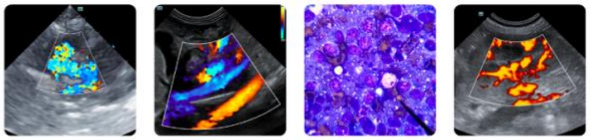


PATIENT

Rossi Gessford

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

10 Years

WEIGHT

74.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Elda Kwong

HOSPITAL NAME

Petvacx AH

REFERRING VET

Dr. Elda Kwong

INVOICE

36518

DATE

4/10/26

PRESENTING CLINICAL SIGNS

History: Mild ALT elevation as an incidental finding with wellness bloodwork
No urinary signs currently at home (incidental bladder stones)
Mild non-generative anemia that could be secondary to sedation with acepromazine and trazodone (unable to evaluate patient without sedation)
Abnormal PE/Chem/CBC/UA Results: HCT 31.4 ALT 148

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder with a normal thickness and smooth appearance of the wall. A moderate amount of floating hyperechogenic sediment was present. Multiple small uroliths were evident, measuring up to 1.2 cm in size. 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.

Small hypoechogenic prostate was noted.

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. The left kidney measured 6.5 cm. The right kidney measured 6.4 cm.

Adrenal Glands

The left adrenal gland was normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 2.1 cm in length x 0.4 cm and 0.51 cm in width.

The right adrenal gland was not clearly visualized but appears to be of normal shape, echogenic appearance and size.

Spleen

Normal size (2.0 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. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

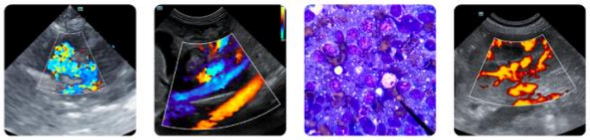
Liver

Normal size, with a diffuse increased echogenic and coarse appearance, normal portal markings, and a regular curvilinear capsule. Few hypoechogenic parenchymal nodules were noted, measuring up to 1.0 cm in size. No masses were evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full gallbladder, 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



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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 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
- Hepatic nodules
- Uroliths
- Urinary bladder sediment
- Gallbladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Likely etiologies for the hepatopathy would be nodular hyperplasia, reactive hyperplasia, vacuolar and metabolic, with hepatitis and infiltrative neoplasia less likely differential diagnoses. The most likely etiology for the hepatic nodules would be incidental nodular hyperplasia, with granulomas and neoplasia unlikely differential diagnoses. Etiologies for the urinary bladder sediment would be incidental debris, crystalluria, and possibly bacterial cystitis. The gallbladder sediment is most likely an incidental finding.

Further assessment would be urinalysis, urine culture and FNA cytology of the liver. A true cut or wedge biopsy of the liver may, however, be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the hepatopathy and the gallbladder sediment would be the use of ursodiol with regular monitoring of liver enzyme activity. Management of the uroliths would either be surgical removal or medical dissolution.

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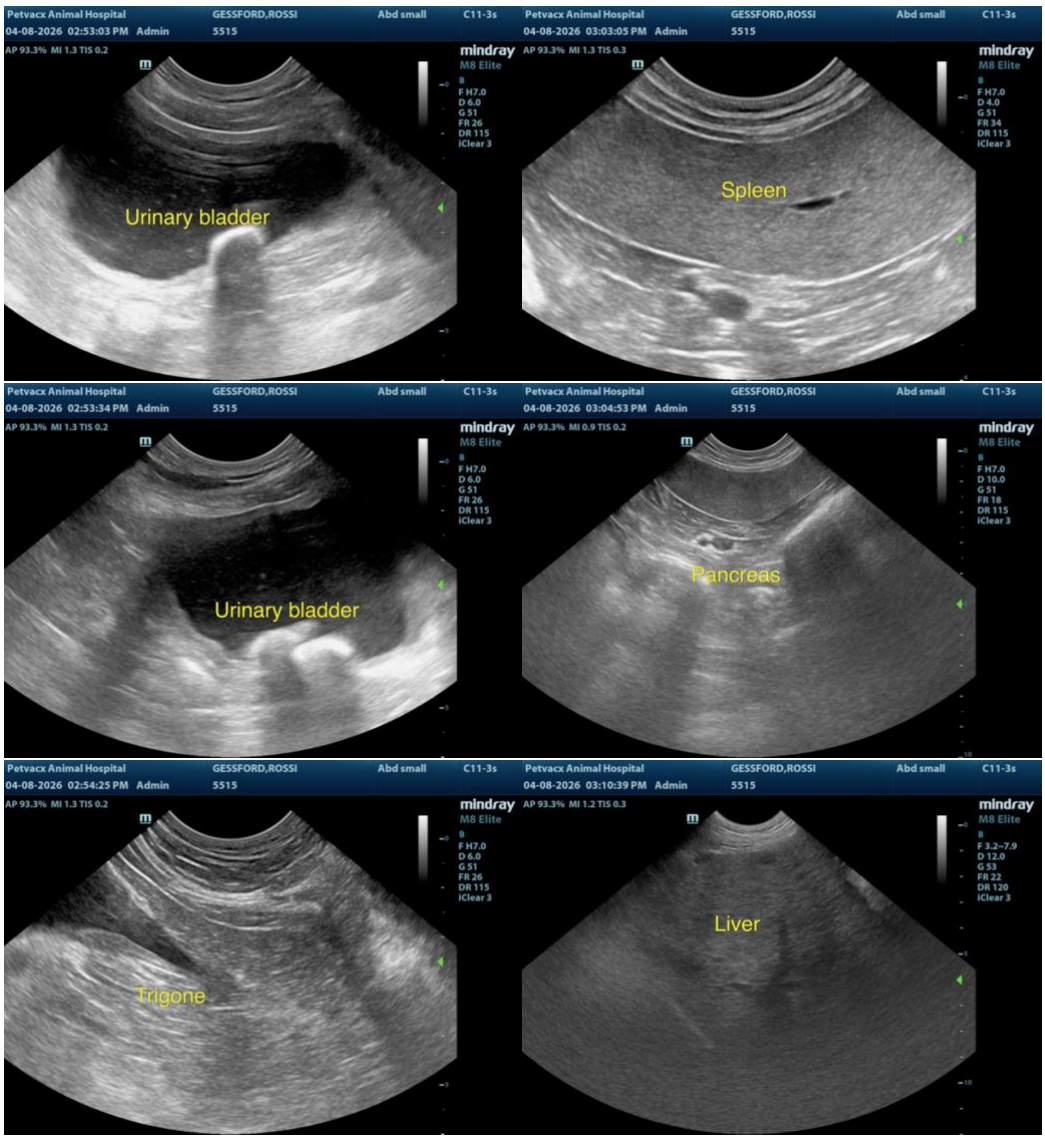

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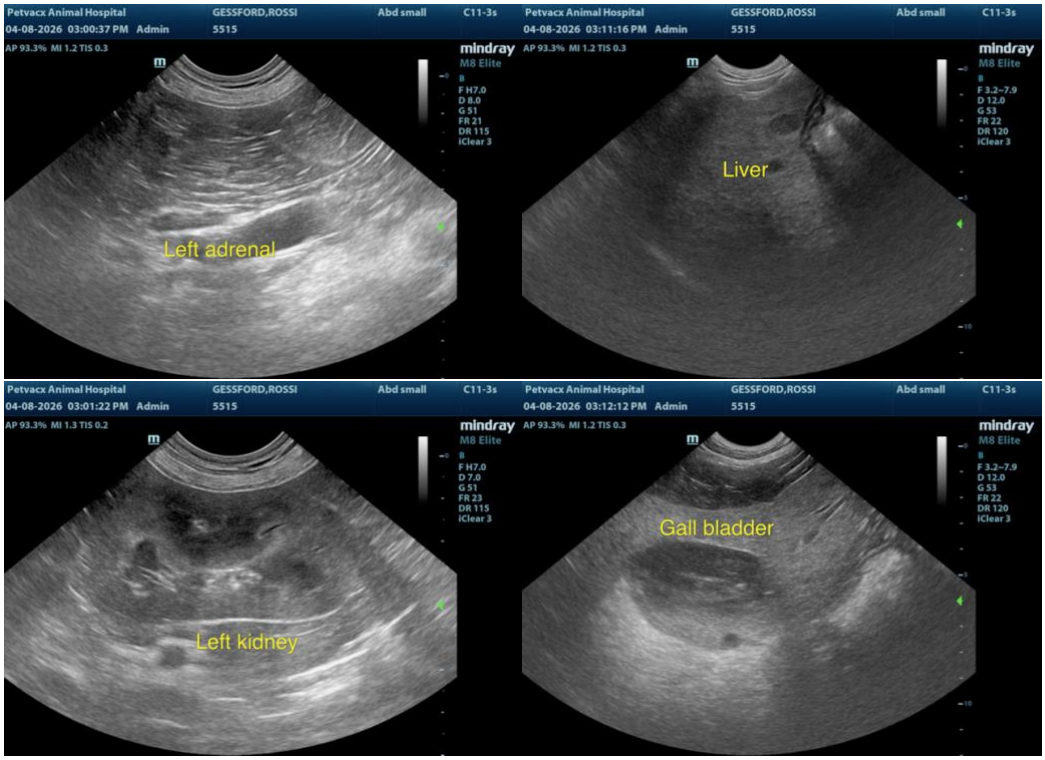

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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