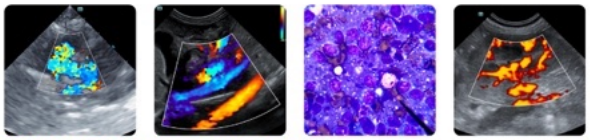


PATIENT

Fenway Frederick

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered male

AGE

9 ½ years

WEIGHT

26 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Lara Wiseman

HOSPITAL NAME

Mobile Veterinary Imaging

REFERRING VET

Village Royale AC

INVOICE

69732

DATE

12/31/25

PRESENTING CLINICAL SIGNS

History: bloodwork ALT-2,843 AST-986 ALP-211,GGT-42 Recent significant weight loss, E/D normally, Vomited once yesterday otherwise all WNL

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 4.3 cm, right measured 4.9 cm), normal echogenic appearance, some loss of cortico-medullary differentiation and normal pelvis and capsule. No infarcts, mineralization or renoliths evident.

The prostate is small and hypoechogenic measuring 0.9 cm in width.

Adrenal Glands

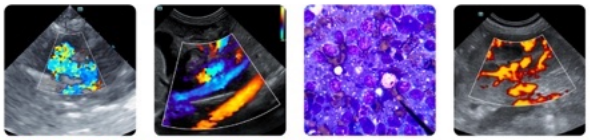
The left adrenal gland had a plump appearance of the caudal pole measuring 0.72 cm in width, normal size of the cranial pole measuring 0.43 cm in width with the gland having a normal shape, position and appearance of the visible peri-adrenal vasculature. The right adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Right adrenal gland measured 0.47 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 2.0 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 small containing normal anechoic bile and two small cholelithsthat measured 0.7 cm in size. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct. The common bile duct measured 0.2 cm in diameter.

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 moderate amount of ingesta is present in the stomach compatible with a recent meal. Fecal material is present in the colon. The duodenum measured 0.38 cm, small intestine measured up to 0.35 cm.

Pancreas

Normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. The left pancreas measured 1.1 cm in width. The right pancreas measured 1.3 cm in width.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Plump left adrenal gland.
- Age related renal changes versus early chronic kidney disease.
- Choleliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the appearance of the left adrenal gland may merely be an incidental finding associated with reactive hyperplasia with the patient's age, emerging pituitary dependent Cushing's disease should be considered.

The choleliths can be considered incidental findings. Although the liver appears ultrasonographically normal, with the elevated liver enzyme activity, an underlying hepatopathy such as reactive hyperplasia, vacuolar, metabolic and hepatitis should still be considered with infiltrative neoplasia a less likely differential diagnosis.

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

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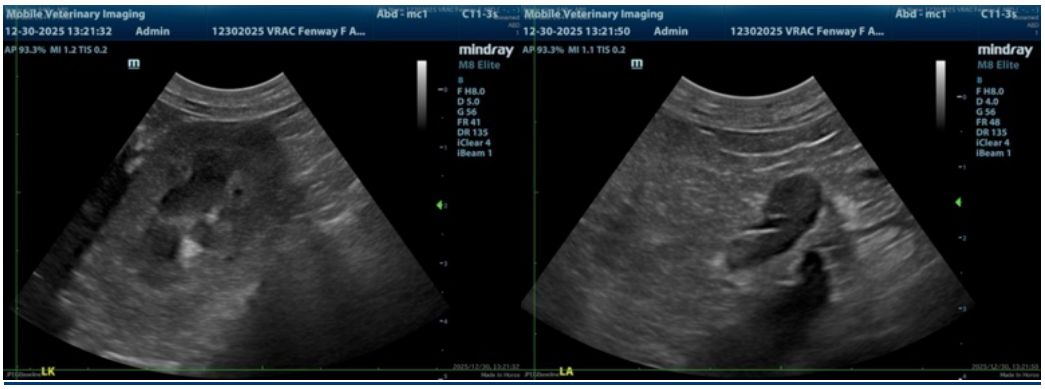
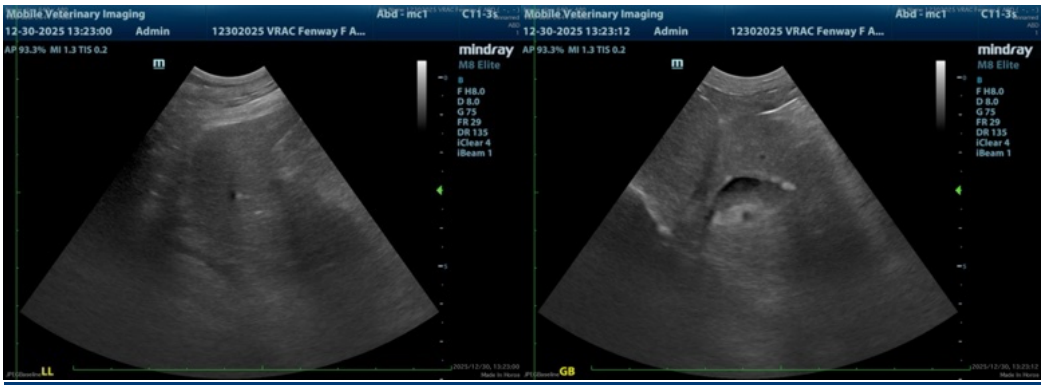
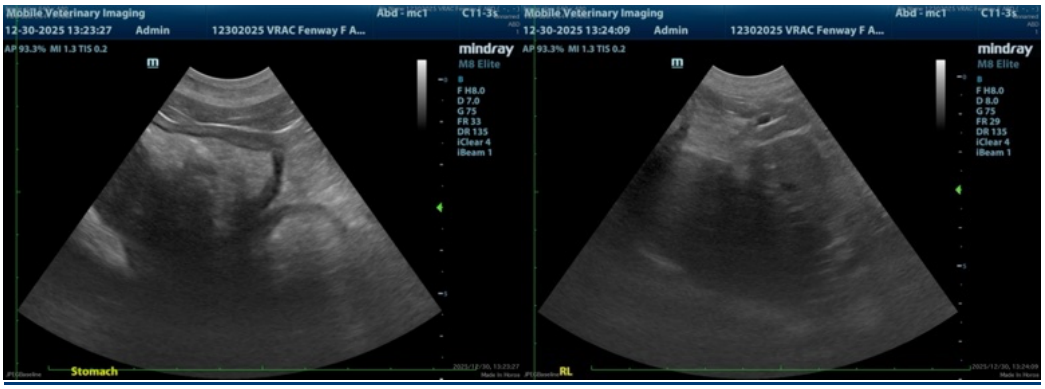
If there are compatible clinical signs of Cushing's disease, low urine specific gravity and/or an abnormal urine to cortisol to creatinine ratio, then adrenal function testing (ACTH stimulation/LDDST) should be considered.

Specific therapy would be dependent on an etiological diagnosis.

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







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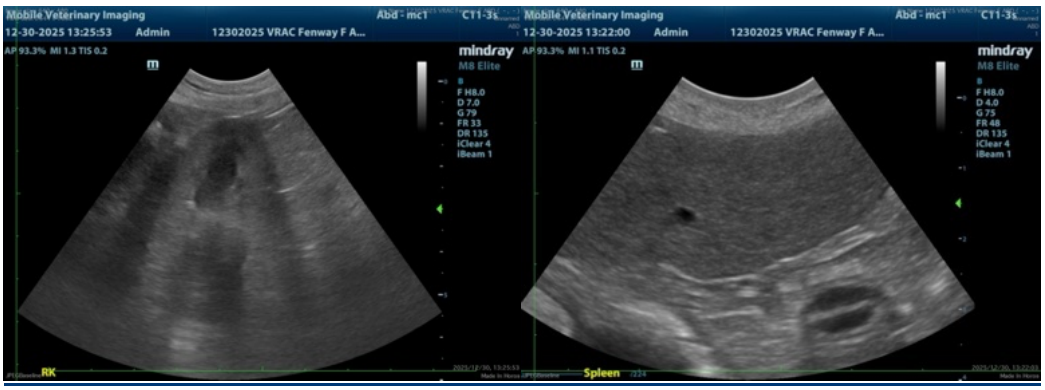

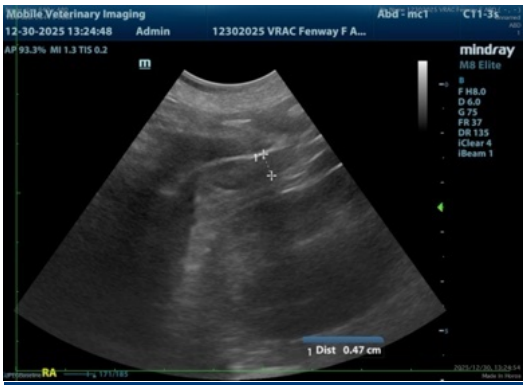

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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