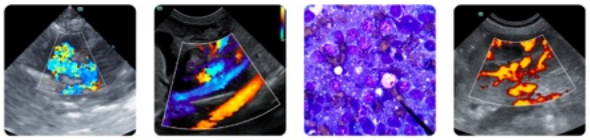


PATIENT

Lucy Kozakowski

SPECIES

Canine

BREED

Havanese

SEX

Female

AGE

7 years

WEIGHT

14.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Vetererinay Service

REFERRING VET

Dr. Ashish Sood

INVOICE

71246

DATE

2/4/26

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: Blood work conducted on January 5th of this year revealed moderately elevated ALT and ALP levels. By January 13th, subsequent blood work indicated that electrolytes had returned to normal, and the Complete Blood Count (CBC) was normal.
- Potential differential diagnoses include Cushing's disease, other forms of hepatopathy, or neoplasia.
- CLINICAL SIGNS: PUPD and panting
- MEDICATIONS: None at this time, but owner to start P on Denamarin.
- Urinalysis on January 8th includes proteinuria. Protein was 500 mg/dL with isosthenuric urine, and specific gravity was 1.010. January 6th: - Chloride was 123 mmol/L (mildly elevated). - Potassium was low at 2.8 mmol/L. - Sodium was mildly elevated at 165 mmol/L. - ALP was elevated at 313 U/L. - ALT was elevated at 433 U/L. - Creatinine was low normal at 0.6 mg/dL. - Albumin was normal at 3.0 g/dL. - Total T4 was normal at 2.1 ug/dL. Retics = 112.3 K/uL (H) MCV = 73.6 fL (H)

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.

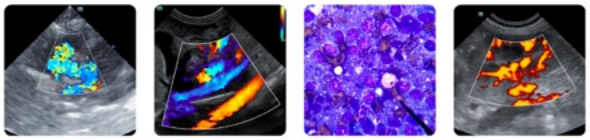
Normal renal size (left measured 4.2 cm, right measured 4.7 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.86 cm in length and 0.53 cm and 0.5 cm in width. The right adrenal gland measured 2.6 cm in length x 0.51 cm and 0.55 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 1.1 cm in width.



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Liver

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

Gallbladder

The gallbladder is small 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. A small amount of ingesta was present in the stomach compatible with a recent meal.

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.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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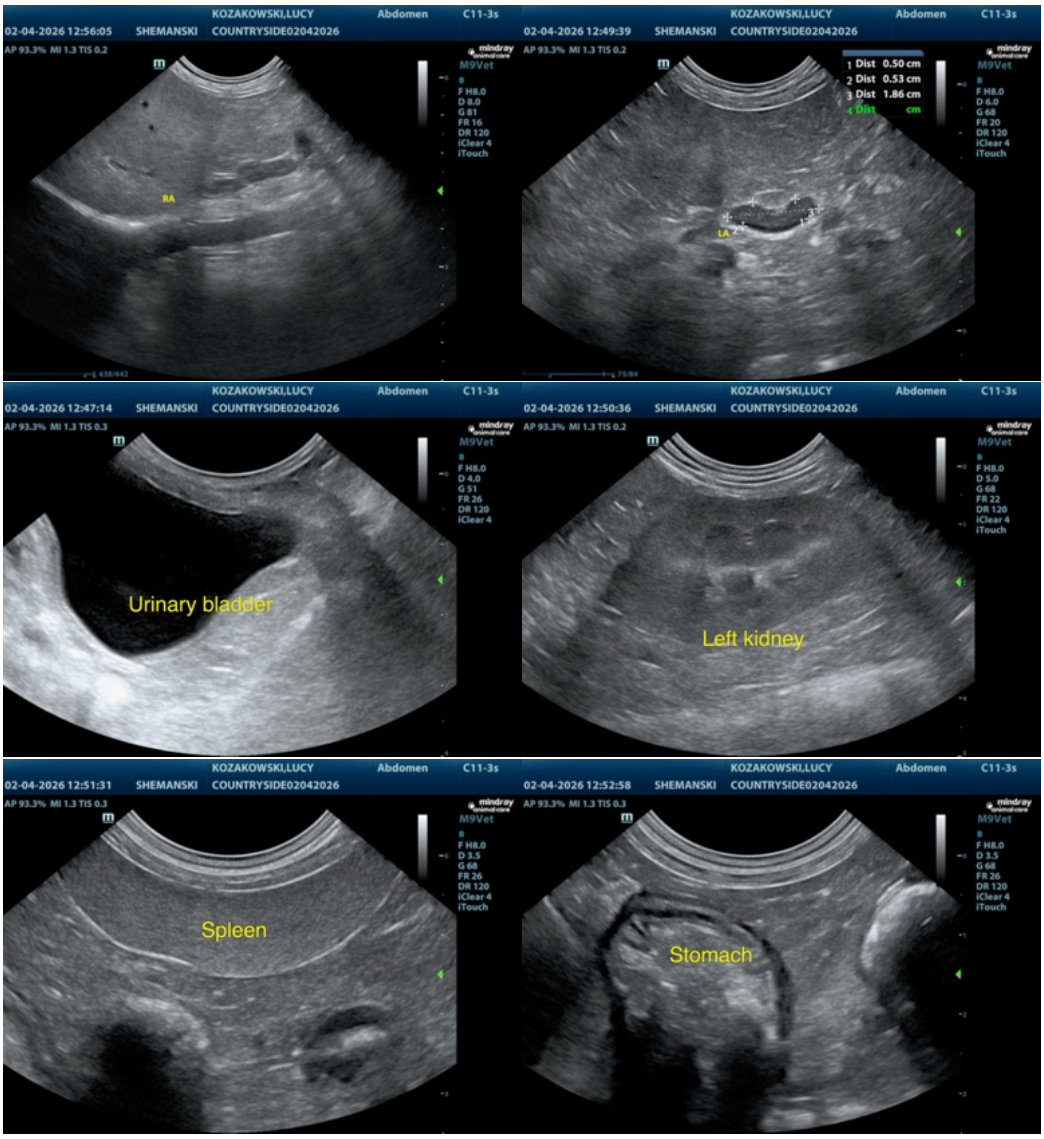
Further assessment would be UPC and urine cortisol to creatinine ratio and if the latter is abnormal then adrenal function testing (ACTH stimulation/LDDST) would then be indicated.

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.



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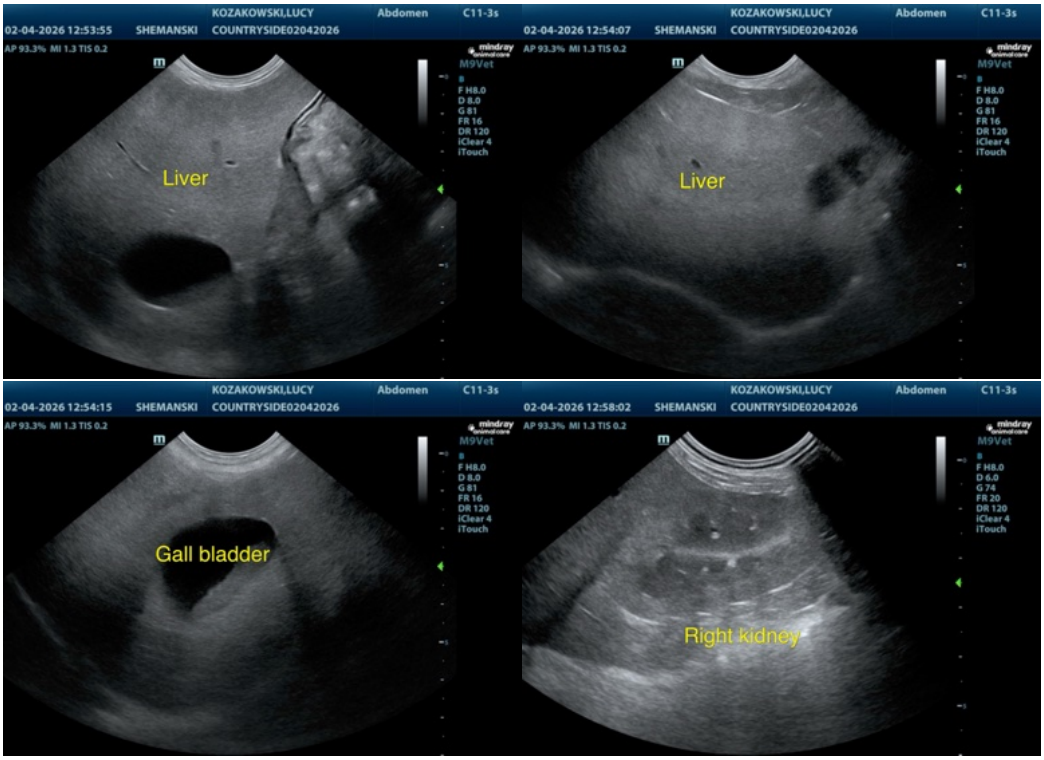

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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