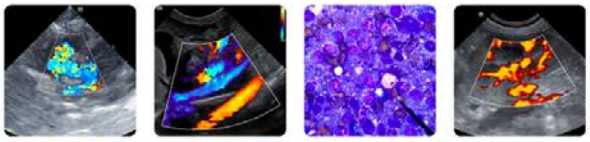


PATIENT

Rover Skakle

SPECIES

Canine

BREED

Mini Australian Shepherd

SEX

Neutered Male

AGE

9 Years

WEIGHT

8.73 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ethan Bloomer

HOSPITAL NAME

Echosound Vet Mobile Imaging Services

REFERRING VET

Dr. Karyn Waterman

INVOICE

73908

DATE

3/21/26

PRESENTING CLINICAL SIGNS

Patient has a history of intermittent gastrointestinal upset involving vomiting and reduced appetite. He presented for these signs along with abdominal pain on 3/12/26. At that time, ALT was increased at 171, ALP at 676, and GGT at 16. Pancreatic lipase was normal. Radiographs were predominantly WNL. The patient was treated with Cerenia, SQ fluids, and PO Metronidazole which led to clinical improvement.

Recheck bloodwork on 3/20/26 showed ALP > 2000, Tbili increased at 1.9, and ALT increased at 378. Ultrasound was recommended for further work-up even though the patient is still doing better clinically.

Patient has a history of dietary indiscretion and getting into things in the trash, outside, etc. May have gotten into fertilizer or ground beef prior to onset of clinical signs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 5.3 cm. Right kidney measures 4.6 cm.

Reproductive System

Prostate not visualized.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.54 cm in width. Right measures 0.47 cm in width.

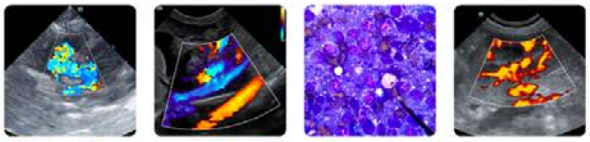
Spleen

Normal size (1.5 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. A focal hypoechogenic parenchymal nodule is noted in the head of the spleen, measuring approximately 0.80 cm x 1.2 cm in size. An incidental myelolipoma is present.

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



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Full containing a moderate amount of adhered hyperechogenic sediment, thickened and hyperechogenic appearance of the wall, and a mild halo effect present. 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

Visible section presents normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Cholecystitis.
- Splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the intermittent GI tract disease. Although the GI tract appears ultrasonographically normal, with intermittent GI signs, an underlying enteropathy such as parasitic enteritis, dietary hypersensitivity, and inflammatory bowel disease should still be considered.

Etiologies for the splenic nodule would be reactive hyperplasia/extramedullary hematopoiesis, hematoma, granuloma, and possibly emerging neoplasia.

Further assessment of the cholecystitis would be cholecentesis for culture and cytology.

Further assessment of a possible enteropathy would be fecal analysis, cobalamin and folate assay, and endoscopy of the upper GI tract with biopsy.

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

Management of the cholecystitis would be to continue with the current therapy and to add Ursodiol. If there is not a satisfactory improvement, then cholecystectomy would be recommended.

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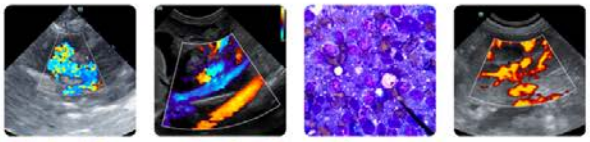

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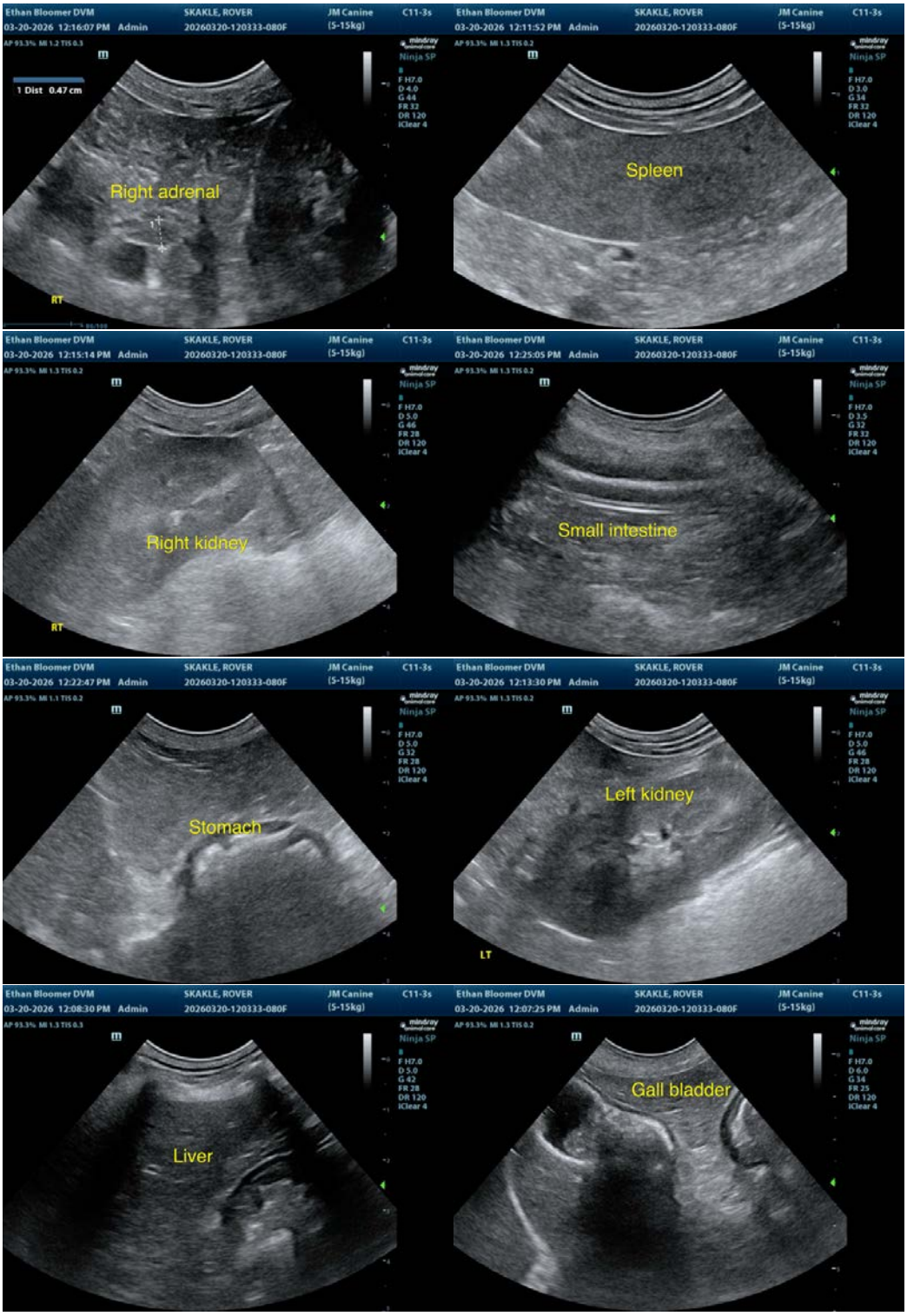

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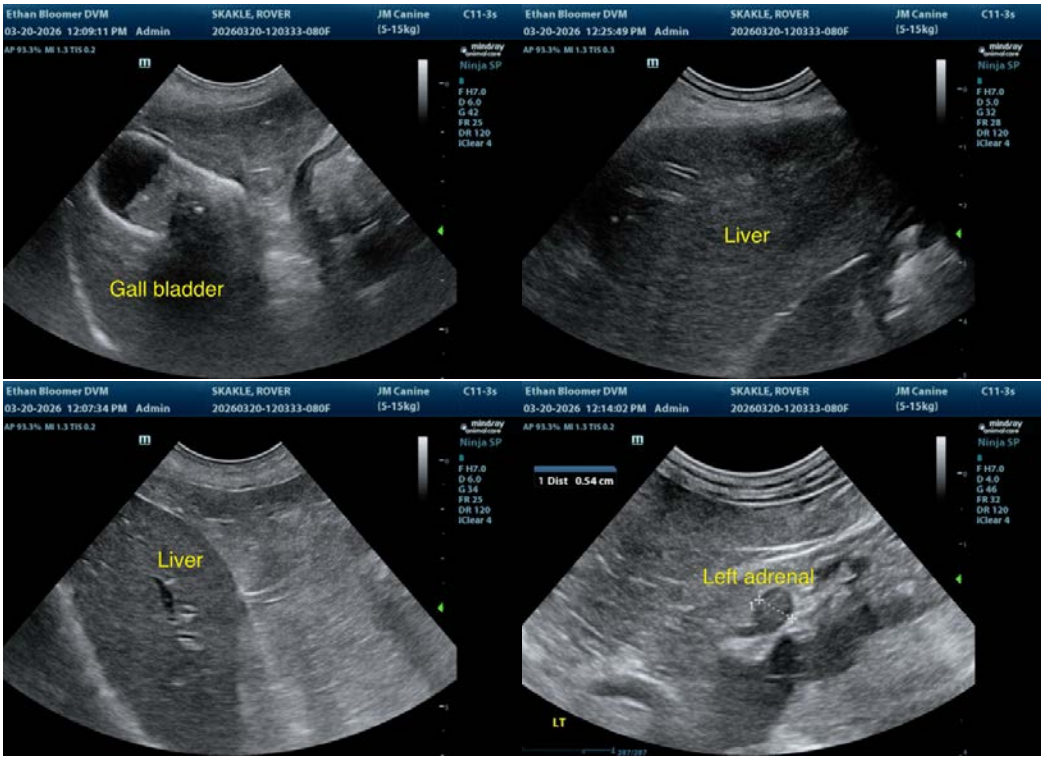

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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