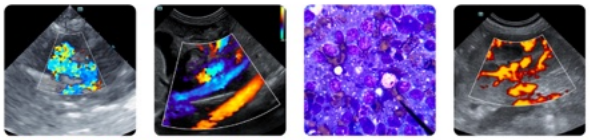


PATIENT

Jake Tilton

SPECIES

Canine

BREED

Labrador

SEX

Neutered male

AGE

12 years

WEIGHT

90 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Julia Baaker

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Dr. Hamilton

INVOICE

71304

DATE

2/5/26

PRESENTING CLINICAL SIGNS

- P is a 12yo MN Lab with lots of mobility issues. P has been on NSAIDs (previously carprofen, now Galliprant) long term, as well as Gabapentin & Tramadol intermittently.
- P's ALP has been mildly elevated for >1 yr, and we routinely monitor it (see table of trended lab values). But, starting in 9/25, P's ALT became elevated and P was started on Denamarin. Recheck BW in 1/26 showed only continued elevations in both ALT & ALP. AUS for further information about what's going on and how concerned we truly need to be.

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 6.6 cm, right measured 7.1 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.

The prostate is small and hypoechogenic.

Adrenal Glands

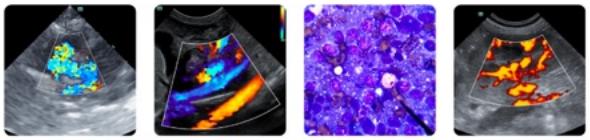
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.47 cm in length x 0.77 cm and 0.66 cm in width. The right adrenal gland measured 3.27 cm in length x 0.67 cm in width.

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. Two, focal, parenchymal nodules one with a hyperechoic appearance measuring 0.8 x 1.1 cm in size in the body of the spleen and the other one measured 0.4 cm with a hypoechogenic appearance and situated in the tail of the spleen. The spleen measures 2.4 cm in width.

Liver

Normal size with an increased echogenic 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 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.

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.
- Splenic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar, metabolic, drug induced and breed associated hepatopathy. Infiltrative neoplasia and hepatitis would be unlikely differential diagnosis.

The most likely etiologies for the hyperechogenic and hypoechogenic splenic nodules would be myelolipoma and reactive hyperplasia/extra-medullary hematopoiesis, respectively; with granuloma, hematoma and emerging neoplasia less likely differential diagnoses.

Further assessment that can be considered would be FNA cytology of the liver, however, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Monitoring of the splenic nodules would be recommended and if there is any progressive enlargement or bulging of the overlying capsule noted, then splenectomy should be considered.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management that can be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.

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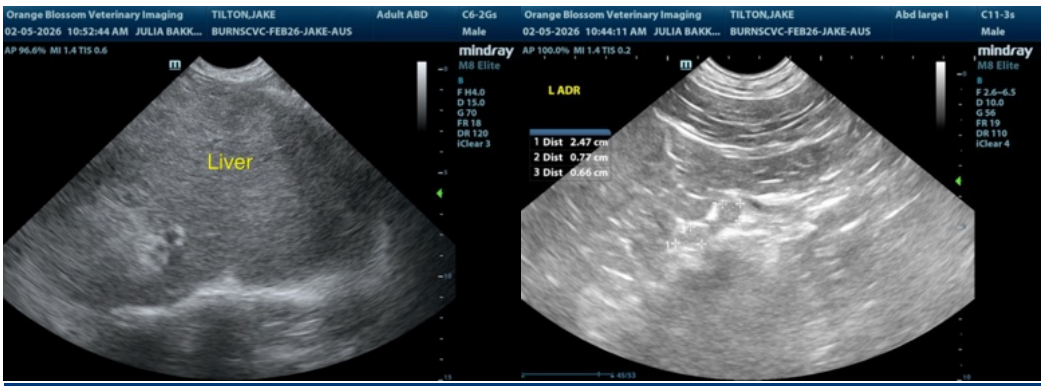

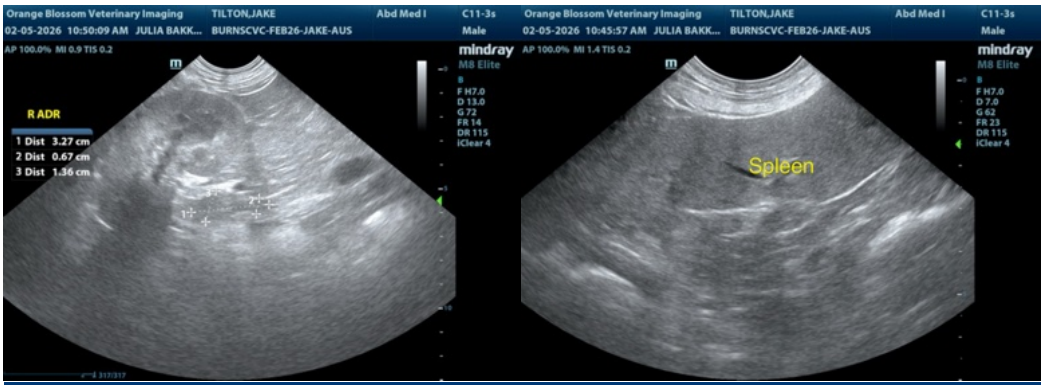

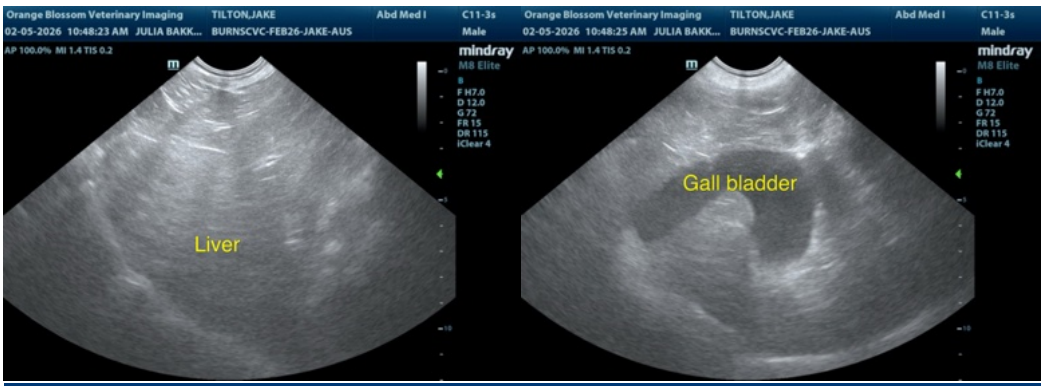

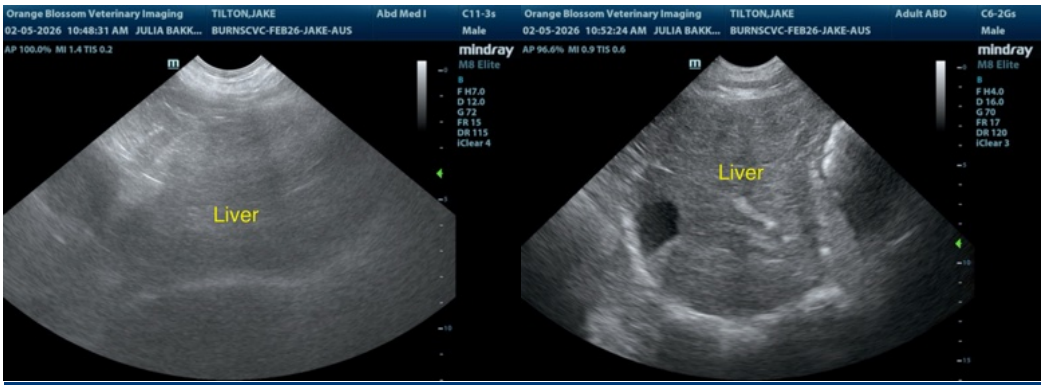

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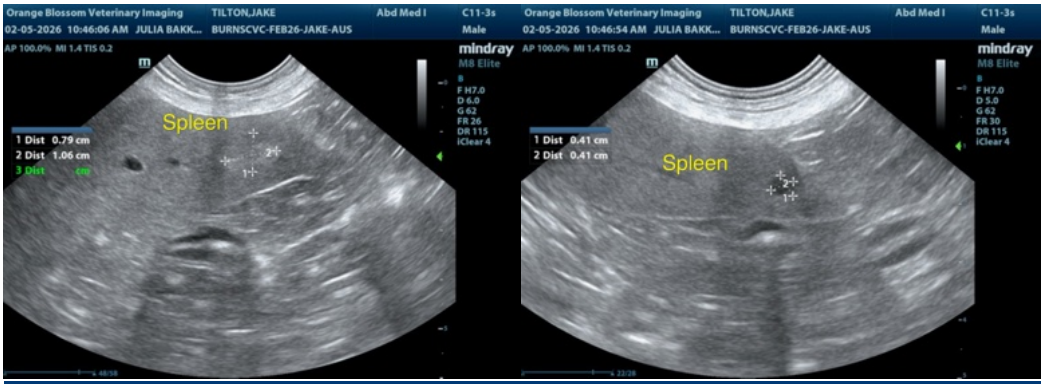

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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