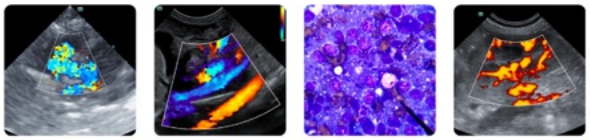


PATIENT

Sniper Mocan

SPECIES

Canine

BREED

Border Collie Mix

SEX

Intact male

AGE

11 years

WEIGHT

65 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Robyn Lantz

HOSPITAL NAME

Eastgate VC

REFERRING VET

Dr. Moses

INVOICE

69326

DATE

12/4/25

PRESENTING CLINICAL SIGNS

History: 9/8/25 - Patient is an 11-year-old male dog with a history of a suspected partial cranial cruciate ligament tear in the right stifle. Over the last couple of weeks, the owner has noted an increase in water consumption and frequency of urination. The patient had one urinary accident in the home approximately one to two weeks ago, which is highly unusual for him. No C/S/V/D. Appetite is good. Abnormal PE/Chem/CBC/UA Results: ALT (SGPT) 588 (HIGH) 12-118 IU/L ALK PHOS 1,734 (HIGH) 5-131 IU/L GGT 17 (HIGH) 1-12 IU/L BUN 41 (HIGH) 6-31 mg/dL CREATININE 1.4 0.5-1.6 mg/dL BUN/CREAT RATIO 29 (HIGH) 4-27 TRIGLYCERIDE 445 (HIGH) 29-291 mg/dL AMYLASE 1,134 (HIGH) 290-1,125 IU/L PrecisionPSL 205 (HIGH) 24-140 U/L T4 0.5 (LOW) 0.8-3.5 ug/dL Free T4 Equilibrium Dialysis 12.0 8-40 pmol/L Specific Gravity 1.030 pH 6.0 Protein 3+ Occult Blood 1+ Fat Droplets 4-10 HPF Other SPERM

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 5.4 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.

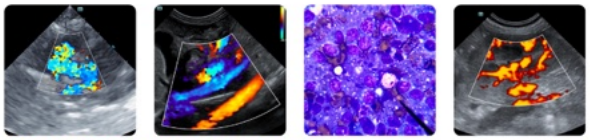
The prostate is symmetrically enlarged measuring 4.0 x 4.6 cm in size with a diffuse, hyperechogenic appearance and a regular curvilinear capsule. Normal echogenic appearance of the periprostatic tissue.

Adrenal Glands

The adrenal glands are bilaterally enlarged with a rounded shape, but maintained normal echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.76 cm in width. The right adrenal gland measured 1.1 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. Incidental myelolipomas are present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.1 cm in width.



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Liver

Normal size with diffuse increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. A few, small, parenchymal, hyperechogenic nodules measuring up to 0.6 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.

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.

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

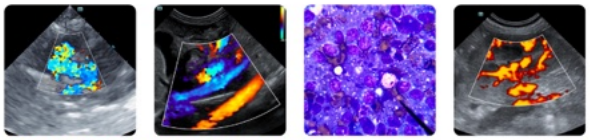
- Bilateral adrenomegaly.
- Hepatopathy.
- Hepatic nodules.
- Prostatomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with infiltrative neoplasia and hepatitis unlikely differential diagnosis.

The most likely etiology for the hepatic nodules would be incidental reactive hyperplasia.

Etiologies for the adrenomegaly would be disease, stress, age related reactive hyperplasia and possibly emerging pituitary dependent Cushing's disease.



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The most likely etiology for the prostatomegaly would be benign prostatic hyperplasia, in line with the patient's age and intact nature.

Further assessment would be urine cortisol to creatinine ratio and if abnormal then adrenal function testing (ACTH stimulation/LDDST). If Cushing's disease has been excluded then further assessment of the hepatopathy would be FNA cytology. 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 of the hepatopathy would be the use of Ursodiol with regular monitoring of liver enzyme activity.

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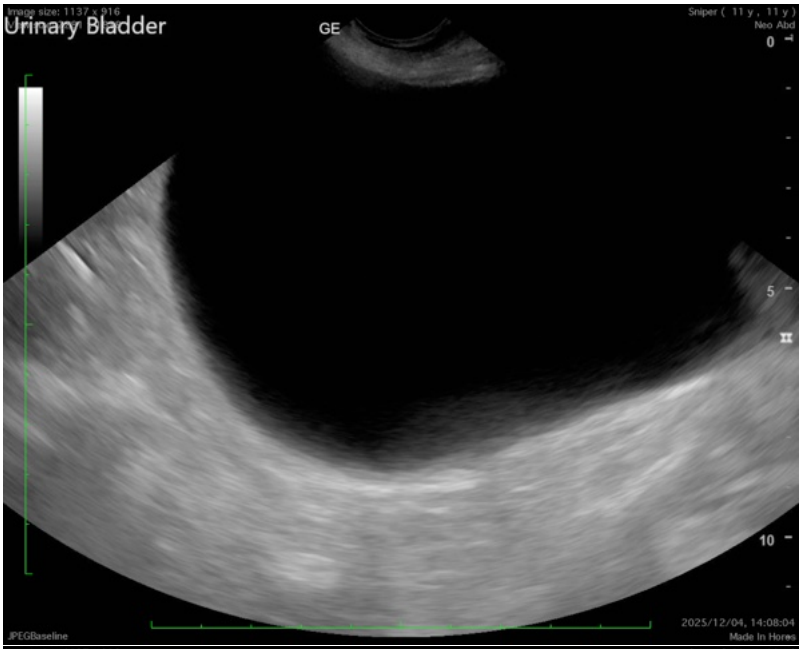

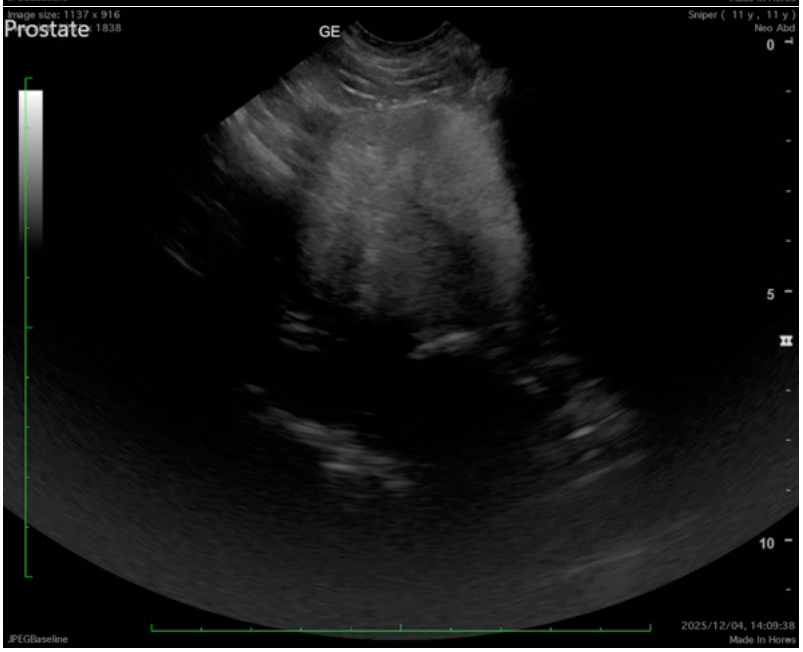

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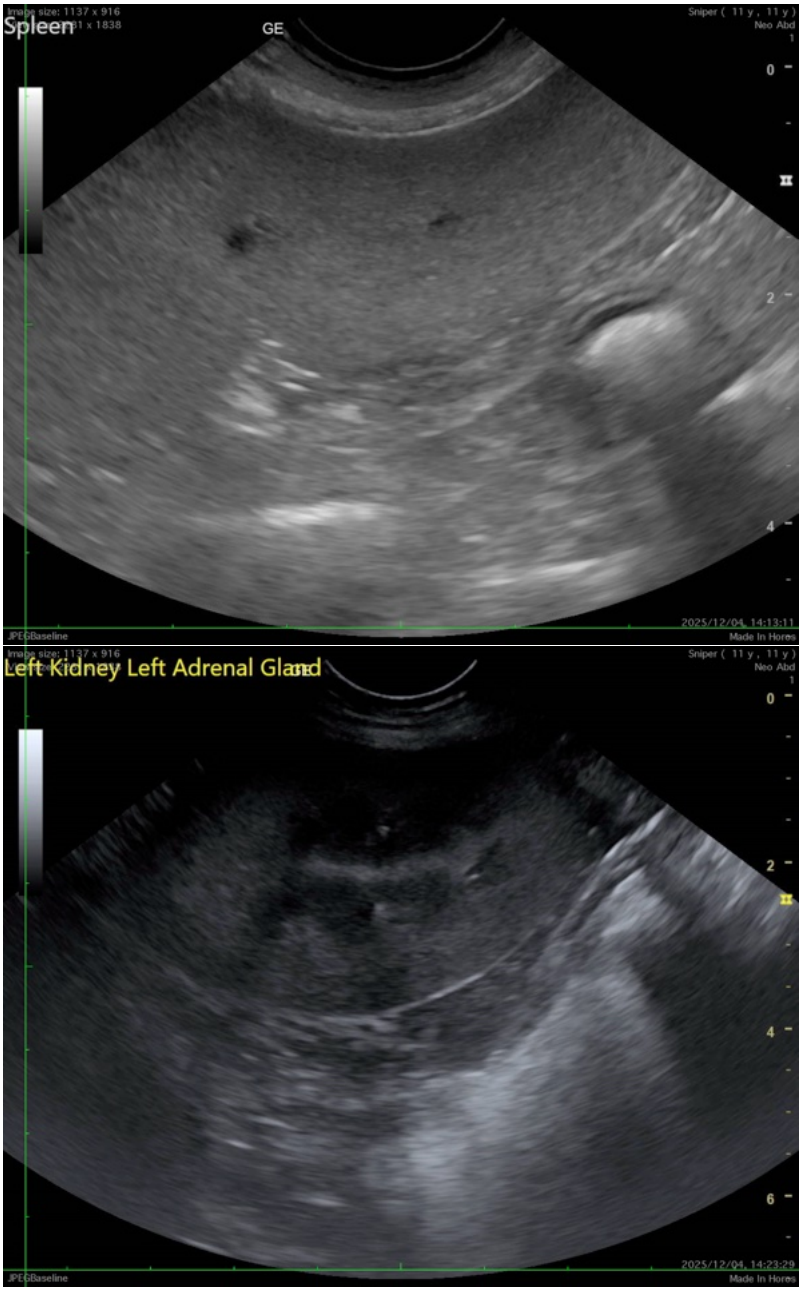

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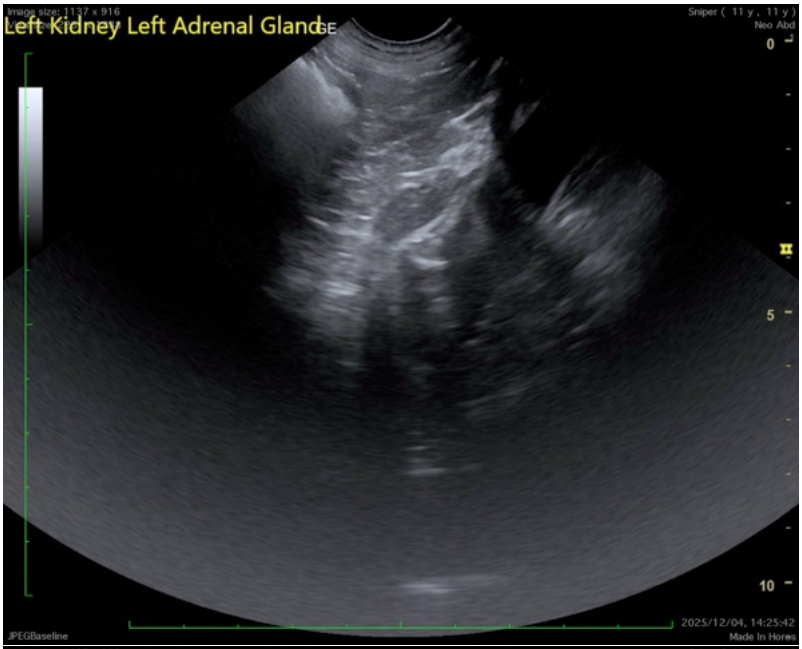

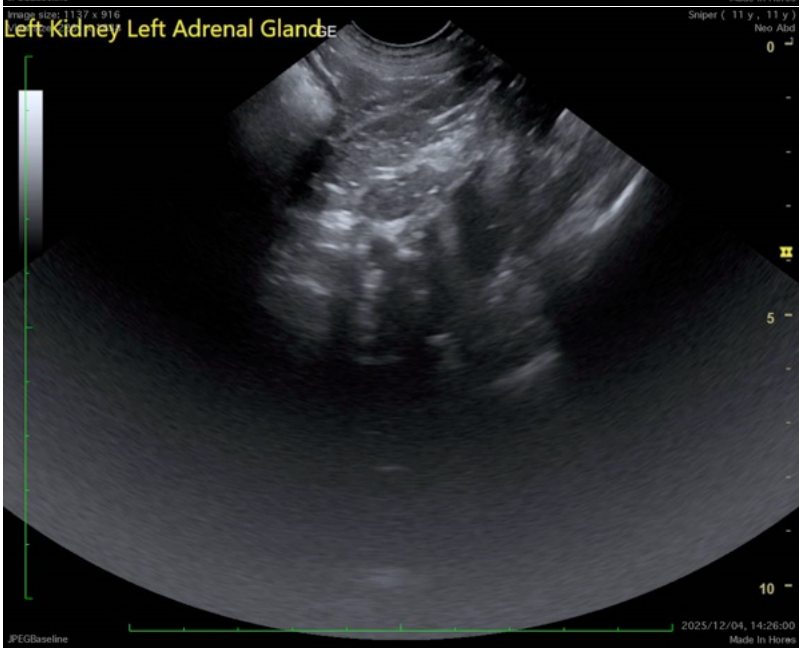

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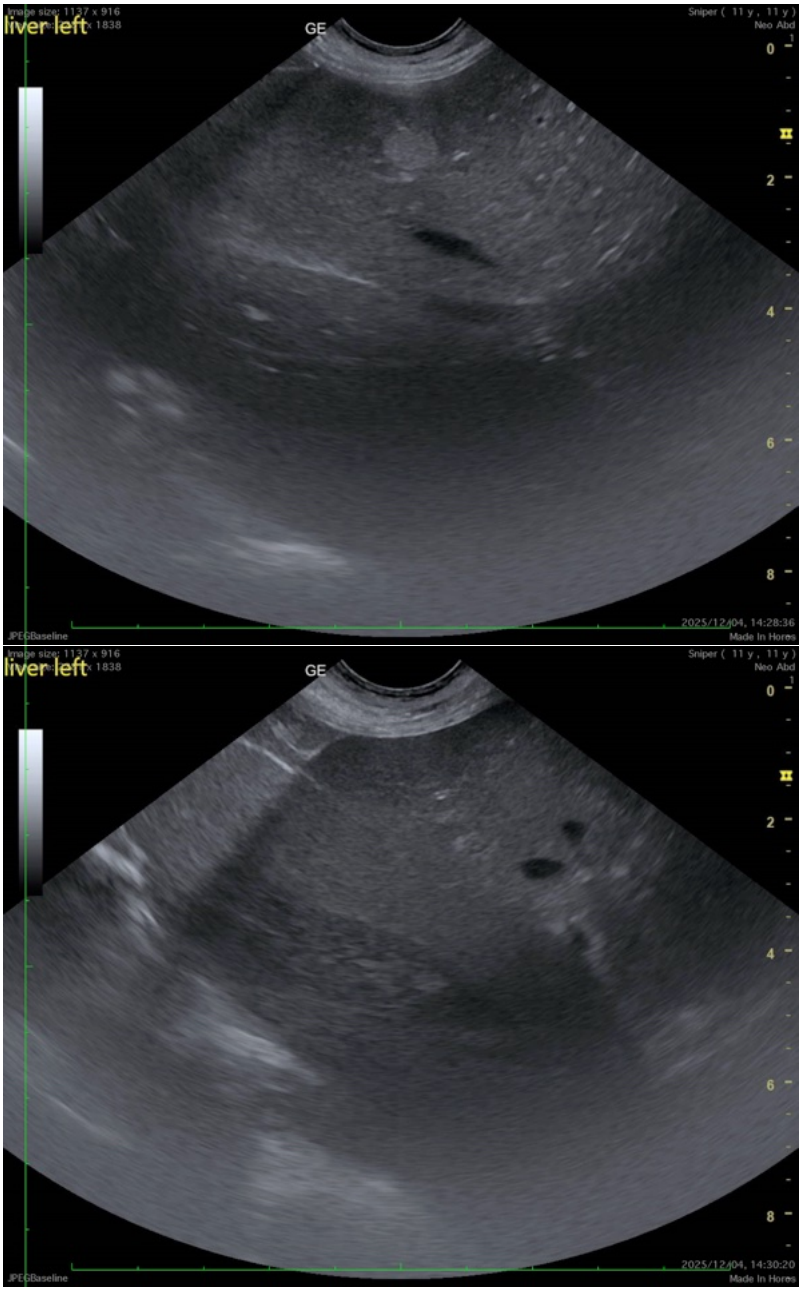

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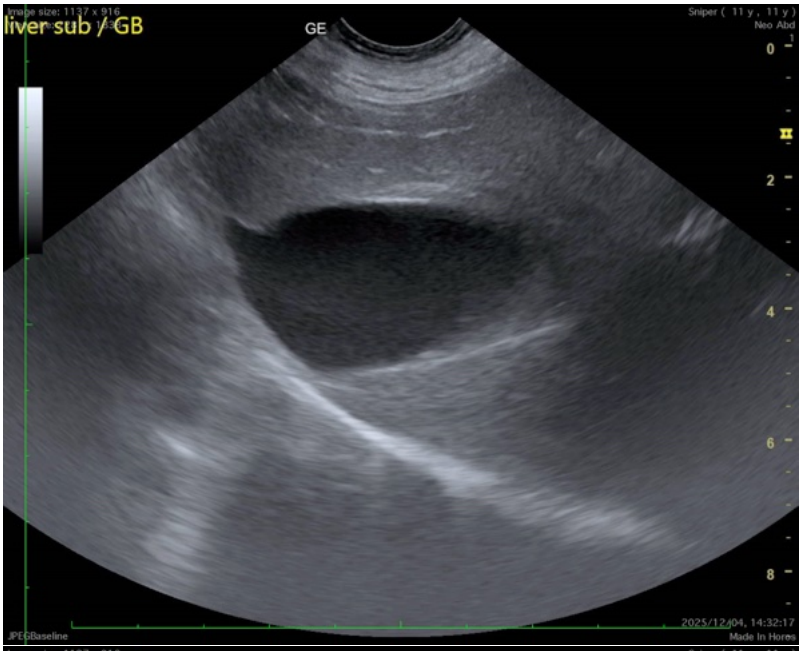

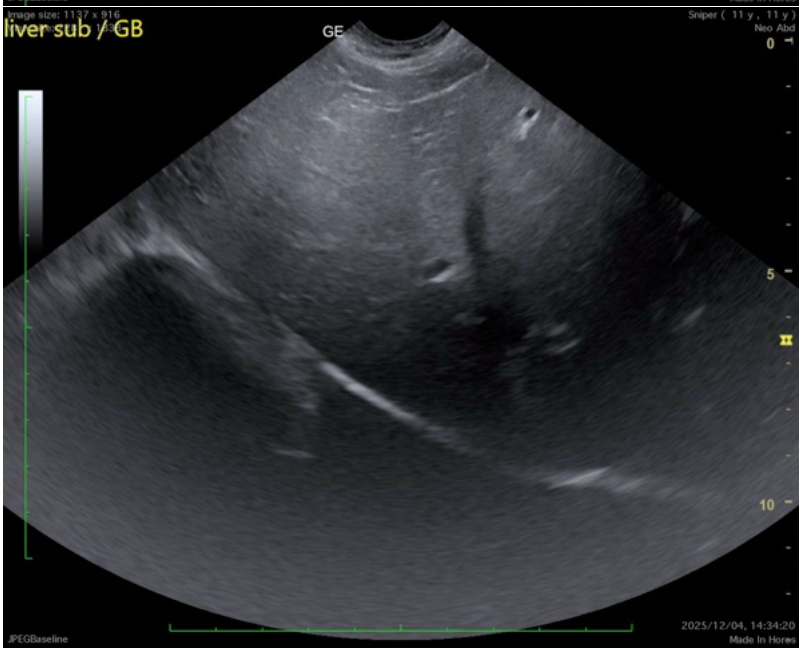

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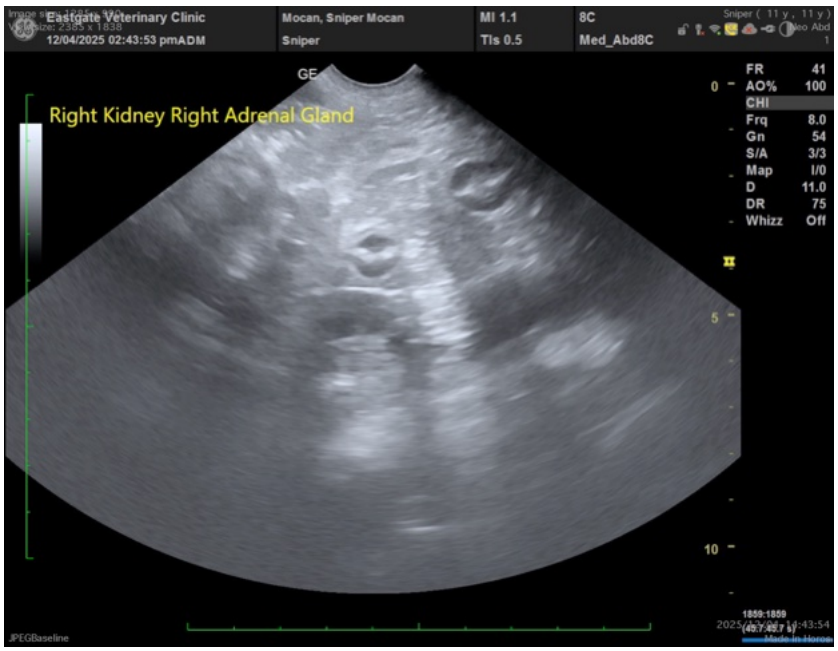

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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