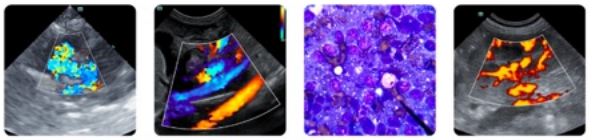




**PATIENT**

Rascal Hilsinger

**SPECIES**

Canine

**BREED**

Yorkshire Terrier Mix

**SEX**

Neutered male

**AGE**

14 years

**WEIGHT**

12.9 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Eckenrode

**HOSPITAL NAME**

Carlisle Small Animal VC

**REFERRING VET**

Dr. Eckenrode

**INVOICE**

73371

**DATE**

3/10/26

## PRESENTING CLINICAL SIGNS

- Major Medical Conditions: Chronic mild/moderate hepatic enzyme elevation, asymptomatic
- Patient History: Mitral valve insufficiency - stable; moderate hepatomegaly on radiographs
- Primary concern or rule out: Assessment for any primary signs of hepatic enzyme elevation
- RBC 7.38; HCT 52.3% WBC 7.3 Neut 4.5; Eos 0.08 Plt 383,000 Glu 91 SDMA 10; Creat 0.6; BUN 23 ALT 250; ALKP 1022 Tbil 0.1 Chol 355 Lipase 328 T4 2.7

## 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 4.2 cm, right measured 4.4 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, and normal 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 0.8 cm in width.

### *Adrenal Glands*

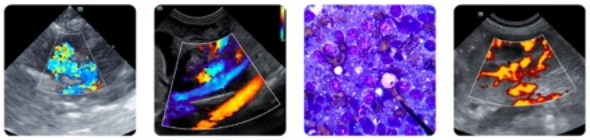
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.44 cm and 0.63 cm in width. The right adrenal gland measured 0.6 cm in width.

### *Spleen*

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Incidental myelolipomas are present. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.3 cm in width.

### *Liver*

The liver is enlarged with rounded edges, 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 large amount of non-adhered, hyperechogenic sediment. 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 gas 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.
- Gallbladder sediment.
- Age related renal changes versus early chronic kidney disease.

## 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 an unlikely differential diagnosis.

Although the gallbladder sediment is most likely an incidental finding, monitoring for the development of a mucocele would be recommended.

Further assessment would be FNA cytology of the liver; 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 that could be considered for the hepatopathy and gallbladder sediment would be the use of Ursodiol with regular monitoring of liver enzyme activity.

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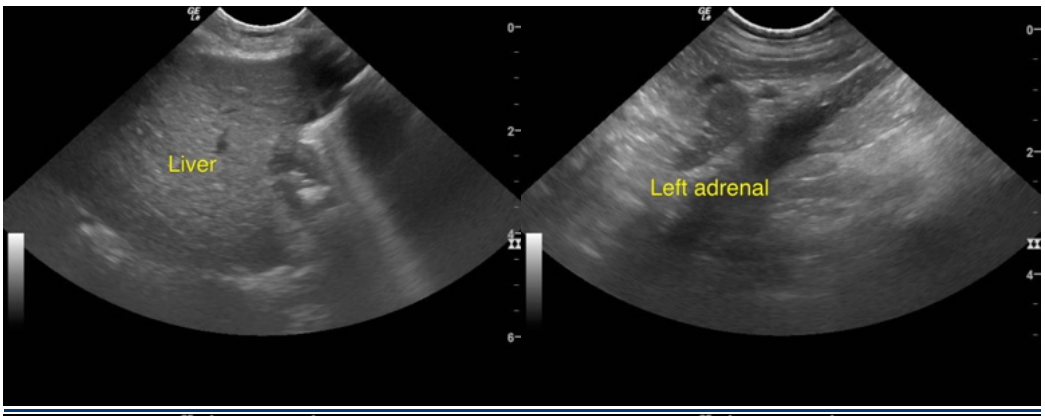


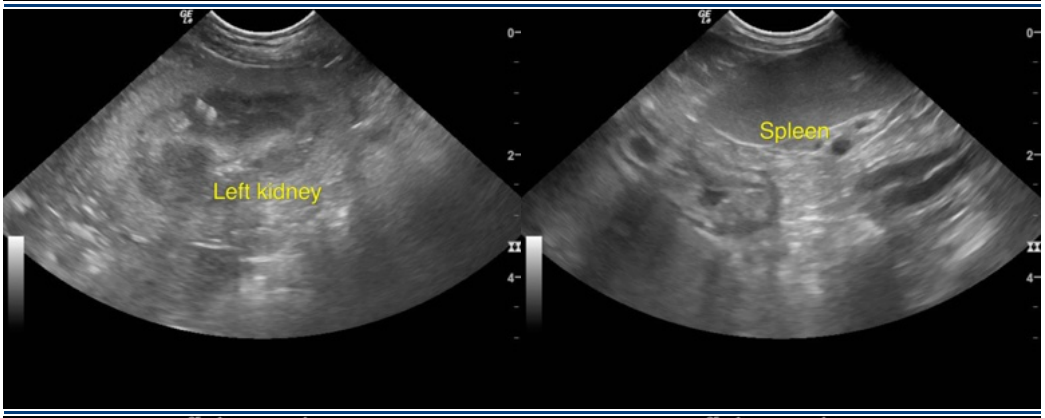


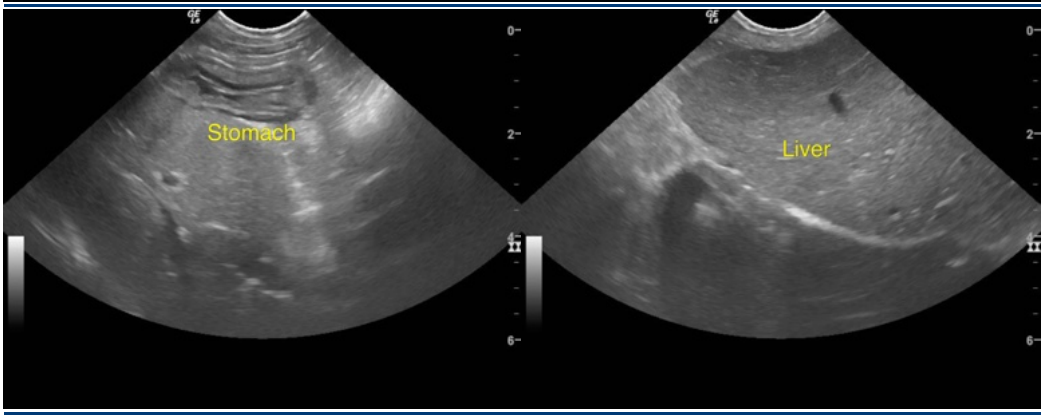

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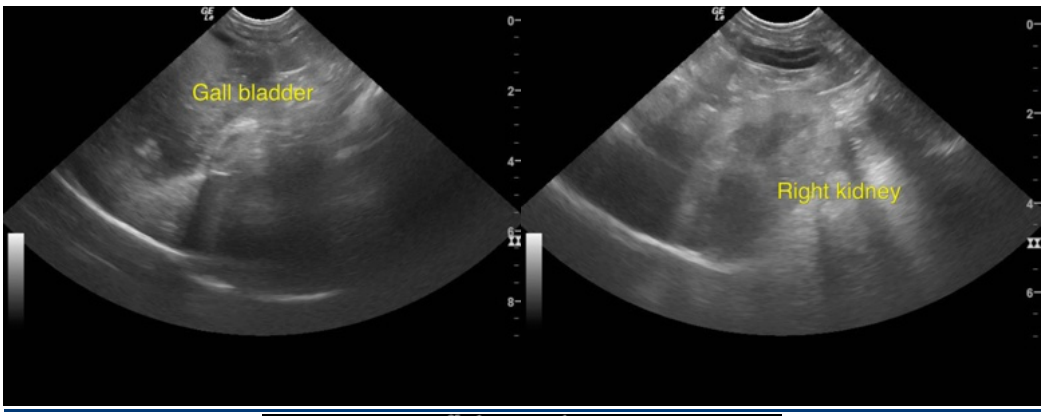


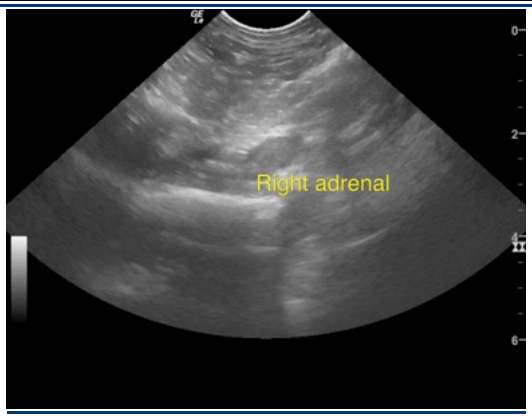


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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