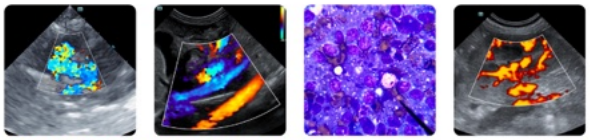


PATIENT

Ruby McCreadie

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

9 years

WEIGHT

30 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Celine Ward

HOSPITAL NAME

Kenora VC

REFERRING VET

Dr. Ward

INVOICE

69023

DATE

11/25/25

PRESENTING CLINICAL SIGNS

History: - Blastomycosis positive June/2025, has been on itraconazole 6mg/kg since. Diffuse miliary nodular lung pattern on chest rads at diagnosis and still present. - Presented Nov.14th for acute onsest lethargy, fever, inc. panting. - Multiple skin lesions present, suspected vasculitis/itraconazole toxicity - High WBC - neutrophilia, lymphocytosis (has improved since starting antibiotics) - suspected secondary bacterial infection - Itraconazole reduced to 3mg/kg Nov.15th. Discontinued Nov. 24th. - Liver supplement declined Nov.15th, but started Nov.24th (milk thistle)
Abnormal PE/Chem/CBC/UA Results: Fever 41.1 C rectal Nov 15/25 - resolved Nov. 25/25 Increased lung sounds, normal rate, effort. Nov 24/25: WBC 17.72 (was 36.75 Nov.15) Neutrophilia 14.22 (was 27.23 Nov.15) ALT 914 (was 490 Nov.15) ALP 933 (was 520 Nov.15)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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 5.8 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. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

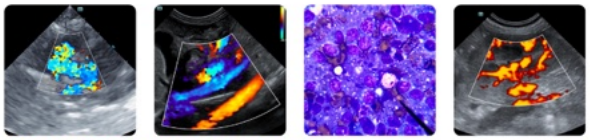
The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.45 cm in width. The right adrenal gland was poorly visualized, but appears to be of normal shape, echogenic appearance and size.

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

Normal size, echogenic appearance, 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 normal anechoic bile. Normal thickness and echogenic appearance of the wall. 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. A small amount of ingesta is present within the stomach compatible with a recent meal.

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

- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the elevated liver enzyme activity with the most likely etiology being the Itraconazole therapy.

Differential diagnosis would be reactive hyperplasia, vacuolar and metabolic with infiltrative neoplasia and hepatitis highly unlikely differential diagnosis.

Further assessment would be FNA cytology of the liver.

Specific therapy would be dependent on an etiological diagnosis.

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

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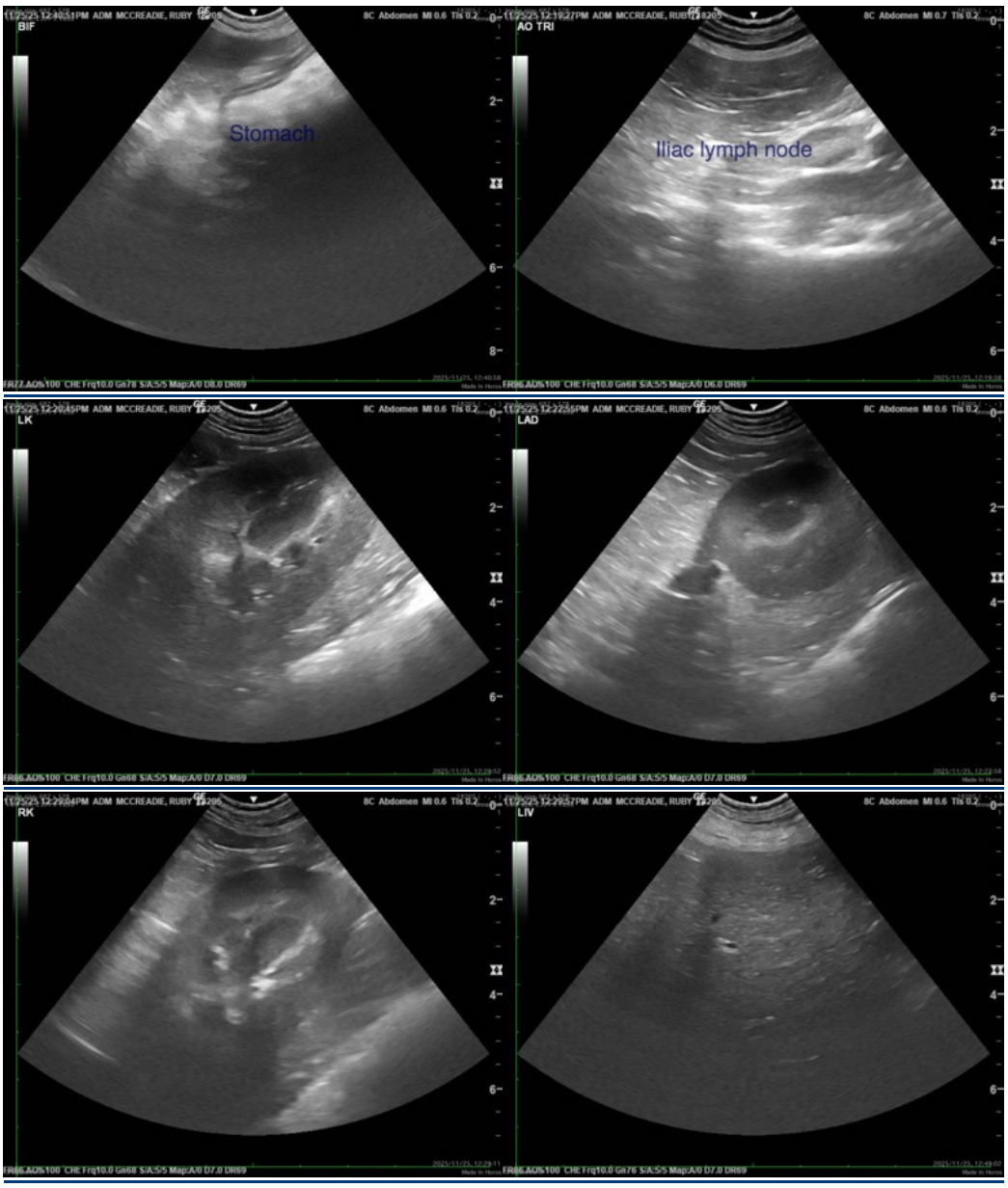

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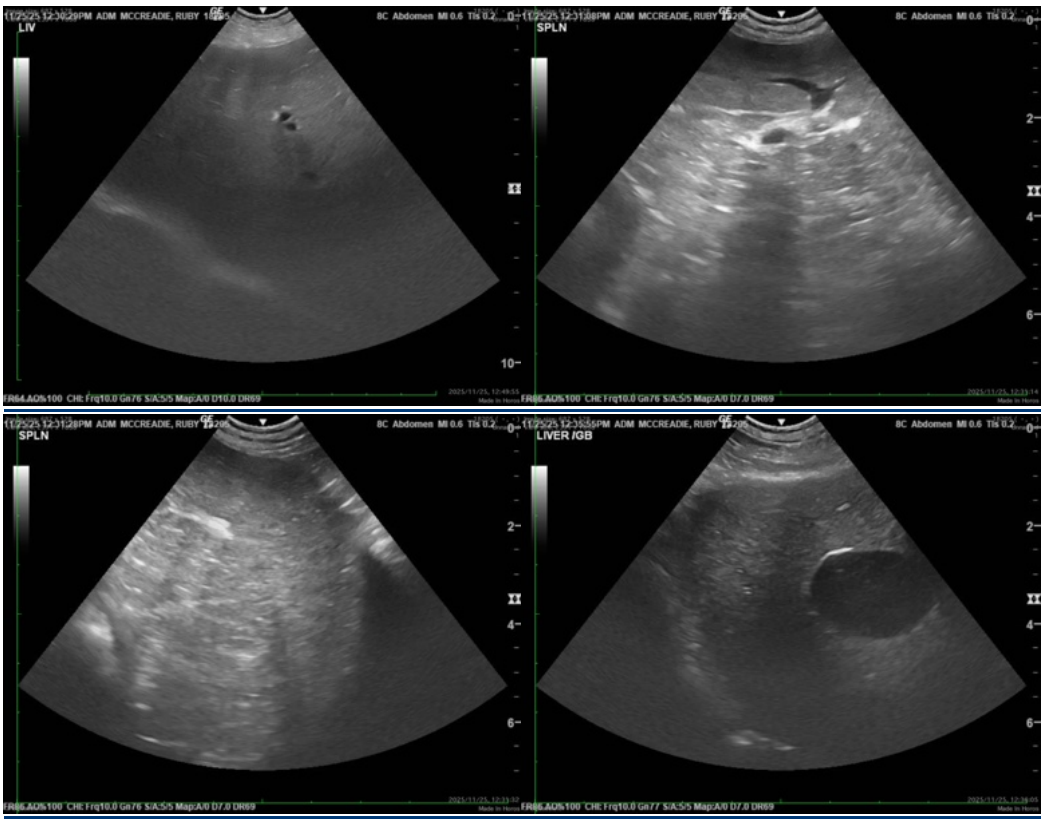

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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