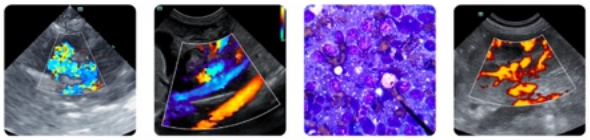


PATIENT

Vestal Bryant

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed female

AGE

14 years

WEIGHT

12 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brandi Barry

HOSPITAL NAME

Bluegrass AH

REFERRING VET

Dr. Barry

INVOICE

73803

DATE

3/25/26

PRESENTING CLINICAL SIGNS

- Patient presented for evaluation 3/21/26 for acute onset hyporexia.
- Owner reports that appetite has been decreased by ~50% for the last week.
- Vomited blood once on 3/19/26.
- History of thrombocytosis and liver enzyme elevation since 1/2024; ALKP has increased significantly since 1/2026.
- Patient eats Hill's i/d diet
- Patient has been trending down in weight since 1/2025; down 2.2 lbs.
- Nuclear sclerosis OU. Upper eyelid mass and mild corneal pigmentation present OD. New grade 3/6 right sided heart murmur. Moderate tartar & moderate dental calculus. Underweight (BCS 4/9). Mild, generalized muscle wasting. Labs performed 3/21/26: CBC: PLT 586 (H; was 595 1/12/26) Chem17: ALT 163 (H; was 138 1/12/26), ALKP 1145 (H; was 720 1/12/26) Lyte4: Cl 107 (L; was 109 1/12/26) UA: USG= 1.022, pH 5.0, trace protein, inactive sediment

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.

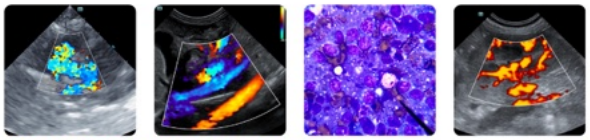
Normal renal size (left measured 3.7 cm, right measured 4.0 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.15 cm in length x 0.3 cm and 0.38 cm in width. The right adrenal gland measured 1.11 cm in length x 0.37 cm and 0.47 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 1.2 cm in width.



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Liver

Normal size with a diffuse mottled, echogenic and coarse 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 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.

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 an unlikely differential diagnosis.

Although the stomach appears ultrasonographically normal, with the hematemesis and mild thrombocytosis, underlying gastric pathology such as chronic gastritis and ulcerative disease should still be considered.

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

Gastroscopy with biopsies could also be considered.

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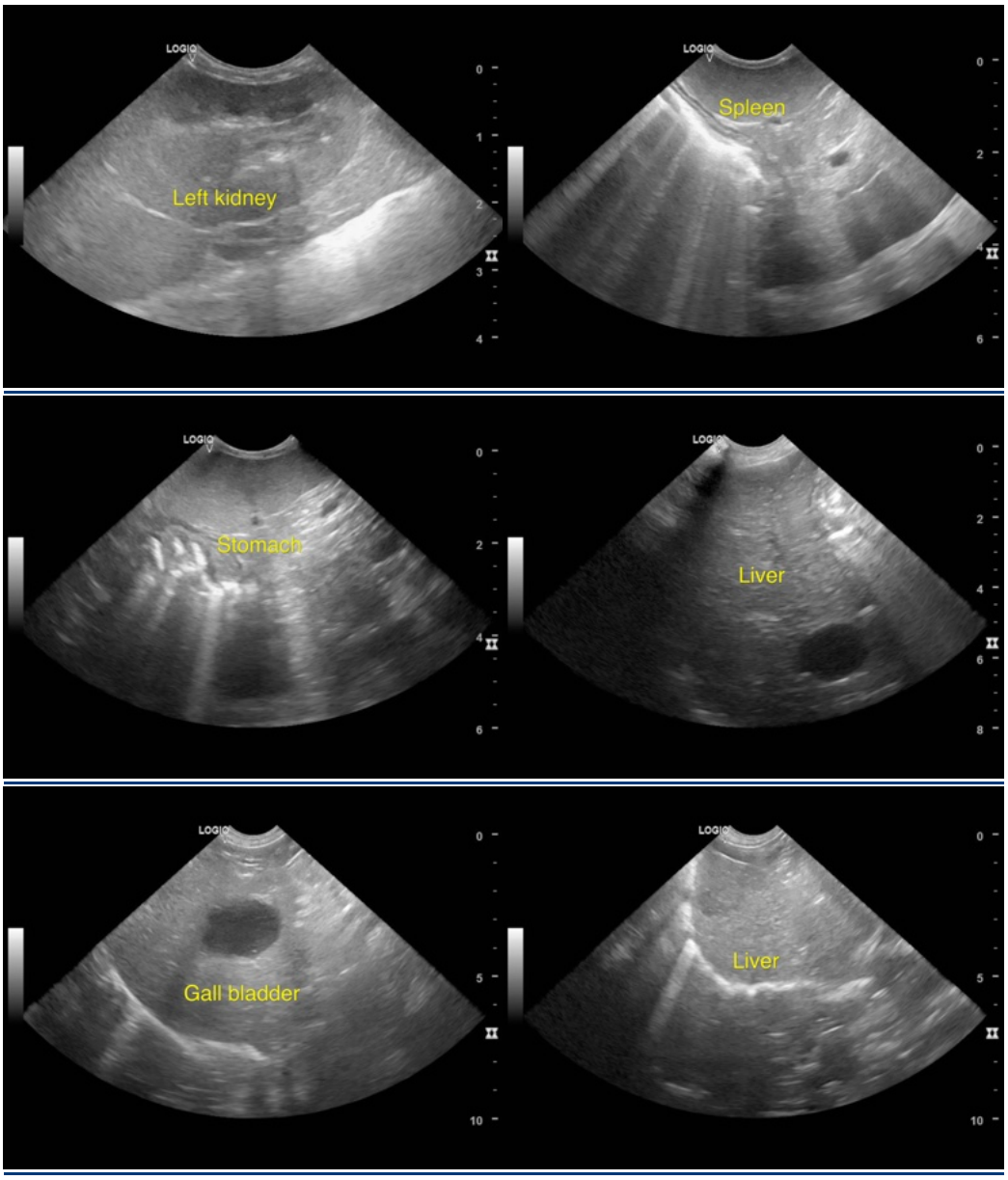
Specific therapy would be dependent on an etiological diagnosis. Symptomatic management that could be considered would be gastric protectants (Sucralfate, Omeprazole) and Ursodiol with regular monitoring of liver enzyme activity.



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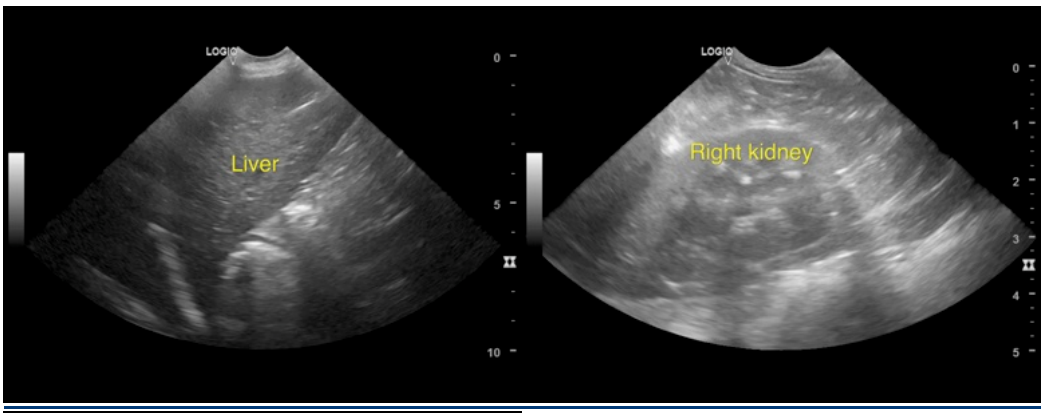

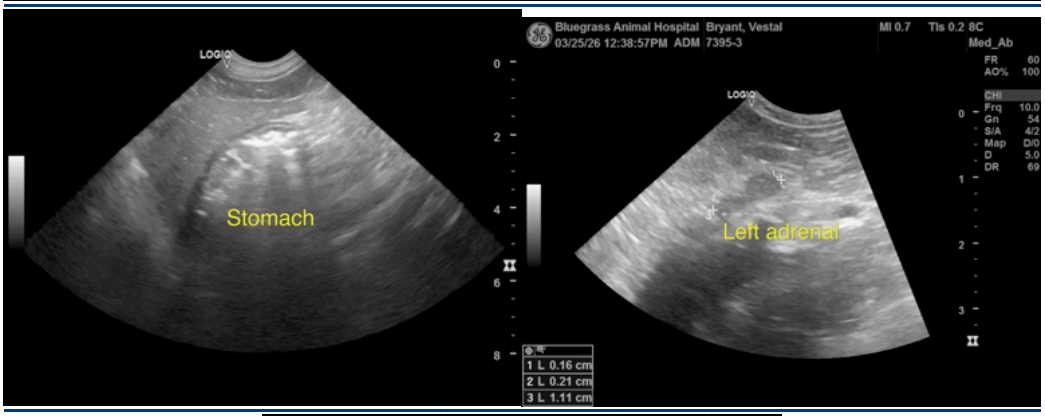

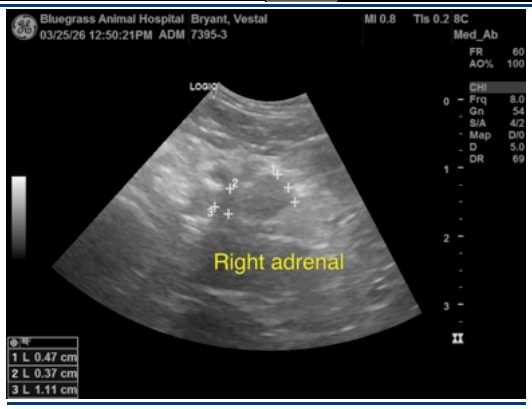

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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