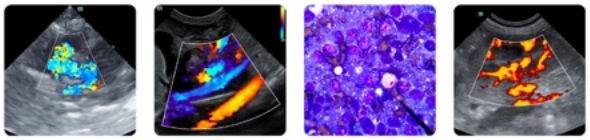

PATIENT

Lacee Rocco

SPECIES

Canine

BREED

Maltese

SEX

Female

AGE

12 years

WEIGHT

12.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York VS

REFERRING VET

Dr. Aimi

INVOICE

69517

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PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: Patient was seen on December 1st for a routine annual with no reported abnormal behaviors or questions. Blood work showed elevated ALP, hematocrit, and total protein. Urinalysis and urine cortisol creatinine ratio (UCC) were unremarkable. Patient does have food allergies. Patient takes trazodone for anxiety. CLINICAL SIGNS: none MEDICATIONS: - Pro-hepatic supplement - Trazodone as needed - Simparica - Purina HA diet
Abnormal PE/Chem/CBC/UA Results: Lab Work (from 2025-12-01) Urinalysis - Urine specific gravity: 1.015 - Protein: Negative - Urine cortisol creatinine ratio: 17.6 (Normal range: 0-33.9) CBC/Chemistry - CBC: Unremarkable - Chloride: 104 mEq/L (minimally low) - Total Protein: 7.3 g/dL (elevated) - ALP: 977 U/L (elevated) - Cholesterol: 383 mg/dL (elevated) - SDMA: <10 ug/dL Blood pressure unknown

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small, almost empty with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident. The urinary bladder wall measured 0.4 cm.

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 4.2 cm, right measured 4.8 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

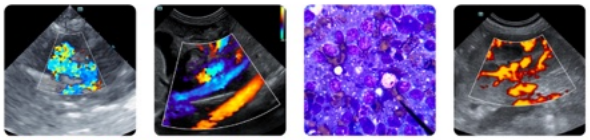
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.78 cm in length x 0.54 cm and 0.58 cm in width. The right adrenal gland measured 1.6 cm in length x 0.56 cm and 0.65 cm in width.

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 1.2 cm in width.

Liver

The liver is enlarged with rounded edges, diffuse, increased, echogenic, coarse and nodular appearance, normal portal markings, and regular curvilinear capsule. Nodules are parenchymal, hypoechogenic and



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measure up to 0.8 cm in width. No masses evident. Prominent appearance of the poral vein and caudal vena cava, both measuring 0.7 cm in diameter showing no turbulent blood flow or thrombosis.

Gallbladder

The gallbladder is 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.

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.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Nodular hepatopathy.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the nodular hepatopathy would be nodular hyperplasia with chronic hepatitis, granulomatous disease and infiltrative neoplasia a less likely differential diagnosis.

The gallbladder sediment can be considered an incidental finding.

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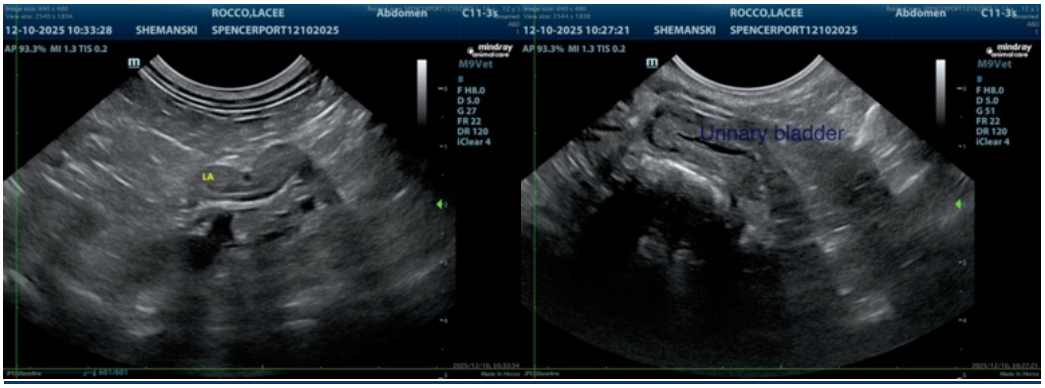
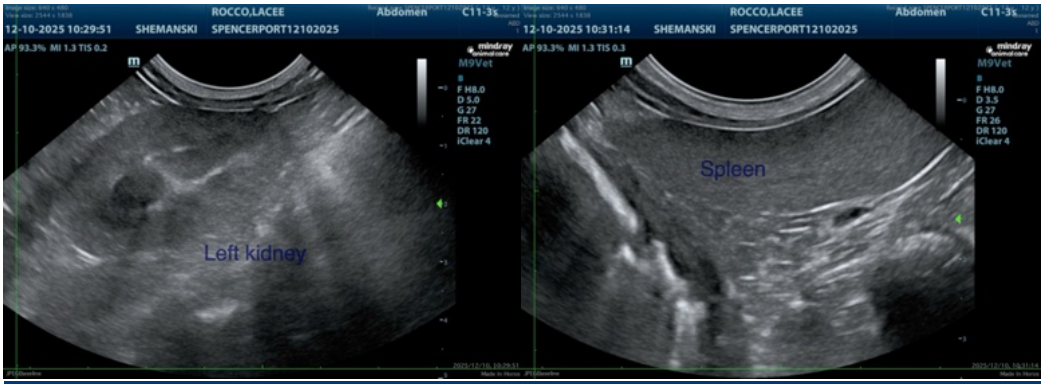
The prominent appearance of the caudal vena cava and portal vein can be considered an incidental finding.

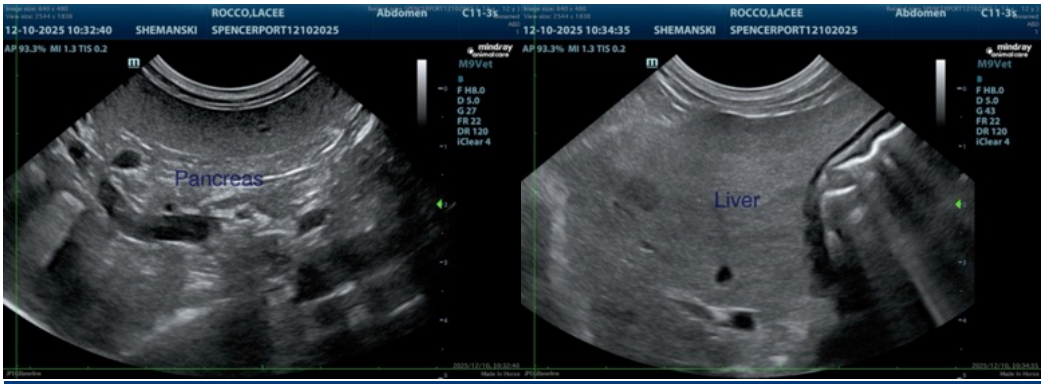
Further assessment would be FNA cytology of the liver; however, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

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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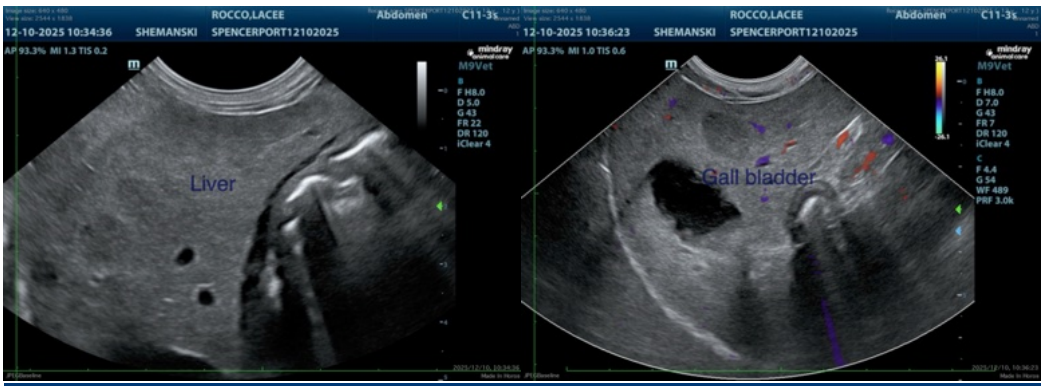

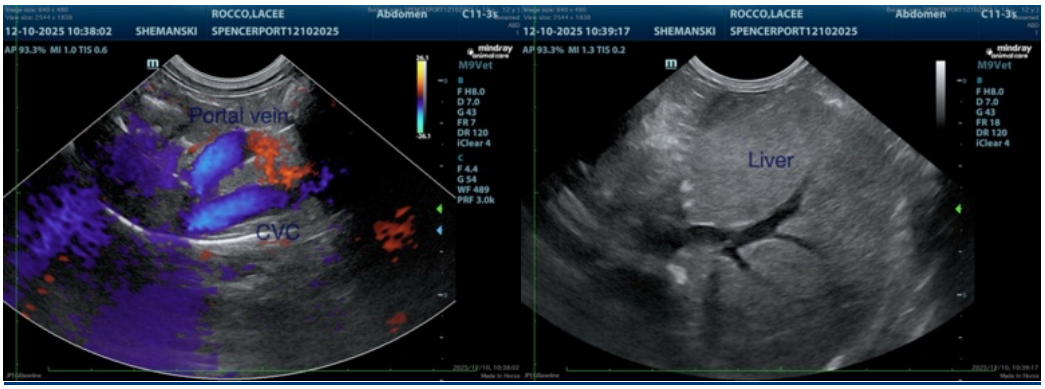

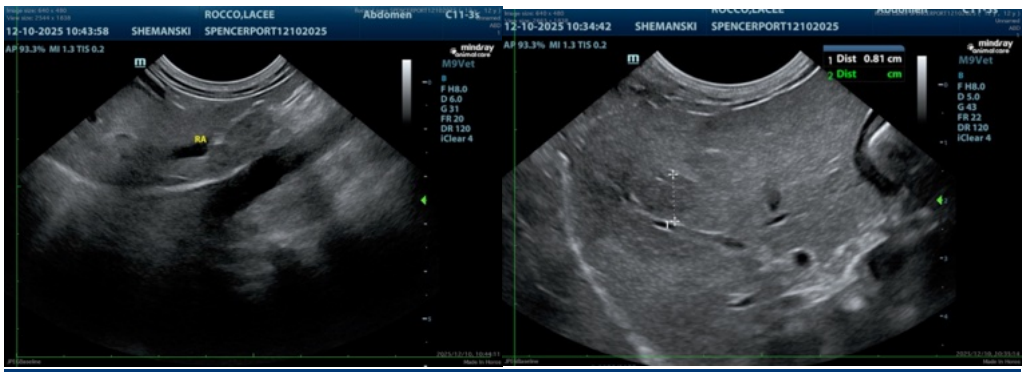

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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