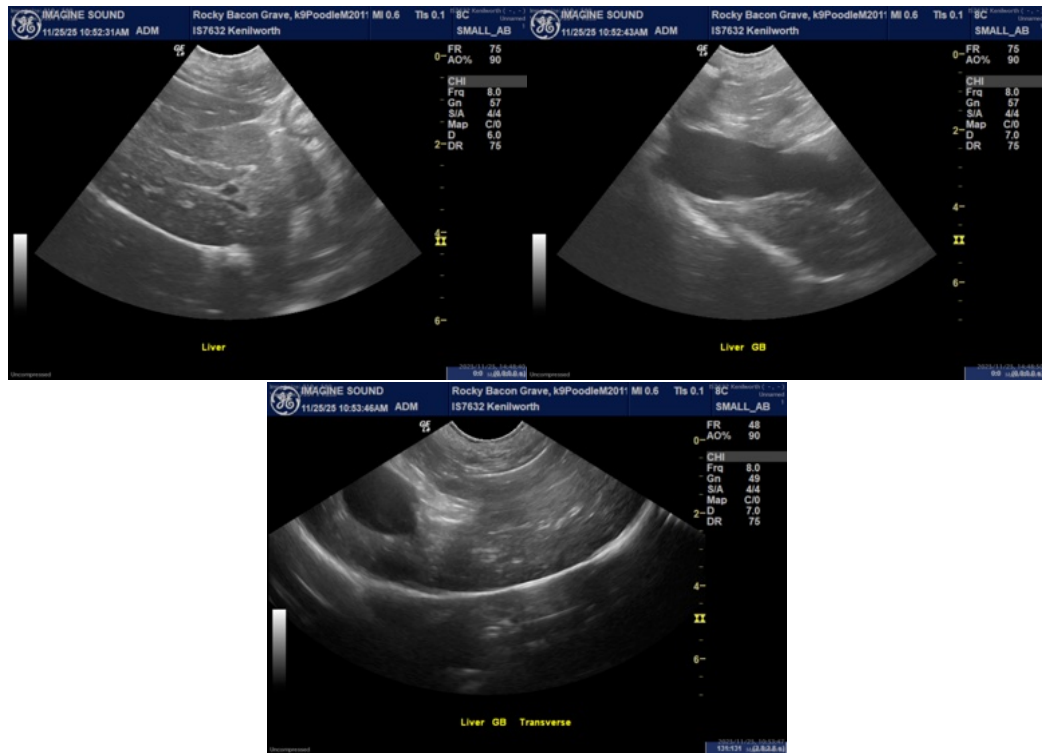
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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