



PATIENT

Hazel Pinkerton

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

7 years

WEIGHT

55.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brian Klug, technician

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Sondel

INVOICE

71627

DATE

2/17/26

PRESENTING CLINICAL SIGNS

- Vomiting started last week.
- Diagnosed with severely elevated liver enzymes and started on antinausea meds with doxy and amoxi/clav
- Improved over the weekend on meds and has gained weight on PB sandwiches.
- AST 1759 IU/L ALT 1247 IU/L ALK PHOS 269 IU/L T. BILIRUBIN 1.9 remainder of chem NSF
CBC - NSF PE - NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 6.1 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.47 cm in length x 0.47 cm and 0.42 cm in width. The right adrenal gland measured 1.81 cm in length x 0.43 cm and 0.61 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 2.1 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 large amount of adhered and non-adhered hyperechogenic sediment. Thickened and hyperechogenic appearance of the wall. The wall measured approximately 0.3 cm.

Normal size and appearance of the cystic and common bile ducts. 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. The duodenum measured 0.59 cm, small intestine measured up to 0.37 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 1.0 cm in width. The right pancreas measured 0.8 cm in width.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Cholecystitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A differential diagnosis for the severely elevated liver enzyme activity would be acute hepatitis such as toxins, viral, bacterial and possibly Leptospirosis.

As there has been clinical improvement, further assessment may not be indicated, but could include fecal analysis (for liver fluke), PCR/serology for Leptospirosis, FNA cytology of the liver and cholecentesis for culture and cytology.

Management would be to continue with the current therapy adding Ursodiol.

Regular monitoring of liver enzyme activity would be recommended.



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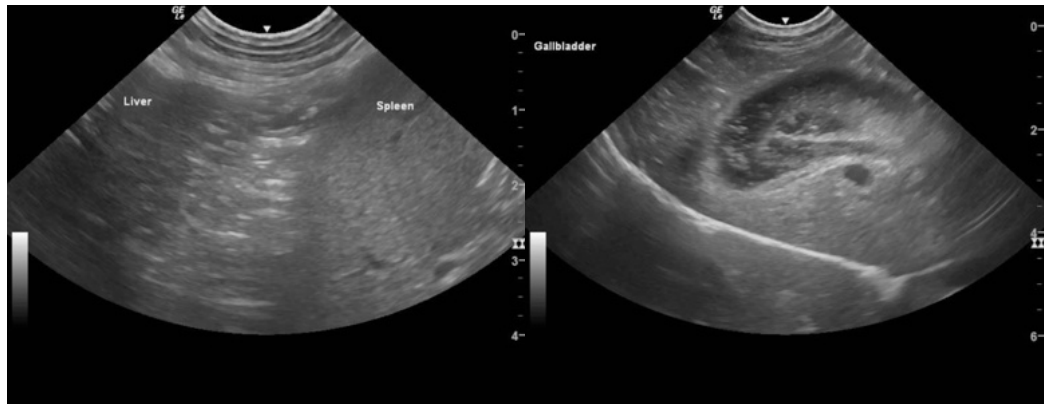
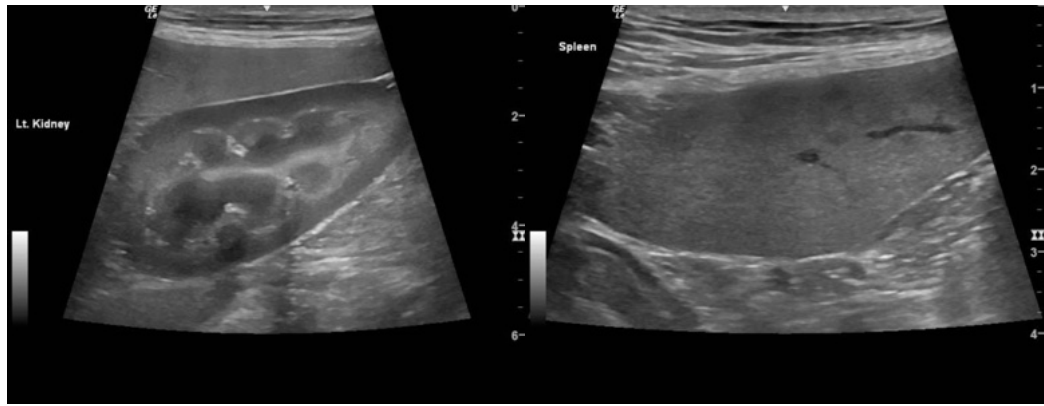
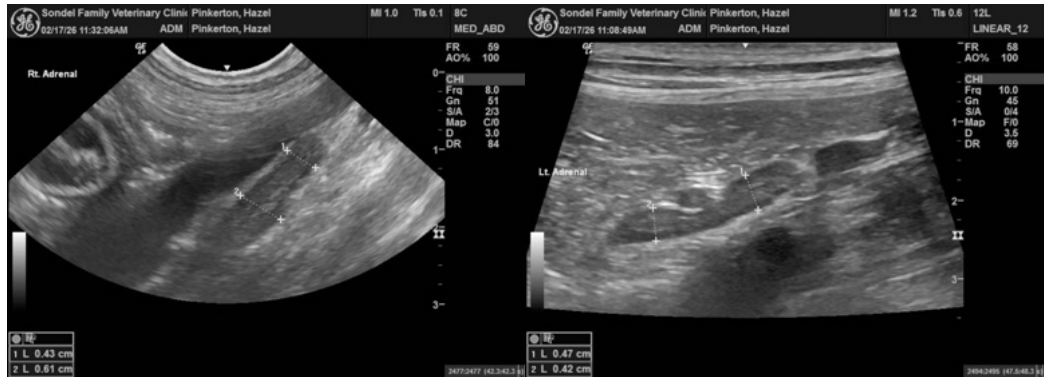
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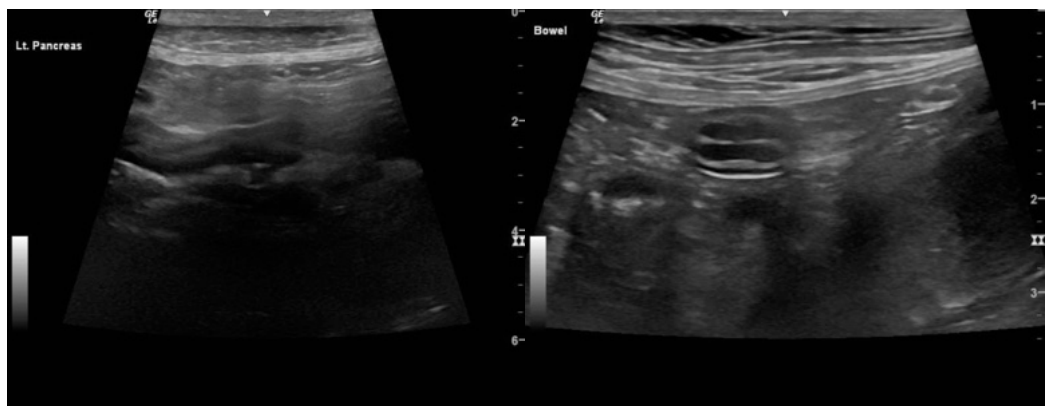
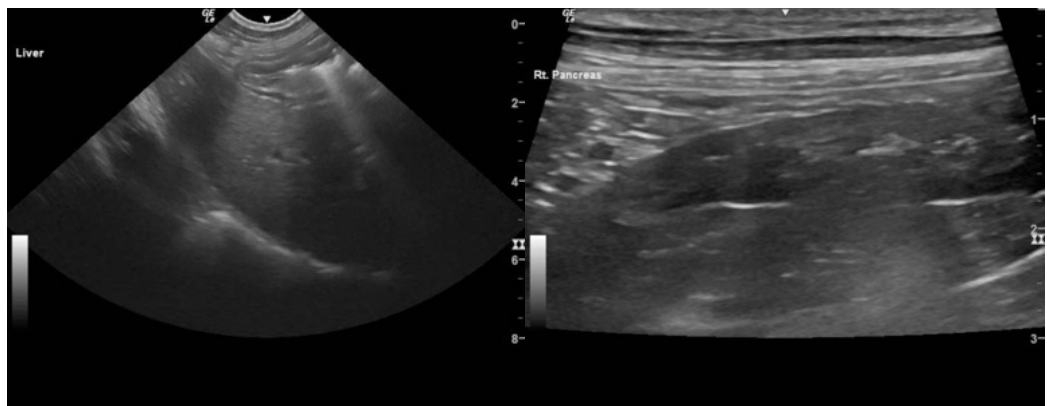
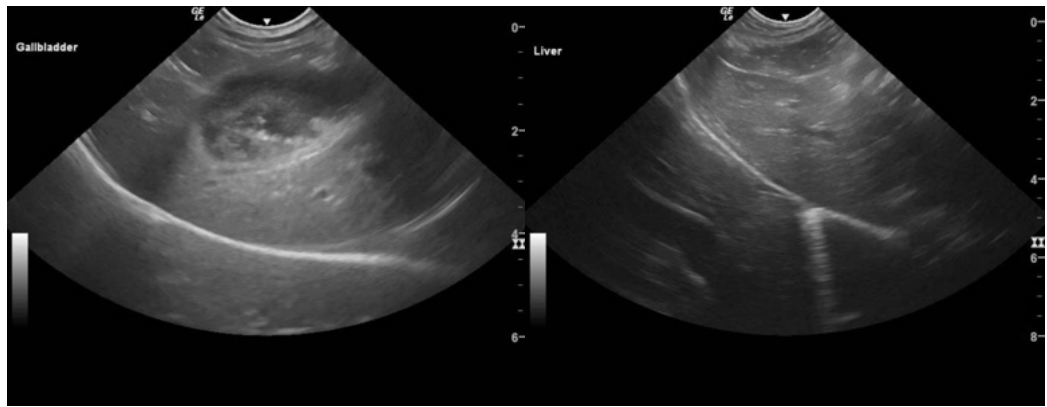
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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