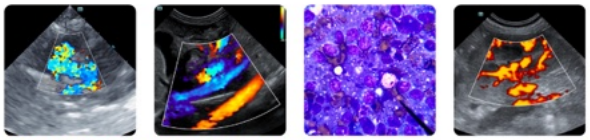


PATIENT

Noir McGregor

SPECIES

Canine

BREED

Shiba Inu

SEX

Spayed female

AGE

1 year

WEIGHT

28.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Vetererinay Service

REFERRING VET

Dr. Daniel Handler

INVOICE

72220

DATE

3/4/26

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: Noir, a 1-year-old F/S Shiba Inu, was referred for evaluation due to significantly elevated liver enzymes, specifically an ALT of 928 U/L, though all other bloodwork values, including cPL, were within the normal range. The initial concern arose from a 10-day history of decreased appetite and loose stools, although the owner now reports an adequate appetite. The dog had a single episode of vomiting and is currently intermittently passing soft stools with some difficulty in defecation. Owner has noted lethargy, increased sleeping, and reduced playfulness over the past few weeks, but no weight loss has been documented. A relevant history includes the ingestion of foreign material outdoors, including feces. The dog is current on Leptospirosis vaccination
- MEDICATIONS: - Cerenia 2.4 mg tablets, 1 tablet PO once a day. - Metronidazole 250 mg tablets, 1/2 tablet PO twice a day. - Administered 0.3 mL butorphanol IV for sedation for the ultrasound.
- ALT 928 U/L (elevated) TBIL <1 mg/dl Na 162 mmo/l (elevated) MCV 58.7 fL

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.

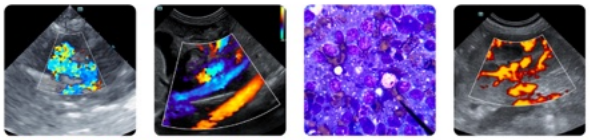
Normal renal size (left measured 4.77 cm, right measured 5.2 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.59 cm in length x 0.34 cm and 0.47 cm in width. The right adrenal gland measured 2.0 cm in length x 0.51 cm and 0.57 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 1.5 cm in width.



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Liver

The liver is subjectively small in size with a diffuse increased echogenic 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.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Microhepatica.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies to consider for the microhepatica would be congenital fibrosis, primary portal vein hyperplasia and possibly a small portosystemic shunt.

Further assessment would be pre and post prandial bile acids and protein C assay.

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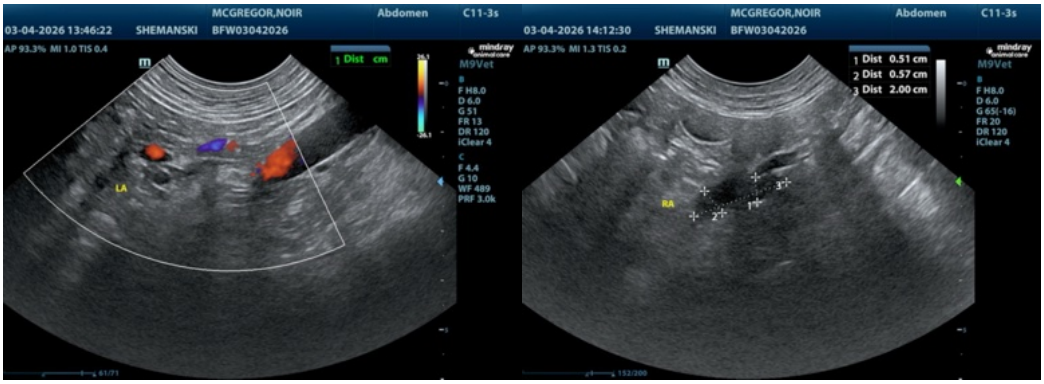
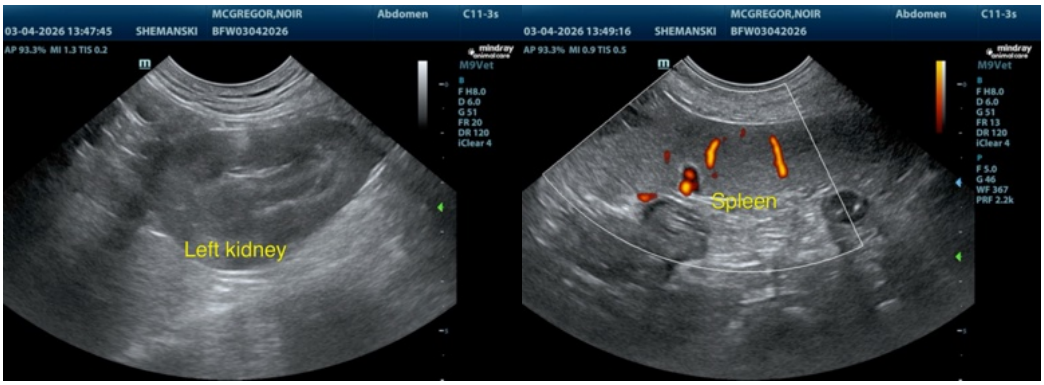
Additional diagnostics that may be required would be CT angiography and liver biopsy.

Specific therapy would be dependent on an etiological diagnosis.





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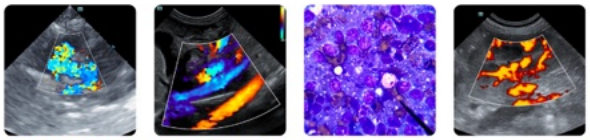

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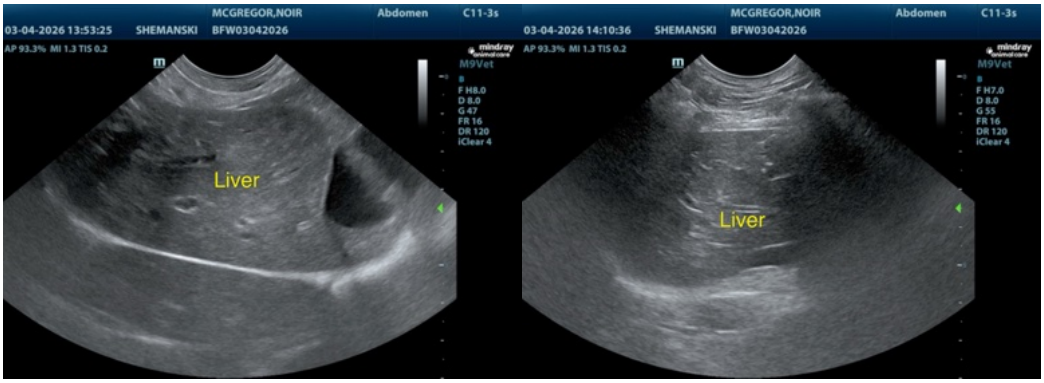

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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