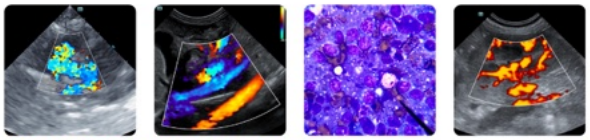


PATIENT

Sammy Demers

SPECIES

Canine

BREED

Labrador Cross

SEX

Neutered male

AGE

9 years

WEIGHT

65 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassie Talbot

HOSPITAL NAME

Mill Brook Animal Clinic VBF

REFERRING VET

Dr. Pfannenstiel

INVOICE

71671

DATE

2/18/26

PRESENTING CLINICAL SIGNS

- Persistent ELE and has arthritis pain. Scanned to see if there is something with the liver and to determine better medical management.
- CBC: Mild monocytosis (772 /uL; reference 145-736 /uL). Chemistry: ALP: 356 U/L (reference 5-160 U/L) - Marked elevation. Conjugated Bilirubin: 0.2 mg/dL (reference 0.0-0.1 mg/dL) - Mild elevation. Lipase: 405 U/L (reference 0-250 U/L) - Mild elevation. Lipemia: 2+. Endocrinology: Total T4: 1.2 ug/dL (reference 1.0-4.0 ug/dL) - Low-normal. Serology (4Dx Plus): Positive for Anaplasma spp. Negative for Heartworm antigen, Ehrlichia spp., and Lyme disease. USG <1030 but the UCCR was 35 -> I don't think it is cushings. But can do a LDDS

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 5.5 cm, right measured 5.8 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. Normal color flow pattern is evident in both kidneys.

The prostate is small and hypoechogenic measuring 1.1 cm in width.

Adrenal Glands

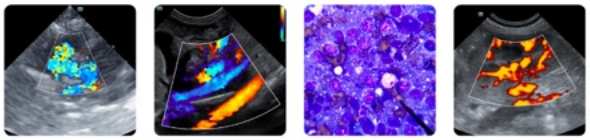
The left adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size. The right adrenal gland was not visualized.

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 1.9 cm in width.

Liver

Normal size with a diffuse, increased echogenic and coarse appearance, normal 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 moderate 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.

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

- Hepatopathy.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia a highly unlikely differential diagnosis.

The gallbladder sediment is most likely an incidental finding.

With the elevated liver enzyme activity and urine cortisol to creatinine ratio, Cushing's disease should still be considered and followed up with 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 both the hepatopathy and gallbladder sediment would be the use of Ursodiol with regular monitoring of liver enzyme activity.

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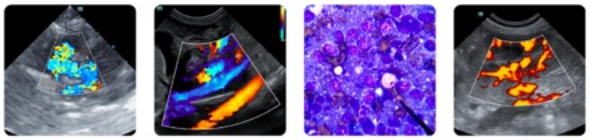

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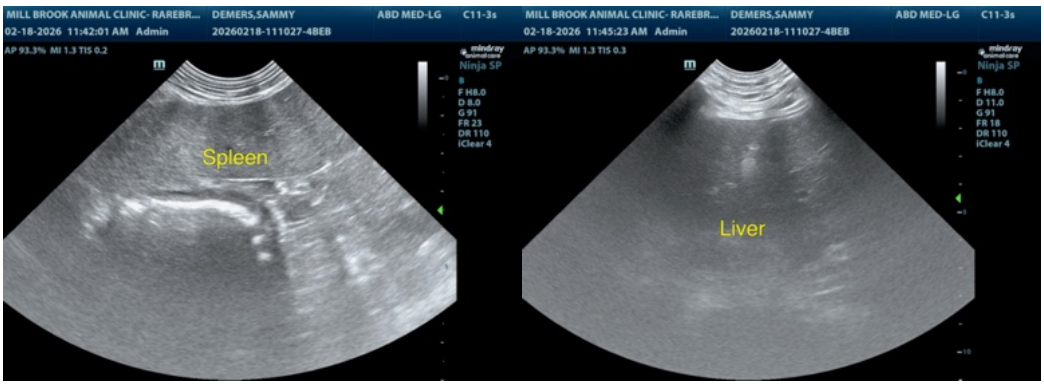

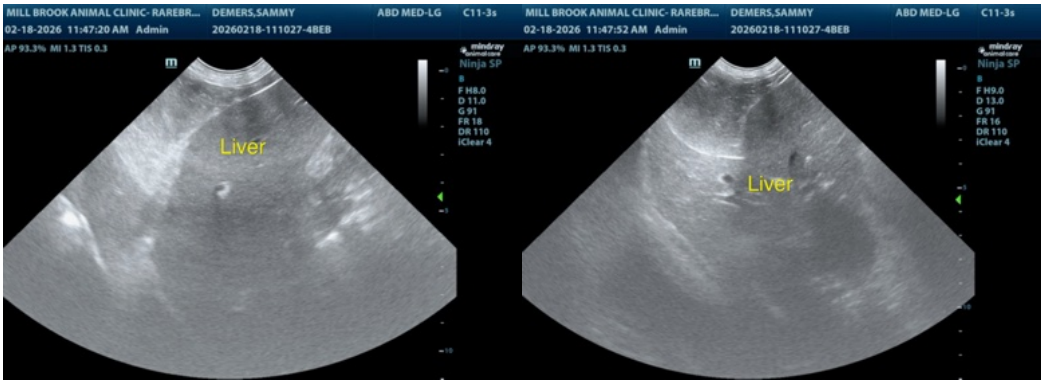

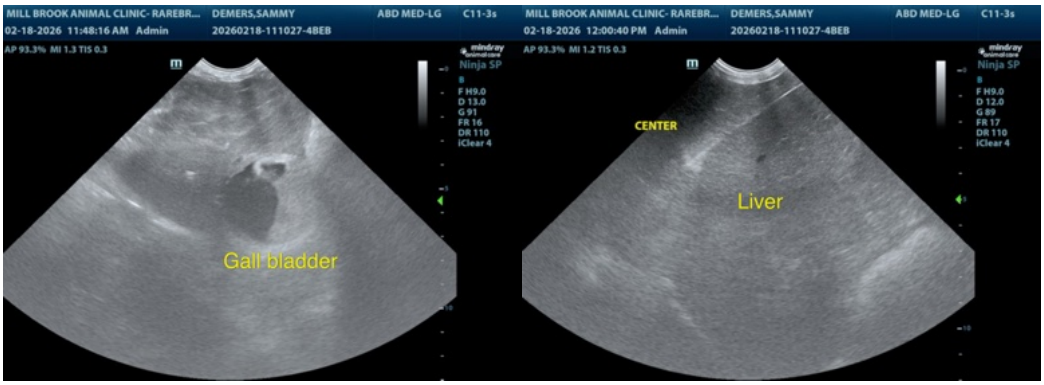

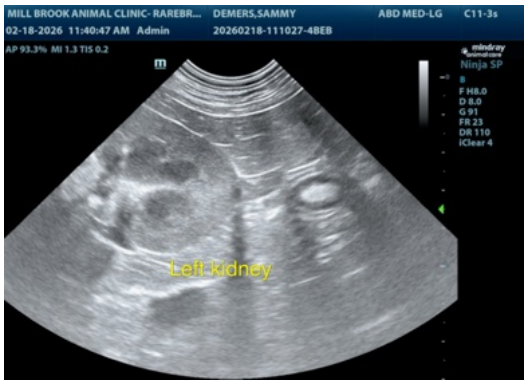

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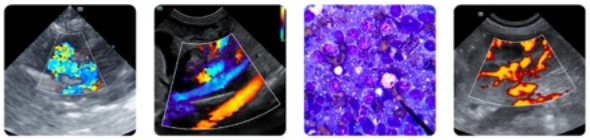

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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