



PATIENT

Lady Keenedy

SPECIES

Canine

BREED

Beagle

SEX

Spayed female

AGE

4 years

WEIGHT

33 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cameron Johnson

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Johnson

INVOICE

69469

DATE

12/9/25

PRESENTING CLINICAL SIGNS

History: P is a 4yr 9mo old FS Beagle mix presenting for acute vomiting and a painful abdomen. O said around 1 hour before presentation, P acutely vomited around 7-8 times. When trying to pick P up at home by the abdomen, P screamed out in pain and was acting off per O. O brought P in on an emergency basis to be evaluated P has a heart murmur and concurrent pulmonic stenosis. Before these acute GI episodes, P had been otherwise doing fine with no other significant medical history. Eating, drinking, defecating, and urinating within normal limits. No coughing, sneezing, vomiting, or diarrhea noted by owner. No known allergies to vaccines/ medication. P has no recent travel history. Current medications: Atenolol 25mg

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 5.1 cm, right measured 5.0 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.46 cm x 0.42 cm in width. The right adrenal gland measured 0.5 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 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. Fecal material was present in the colon.

Pancreas

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

- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In essence a normal ultrasound examination of the abdomen with no obvious etiology for the presenting clinical signs as the gallbladder sediment can be considered an incidental finding.

Although the liver appears ultrasonographically normal, with the severely elevated ALT and AST activity acute hepatitis (toxins, viral, bacterial) should still be considered.

With the breed of dog and acute onset of clinical signs the differential diagnosis would be intervertebral disc disease.

Further assessment would be full neurological examination and possibly FNA cytology of the liver.

Specific therapy would be dependent on an etiological diagnosis.



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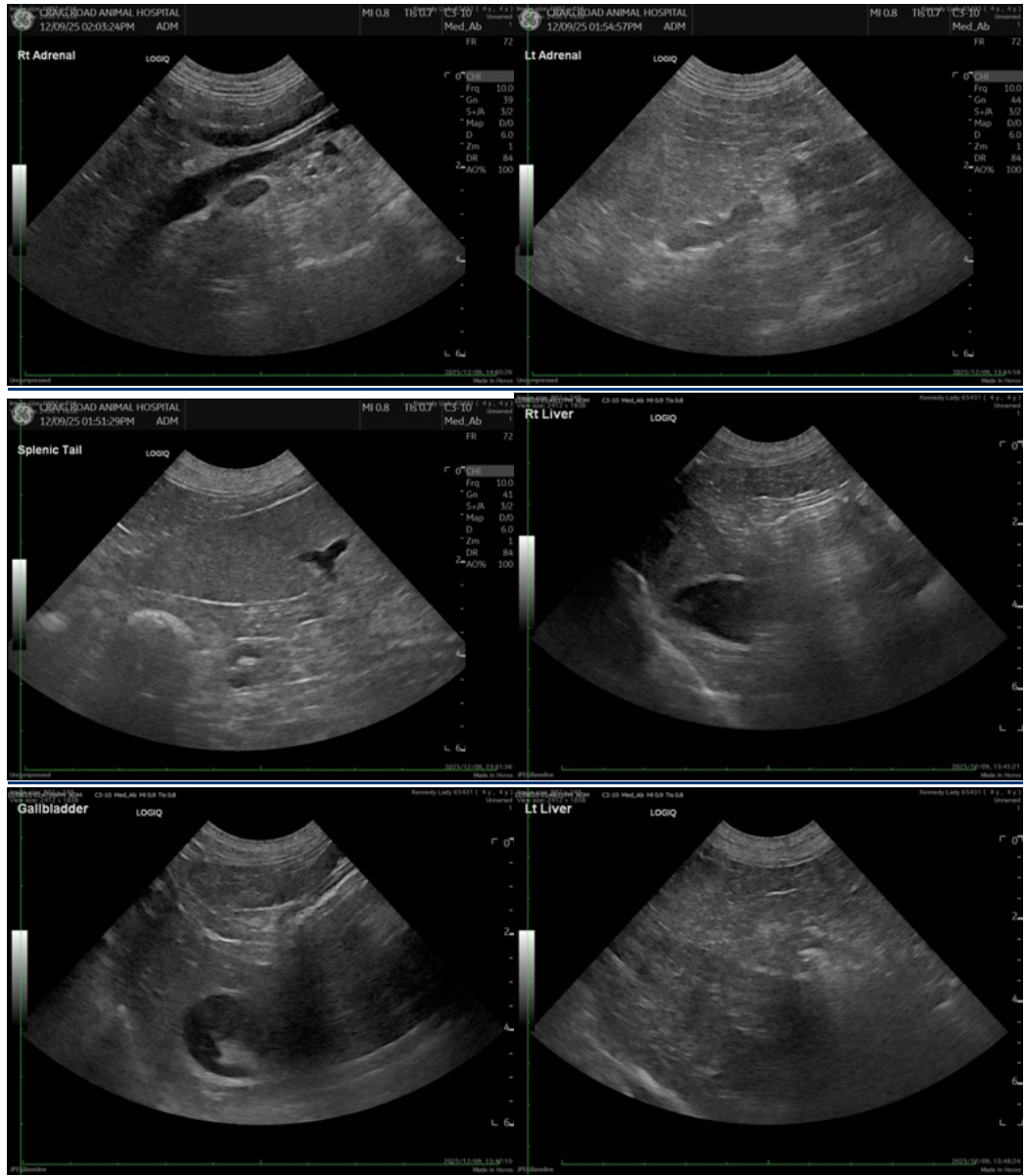
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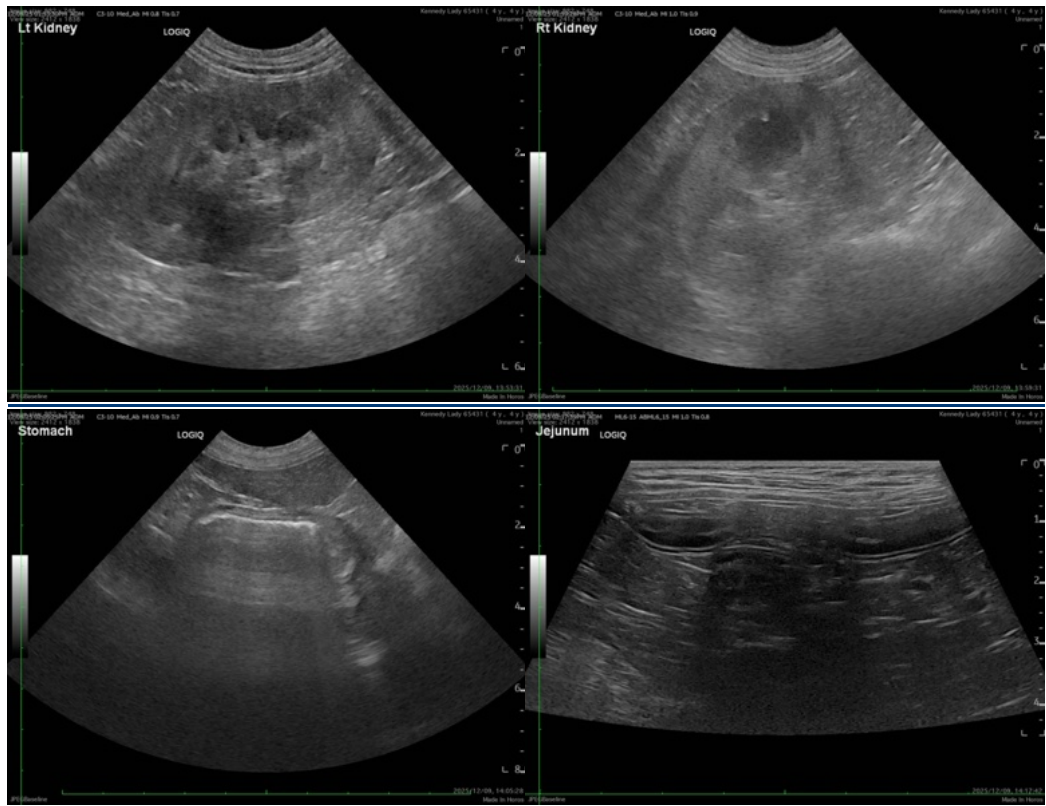
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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