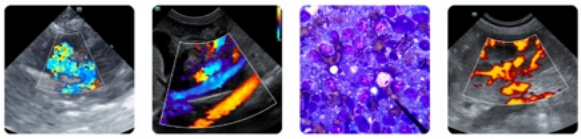


PATIENT

Raleight Torr

SPECIES

Canine

BREED

Labrador Mix

SEX

Neutered male

AGE

8 years

WEIGHT

70 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Denise Bruno, LVT, RDMS

HOSPITAL NAME

Kenilworth AH

REFERRING VET

Dr. Mansour

INVOICE

71308

DATE

2/5/26

PRESENTING CLINICAL SIGNS

- Vomiting for 2 days. Blood work shows ^ALT 699, ^AST 425

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 7.1 cm, right 7.3 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. A cortical cyst measuring 2.2 x 2.4 cm is evident on the caudal pole of the left kidney.

The prostate is small and hypoechogenic measuring 1.0 x 1.2 cm in size.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 2.57 cm in length x 0.65 cm and 0.49 cm in width. The right adrenal gland measured 2.79 cm in length x 0.63 cm and 0.69 cm in width.

Spleen

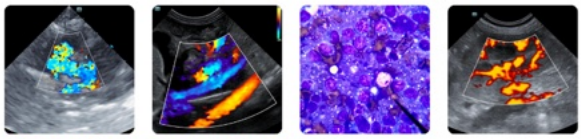
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.1 cm in width.

Liver

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

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.



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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. The small intestine measured up to 0.46 cm.

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

- Left renal cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In essence a normal ultrasound examination of the abdomen as the renal cyst can be considered an incidental finding.

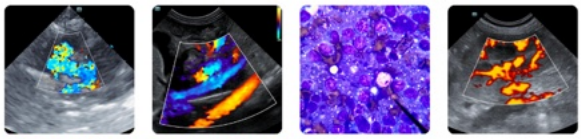
The most likely etiology for the presenting clinical signs would be non-specific gastritis such as dietary indiscretion, toxins and viral. However, with the elevated liver enzyme activity hepatitis needs to be considered. Possible etiologies are toxins, viral, bacterial and Leptospirosis.

Differential diagnosis for the hepatopathy would be reactive hyperplasia, vacuolar, metabolic and breed specific hepatopathy.

Further assessment would be FNA cytology of the liver and possibly PCR/serology for Leptospirosis.

Specific therapy would be dependent on an etiological diagnosis.

Imaging performed by
imagine SOUND LLC
dbimaginesound@gmail.com
917-647-4318



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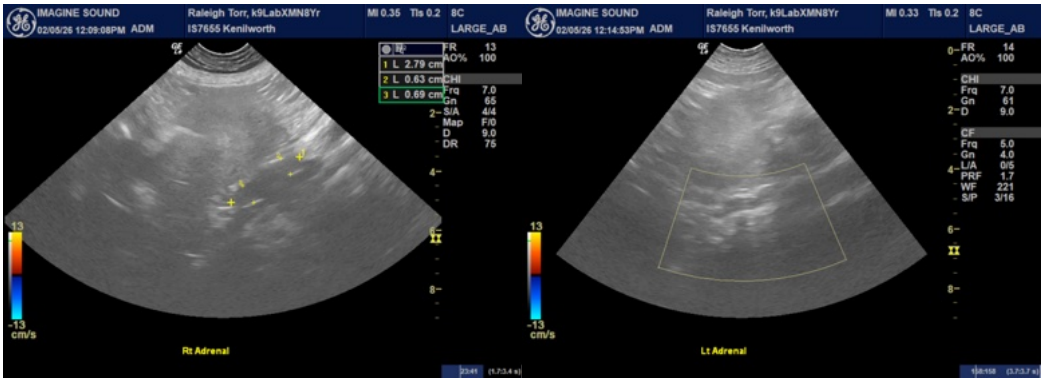

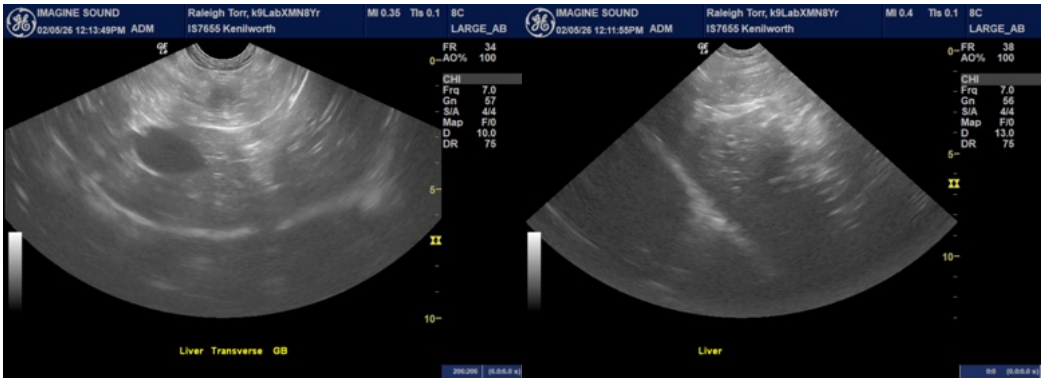

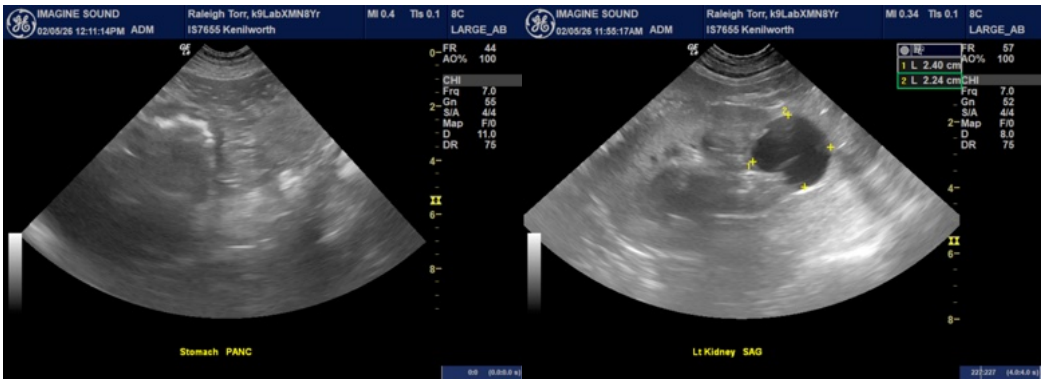

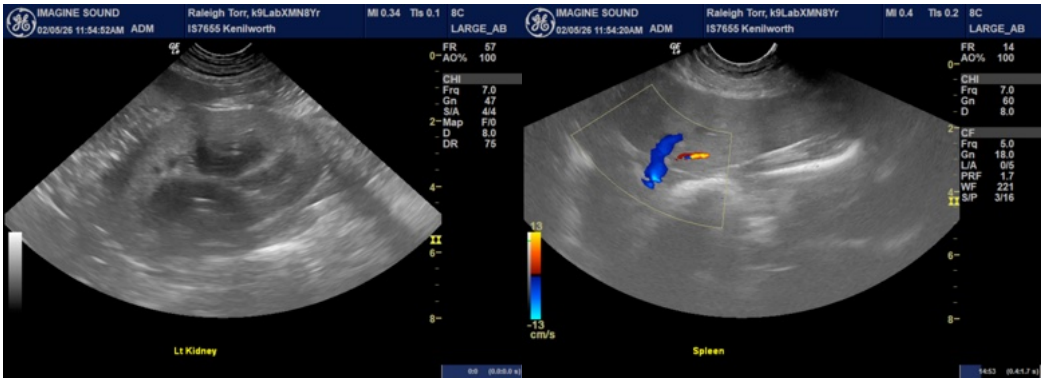

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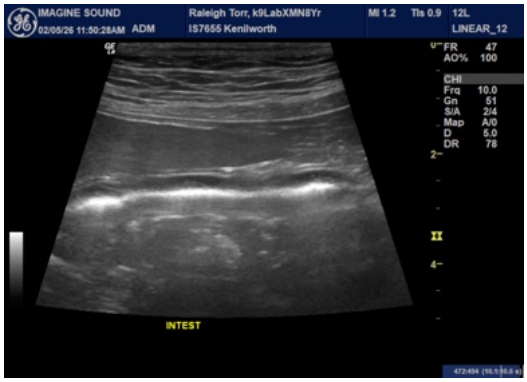

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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