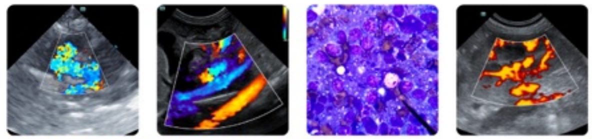


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

**PATIENT**

Lucy Nolan

**SPECIES**

Canine

**BREED**

Boston Terrier Mix

**SEX**

Spayed female

**AGE**

14 years

**WEIGHT**

26.4 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

M Santiago

**HOSPITAL NAME**

Alison AH

**REFERRING VET**

Dr. Klein

**INVOICE**

72019

**DATE**

2/27/26

## PRESENTING CLINICAL SIGNS

- Pt presented for pre-surgical blood work prior to sedation for a mast cell tumor. Blood work indicated elevated liver values and anemia. The ALT 244 U/L (10-125 U/L), ALKP 753 U/L (23-212 U/L), RBC 4.82 (5.65-8.87 M/uL), HCT 29.2 (37.3-61.7 %), MCV 60.5 (61.6-73.5 fL).

## 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 4.9 cm, right measured 4.6 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*

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*

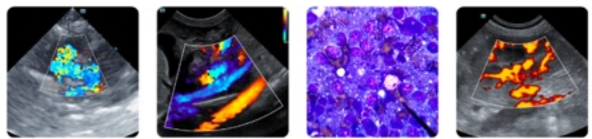
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.1 cm in width.

### *Liver*

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

### *Gallbladder*

The gallbladder is full containing a scant amount of floating, hyperechogenic sediment as well as a small amount of adhered hyperechogenic sediment to the wall. Thickened, irregular and hyperechogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.





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### *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. A small amount of ingesta was present in the stomach.

### *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.
- Previous cholecystitis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

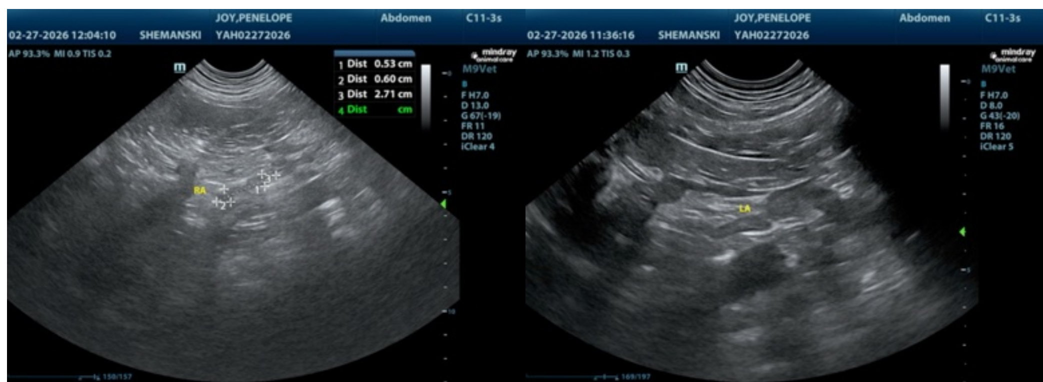
Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with infiltrative neoplasia and hepatitis a less likely differential diagnosis.

On this ultrasound there is no obvious etiology for the anemia.

As the anemia is microcystic, chronic gastrointestinal blood loss needs to be considered.

On this ultrasound there is no obvious evidence of metastatic mast cell neoplasia.

FNA cytology of the spleen and liver could be considered to complete the metastatic screen.



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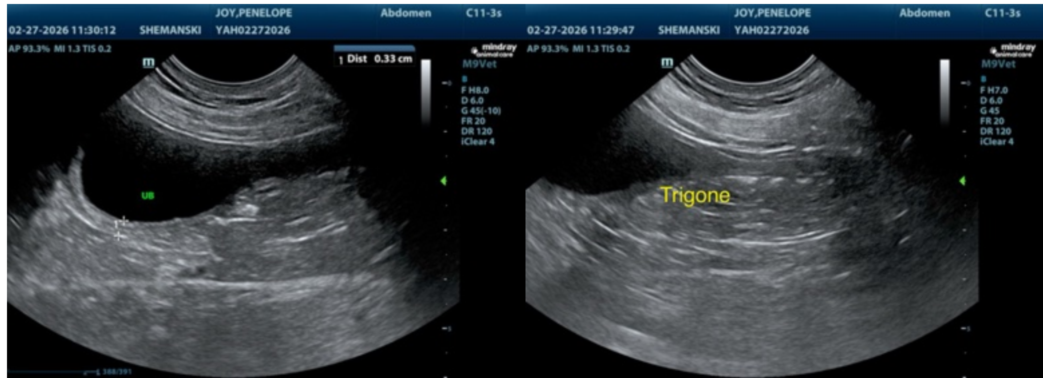


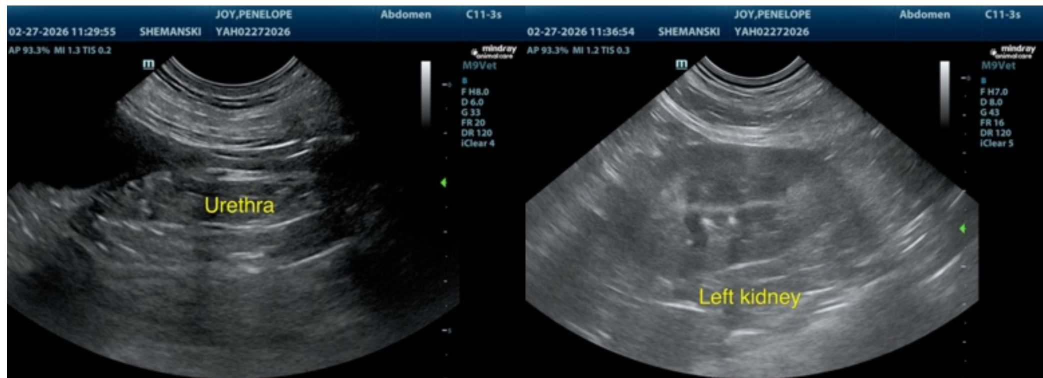


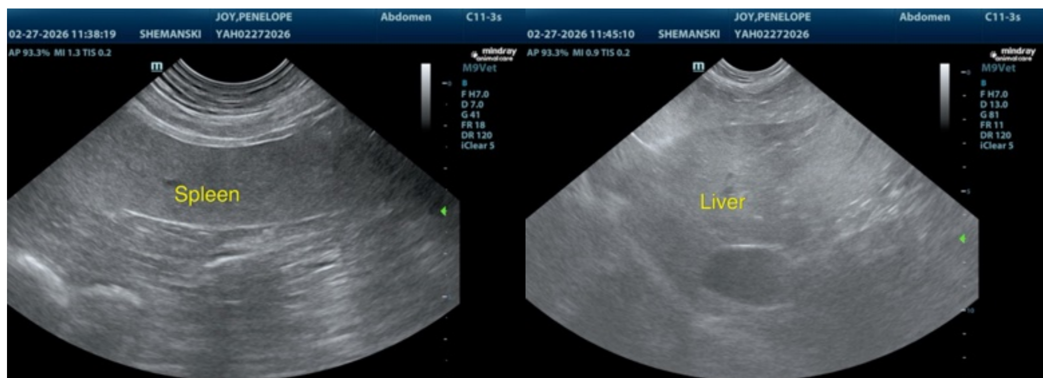


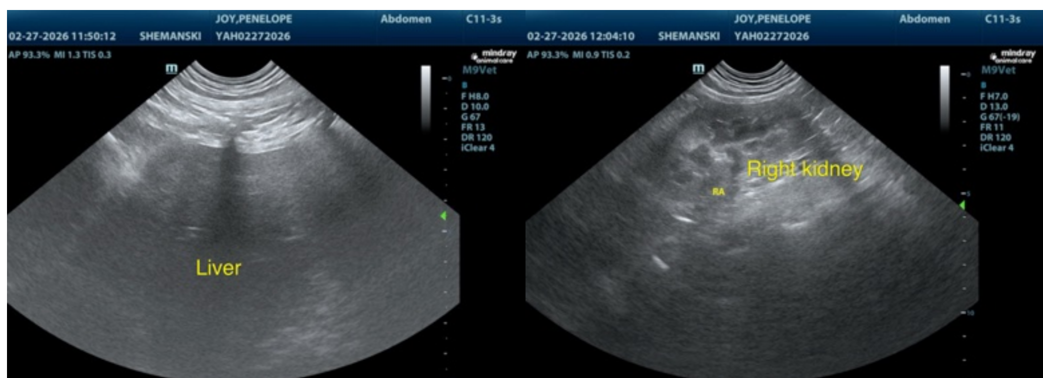

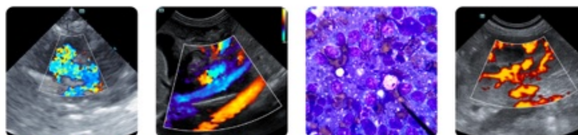



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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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