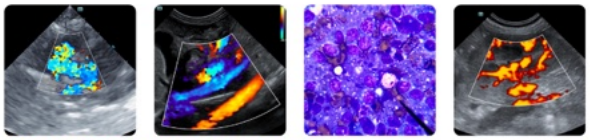


PATIENT

Fear French

SPECIES

Canine

BREED

Pit Mix

SEX

Spayed female

AGE

10 years

WEIGHT

51.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kendall Helbert

HOSPITAL NAME

South College VC

REFERRING VET

Dr. Albert

INVOICE

69483

DATE

12/11/25

PRESENTING CLINICAL SIGNS

History: P initially presented on 12/3/25 for lethargy and inappetence. P was severely icteric at time of presentation with significantly elevated liver values. Halo sign present on brief ultrasound of the gallbladder with hyperechoic nodular appearance on the dorsal aspect at the level of the cystic duct (this was not submitted for report). P was started on Denamarin Advanced, prednisone 20mg q12h and Entyce appetite stimulant q24h PRN. Ursodiol was prescribed but not filled. P represented on 12/5/25 for hospitalization with fluid therapy and further monitoring. P responded well to fluid therapy, but the icterus has not resolved, and the liver values have mildly improved. She is receiving ampicillin 500mg IV q8h, sucralfate 1g PO q12h and famotidine 20mg PO q12h. P is still on prednisone and Denamarin as previously prescribed.
Abnormal PE/Chem/CBC/UA Results: Bloodwork/UA results attached.

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.

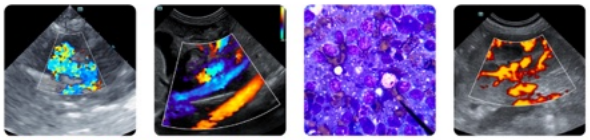
Normal renal size (left measured 5.5 cm, right measured 6.0 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.44 cm in length x 0.37 cm and 0.37 cm in width. The right adrenal gland measured 1.18 cm in length x 0.43 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 2.7 cm in width.



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Liver

Normal size 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.

Gallbladder

The gallbladder is small containing normal anechoic bile. Thickened and hyperechogenic appearance of the wall with a hypoechogenic rim surrounding the gallbladder (halo effect). 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.

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.
- Cholecystitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatopathy would be secondary to the cholecystitis with hepatitis an important differential diagnosis, reactive hyperplasia, vacuolar, metabolic and infiltrative neoplasia would be highly unlikely differential diagnosis.

The appearance of the gallbladder is consistent with cholecystitis.

Further assessment that can be considered would be fecal analysis (to exclude liver fluke) and FNA cytology of the liver. Management would be to continue with the current therapy.

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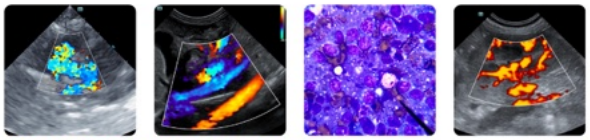

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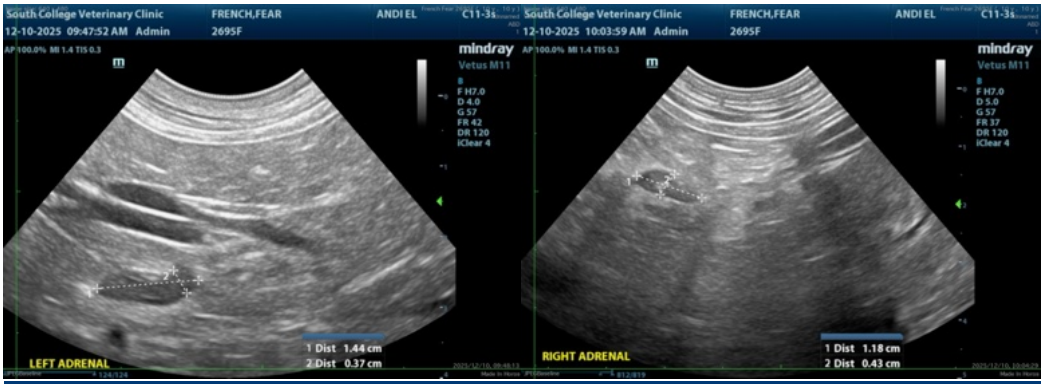

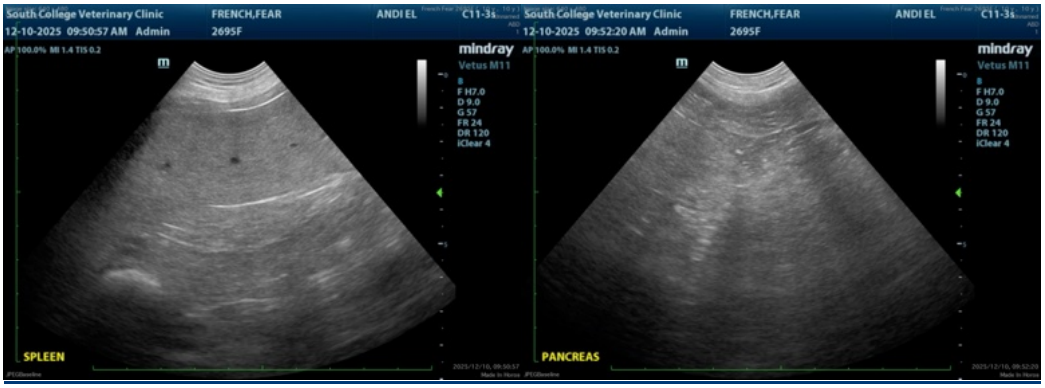

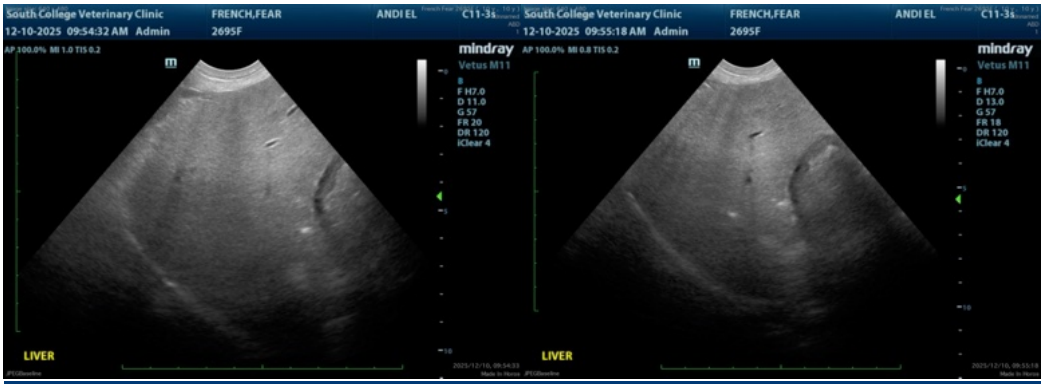

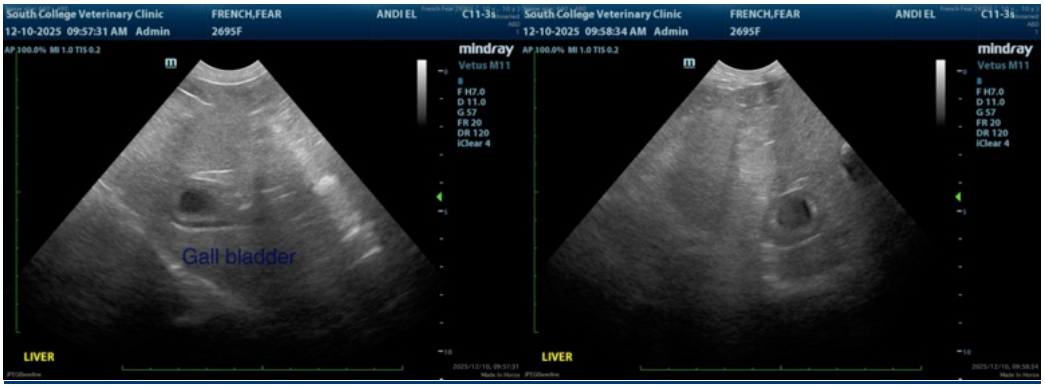

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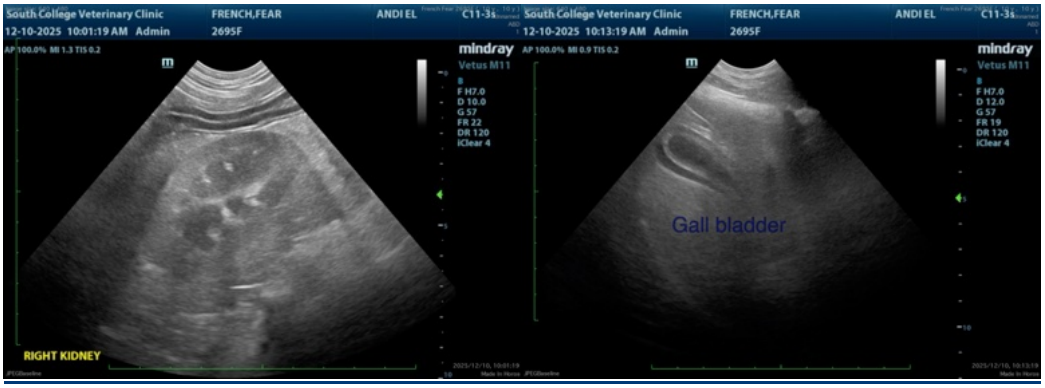

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com