



PATIENT

Bella Lindsay

SPECIES

Canine

BREED

Maltese Mix

SEX

Spayed Female

AGE

13 Years

WEIGHT

10.9 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Peter Langer DVM

HOSPITAL NAME

North Hampton Animal
Hospital

REFERRING VET

Dr. Christina Rocco
DVM

INVOICE

12601

DATE

12/05/25

PRESENTING CLINICAL SIGNS

12 year old FS Maltese X presented for routine lab work for COHAT. Liver value elevations noted last year on routine BW.

Abnormal PE/Chem/CBC/UA Results: Nov. 2025 ALT 151 IU/L, Alk phos 267 IU/L Sept 2024 ALT 136 IU/L, Alk phos 178 IU/L

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 and echogenic appearance with loss of cortico-medullary differentiation and a regular curvilinear capsule. Normal left pelvis with mild right-sided pyelectasia. No infarcts, mineralization or renoliths were evident. Normal color flow pattern was evident in both kidneys. The left kidney measured 3.7 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

Bilaterally enlarged but maintaining a normal shape, echogenic appearance, position and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.81 cm and 0.47 cm in width. The right adrenal gland measured 0.72 cm and 0.63 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 1.3 cm in width.

Liver

Normal size with a diffuse increased echogenic and coarse appearance. Normal portal markings and a regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

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



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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

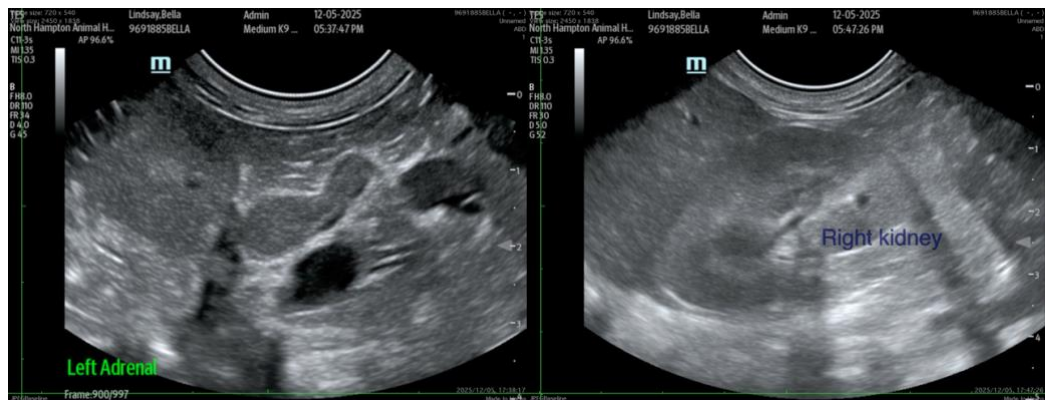
- Hepatopathy.
- Bilateral adrenomegaly.
- Age-related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatopathy would be age-related reactive hyperplasia with vacuolar and metabolic differential diagnoses and hepatitis and infiltrative neoplasia highly unlikely differential diagnoses. Etiologies for the adrenomegaly would be age-related reactive hyperplasia, disease stress and possibly emerging pituitary dependent Cushing's disease.

Further assessment of the hepatopathy that could be considered would be FNA cytology, however, a tru-cut or wedge biopsy may be required for a final etiological diagnosis. Further assessment of the adrenal glands would be adrenal function testing (ACTH stimulation/LDDST) if there are compatible clinical signs of Cushing's disease and no urine specific gravity and abnormal urine cortisol: creatinine ratio.

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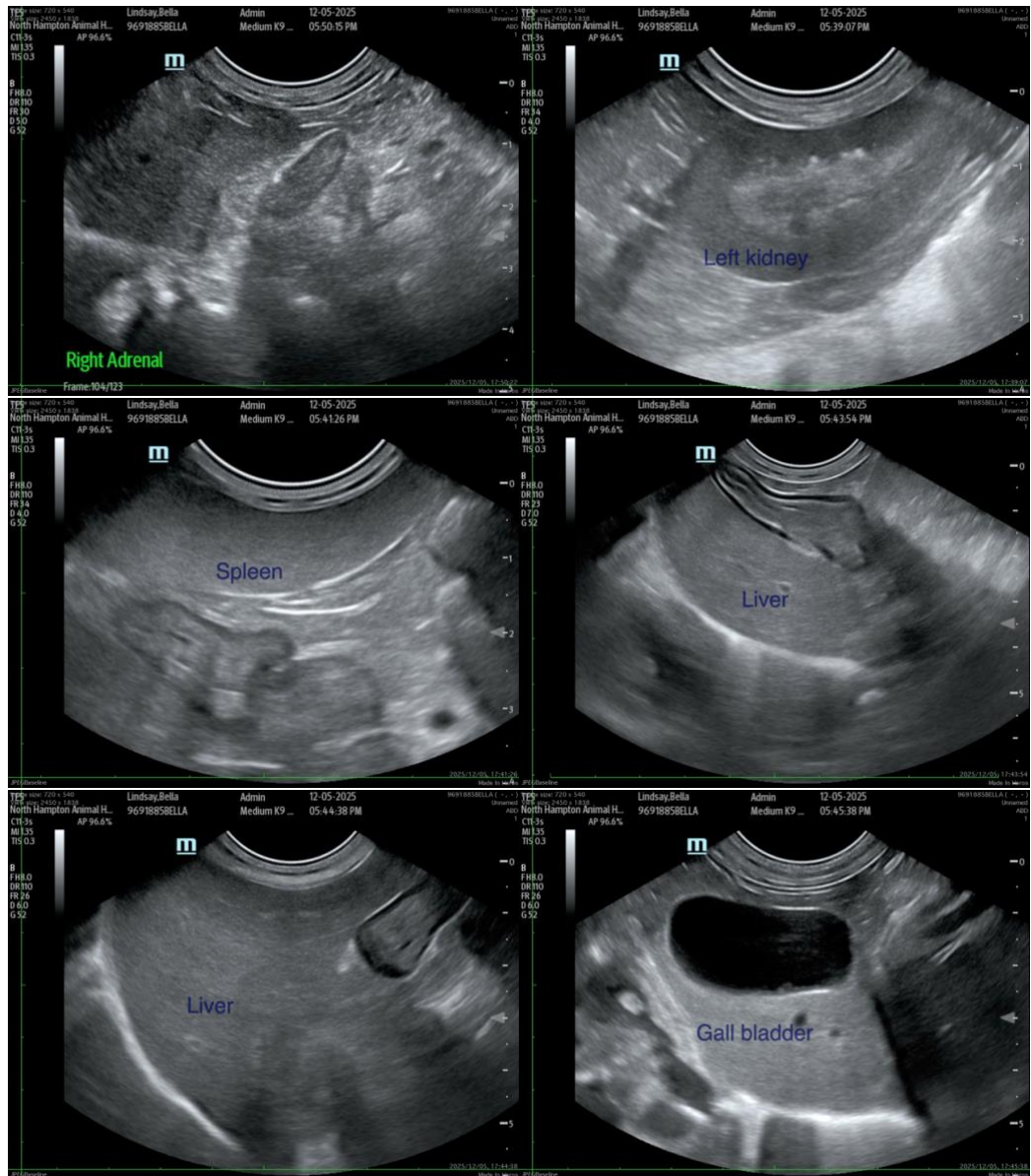
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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