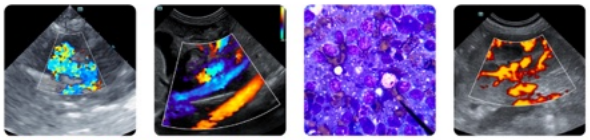


PATIENT

Lula Murphy

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed female

AGE

14 years

WEIGHT

62 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr.Persson

HOSPITAL NAME

At Home Vet

REFERRING VET

Dr. Persson

INVOICE

73980

DATE

3/31/26

PRESENTING CLINICAL SIGNS

- New liver enzyme elevations/mild hyperglobulinemia
- Chronic diarrhea since early March not responding to bland diet or metronidazole
- Fecal PCR negative
- Globulins 4.1 (1.6-3.6) AST 94 ALT 866 ALP 1765 GGT 42

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 5.8 cm, right measured 5.3 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 small, incidental cortical cyst was present in the caudal pole of the left kidney measuring 0.5 cm.

Adrenal Glands

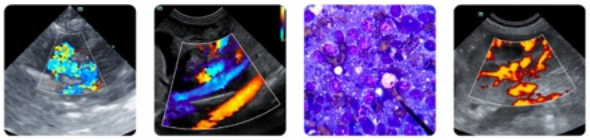
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.78 cm and 0.56 cm in width. The right adrenal gland measured 0.8 cm and 0.65 cm in width.

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. Incidental myelolipoma is present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.8 cm in width.

Liver

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



PATIENT

Lula Murphy

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed female

AGE

14 years

WEIGHT

62 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr.Persson

HOSPITAL NAME

At Home Vet

REFERRING VET

Dr. Persson

INVOICE

73980

DATE

3/31/26

Gallbladder

The gallbladder is full containing a moderate amount of non-adhered, hyperechogenic sediment. 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.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar, metabolic and cholangitis with hepatitis and infiltrative neoplasia a less likely differential diagnosis.

The gallbladder sediment is most likely an incidental finding.

On this ultrasound there is no obvious etiology for the chronic diarrhea. Although the GI tract appears ultrasonographically normal, with the chronic diarrhea, an underlying enteropathy such as dietary hypersensitivity, inflammatory bowel disease, intestinal dysbiosis and possibly exocrine pancreatic insufficiency should still be considered.

Further assessment would be cobalamin, folate and TLI assay, dysbiosis index and endoscopy of the upper GI tract with biopsies.

Furthe assessment f the hepatopathy would be FNA cytology. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

PATIENT

Lula Murphy

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed female

AGE

14 years

WEIGHT

62 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr.Persson

HOSPITAL NAME

At Home Vet

REFERRING VET

Dr. Persson

INVOICE

73980

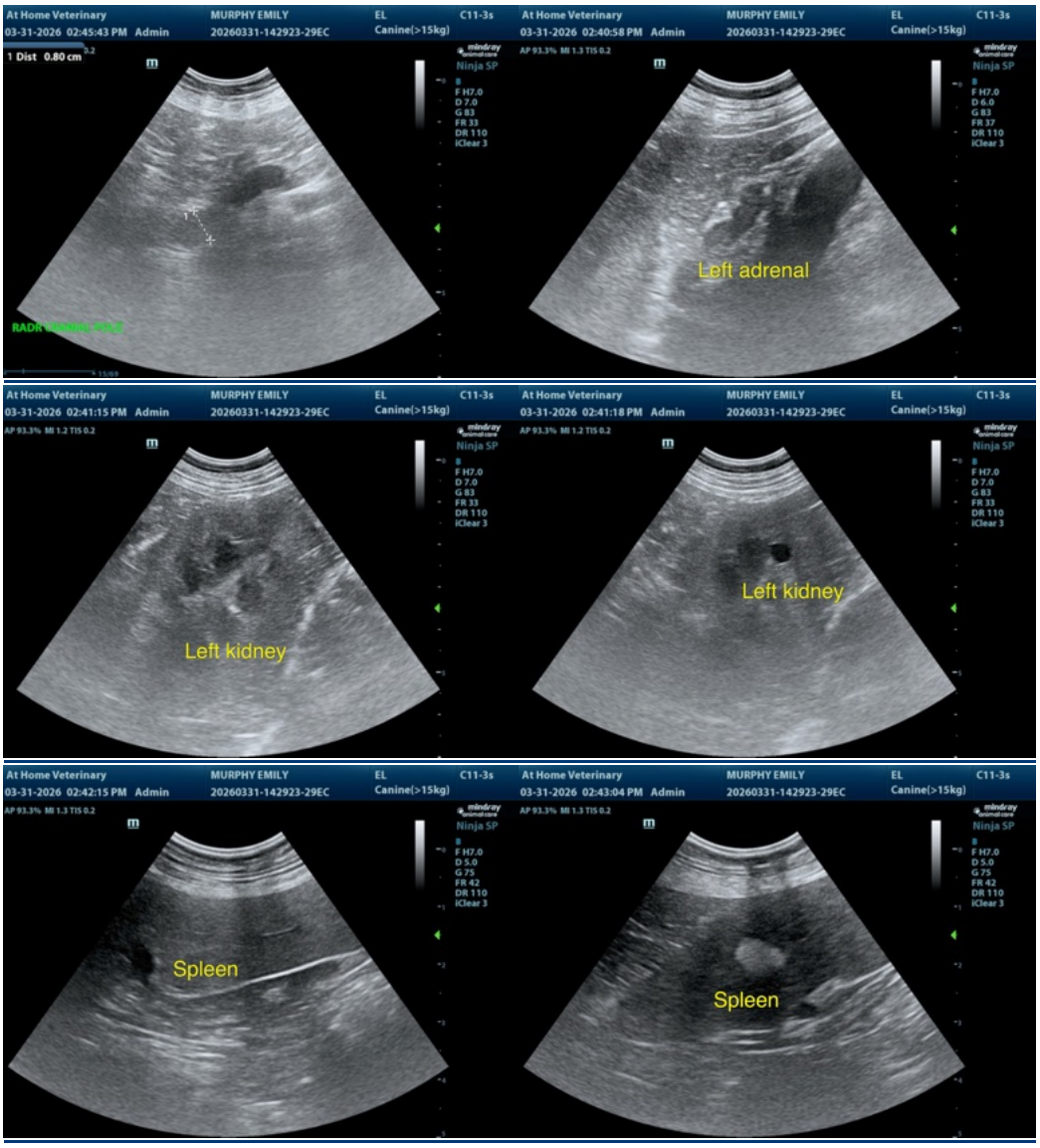
DATE

3/31/26

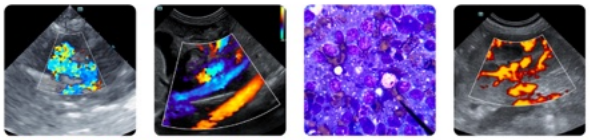
Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the hepatopathy and gallbladder sediment would be the use of Ursodiol with regular monitoring of liver enzyme activity.

Symptomatic management of the enteropathy would be feeding a hypoallergenic/novel protein diet, cobalamin supplementation and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

PATIENT

Lula Murphy

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed female

AGE

14 years

WEIGHT

62 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr.Persson

HOSPITAL NAME

At Home Vet

REFERRING VET

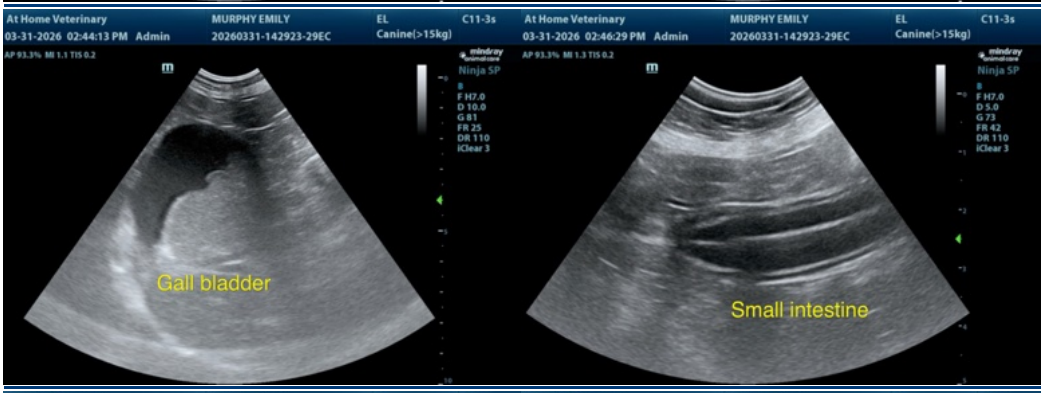
Dr. Persson

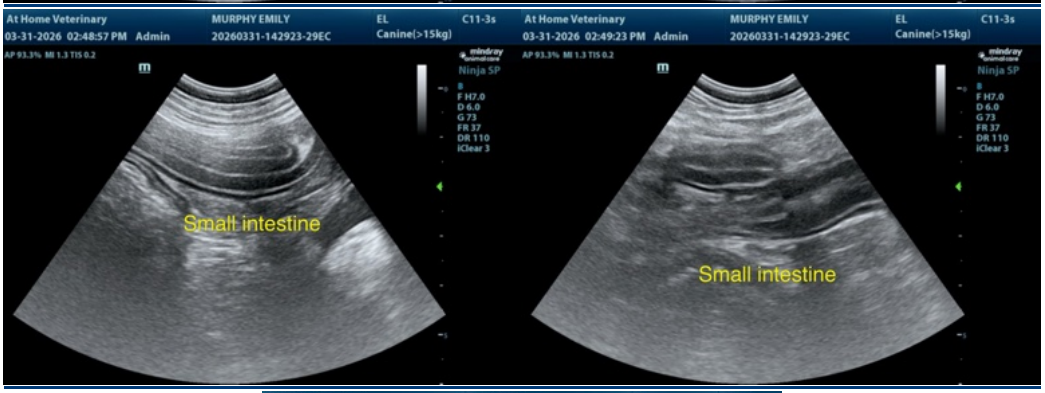
INVOICE

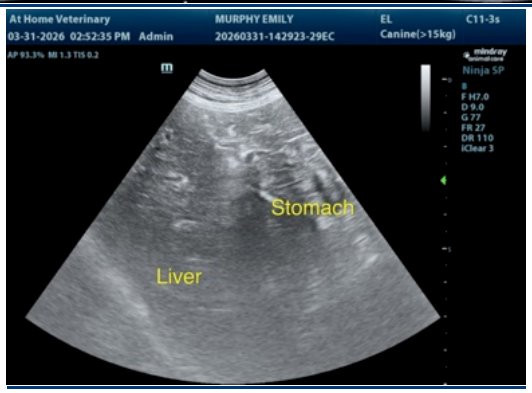
73980

DATE

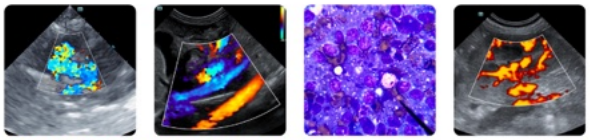
3/31/26







SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Lula Murphy

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed female

AGE

14 years

WEIGHT

62 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr.Persson

HOSPITAL NAME

At Home Vet

REFERRING VET

Dr. Persson

INVOICE

73980

DATE

3/31/26

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