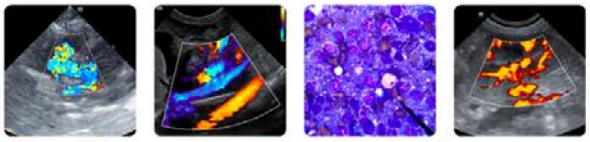

PATIENT

Frankie Born

SPECIES

Canine

BREED

Miniature Dachshund

SEX

Neutered Male

AGE

15 Years

WEIGHT

11.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jazmin Munoz Gonzalez

HOSPITAL NAME

Oakridge Veterinary Clinic

REFERRING VET

Dr. Jazmin Munoz Gonzalez

INVOICE

71578

DATE

11/4/25

PRESENTING CLINICAL SIGNS

Clinically doing well at home. Routine bw revealed mild monocytosis 1.004, mild thrombocytosis 514, mild hypochloremia 105, hyperalbuminemia 4, hepatopathy (ALT 311, AST 56, ALP 164), hyperlipidemia 287, TT4 2.6, 4dx neg. Started Denamarin. On sedation today, grade III/VI LAS heart murmur auscultated. R axilla mass and anal massed FNA'd and sent out for cytology. Trads performed and sent out. P has several cauliflower like lesions (presumed sebaceous adenomas), periodontal disease, and mild diffuse alopecia.

Abnormal PE/Chem/CBC/UA Results: Routine bw revealed mild monocytosis 1.004, mild thrombocytosis 514, mild hypochloremia 105, hyperalbuminemia 4, hepatopathy (ALT 311, AST 56, ALP 164), hyperlipidemia 287, TT4 2.6, 4dx neg. Started Denamarin.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full 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 4.1 cm. Right kidney measured 4.2 cm.

Reproductive System

Small, hypoechogenic prostate.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.56 cm in width. Right measures 0.55 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. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Normal size, with a diffuse increased echogenic and coarse appearance, 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.

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.
- Gallbladder sediment.

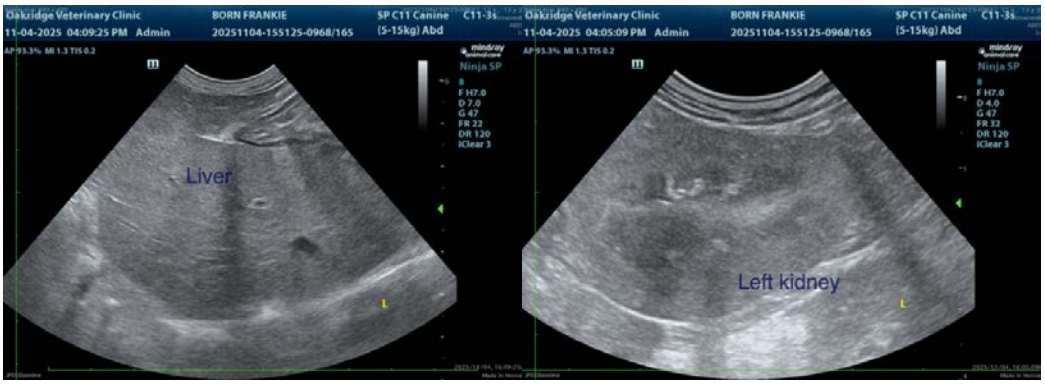
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The gallbladder sediment is most likely an incidental finding.

Further assessment and therapy need to be based on the pending results but could include FNA cytology of the liver. However, a tru-cut or wedge biopsy of the liver may be required for a final etiological diagnosis.

Symptomatic management that could be considered for both the hepatopathy and the gallbladder sediment would be the use of Ursodiol, with regular monitoring of liver enzyme activity.



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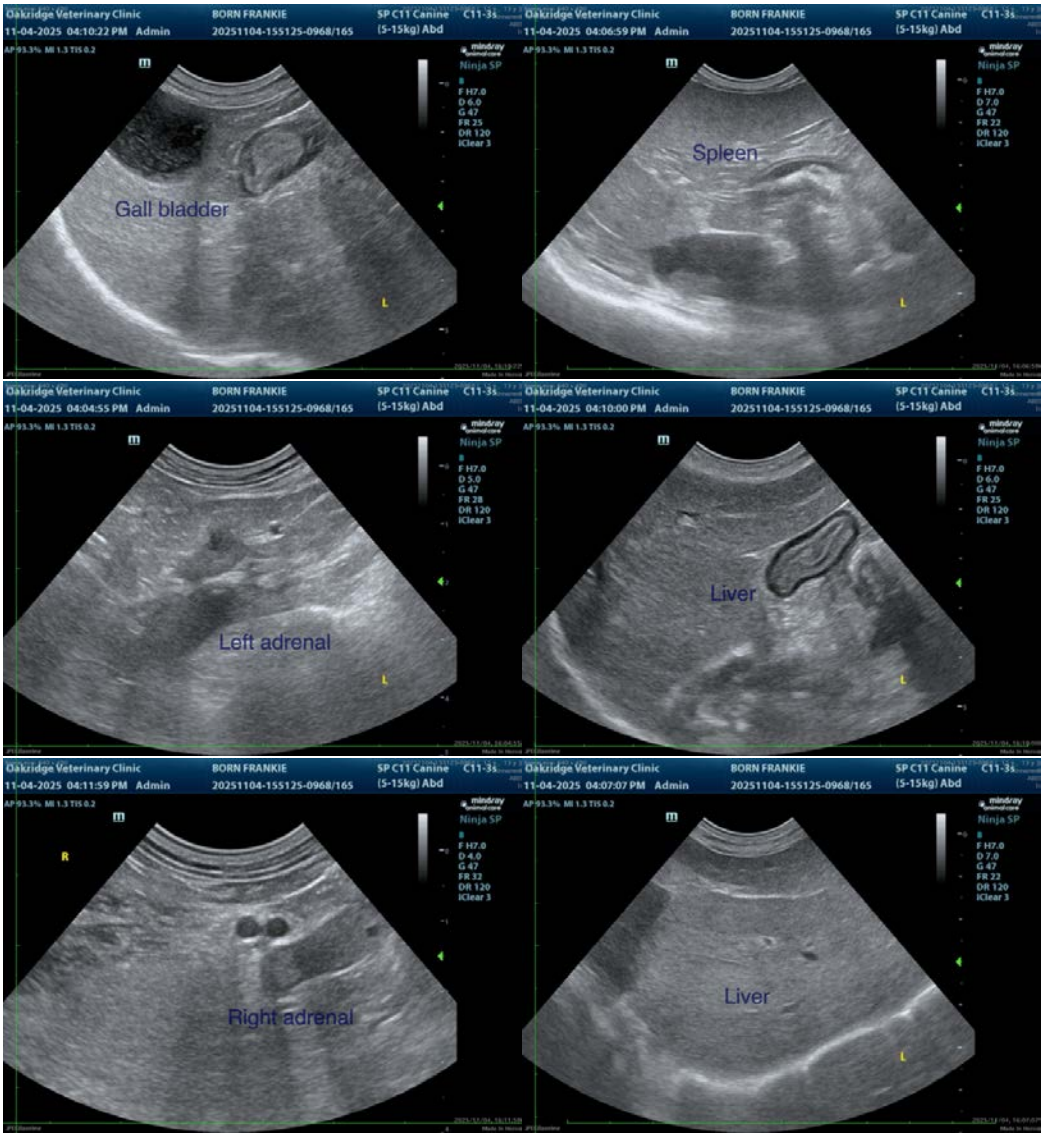

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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