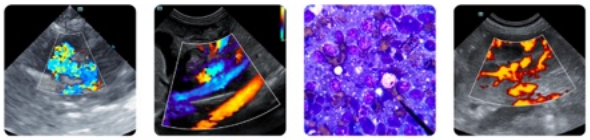


PATIENT

Nova Wood

SPECIES

Canine

BREED

Australian Kelpi

SEX

Female

AGE

7 years

WEIGHT

18.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Westcott

HOSPITAL NAME

Dr. Alastair Westcott, DVM

REFERRING VET

Dr. Westcott

INVOICE

74405

DATE

4/13/26

PRESENTING CLINICAL SIGNS

History: Second opinion and continued evaluation of marked icterus and reduced appetite following assessment by referring veterinarian 3 days prior. Appetite: reduced but still eating.
Drinking: normal. No vomiting or diarrhea. Energy: mildly decreased (increased lethargy). Persistent severe icterus
Marked jaundice Very thin Normal peripheral lymph nodes Mild non-regenerative anemia Lymphopenia (stress leukogram) No inflammatory leukogram Mild ↑ SDMA and BUN (likely prerenal component) Borderline ↓ albumin Moderate hyperglobulinemia (chronic inflammatory or neoplastic process) Marked ↑ ALT Significant ↑ ALP Extreme hyperbilirubinemia Normal pancreatic specific lipase Low total T4 (consistent with euthyroid sick syndrome) Negative Witness lepto USG: 1.022 (borderline concentrating) Bilirubinuria Otherwise unremarkable Thoracic Radiographs Cardiac silhouette normal Pulmonary vasculature normal No pulmonary pathology No pleural effusion Incidental: thoracic and thoracolumbar spondylosis deformans

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 and iliac blood vessels. The proximal urethra was not visualized.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

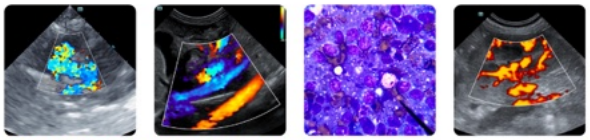
Normal renal size (left measured 7.6 cm, right measured 8.1 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 3.24 cm in length x 0.62 cm and 0.62 cm in width. The right adrenal gland measured 3.31 cm in length x 0.66 cm and 0.66 cm in width.

Spleen

The spleen was enlarged and measured 3.8 cm in width with a diffuse, increased echogenic appearance, but maintained a smooth homogenous parenchyma and a regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.



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Liver

The liver is enlarged with rounded edges, 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 not visualized.

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. Fecal material is present within the colon.

Pancreas

The pancreas was not visualized.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly.
- Hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenomegaly would be reactive hyperplasia with infiltrative neoplasia a possible differential diagnosis.

Etiologies for the hepatopathy would be reactive hyperplasia, vacuolar and possibly infiltrative neoplasia. Hepatitis would be an unlikely differential diagnosis.

With the presenting clinical signs and non-diagnostic liver and splenic cytology, low grade, immune mediated hemolytic anemia should be considered.

Further assessment would be Coombs and/or NSAID agglutination test, tru cut or wedge biopsy of the liver and possibly the spleen may be required for a final etiological diagnosis.

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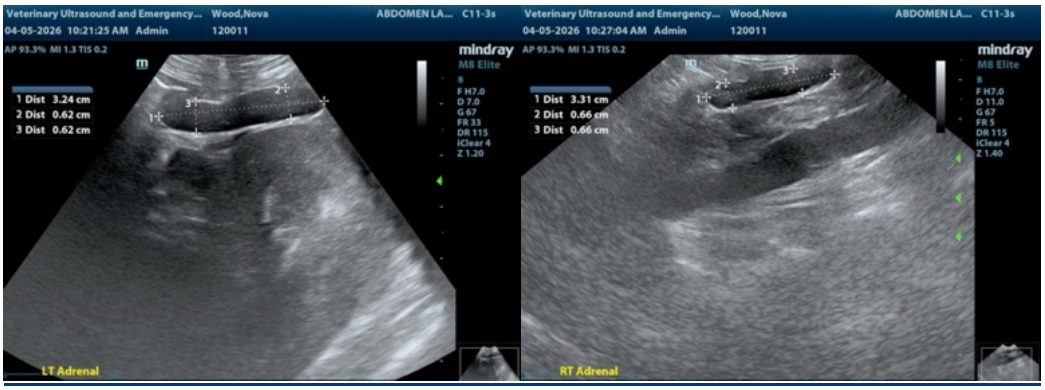
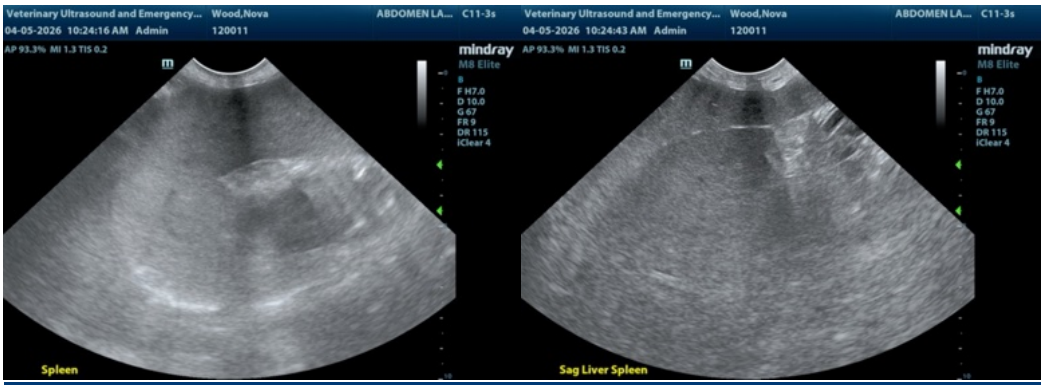
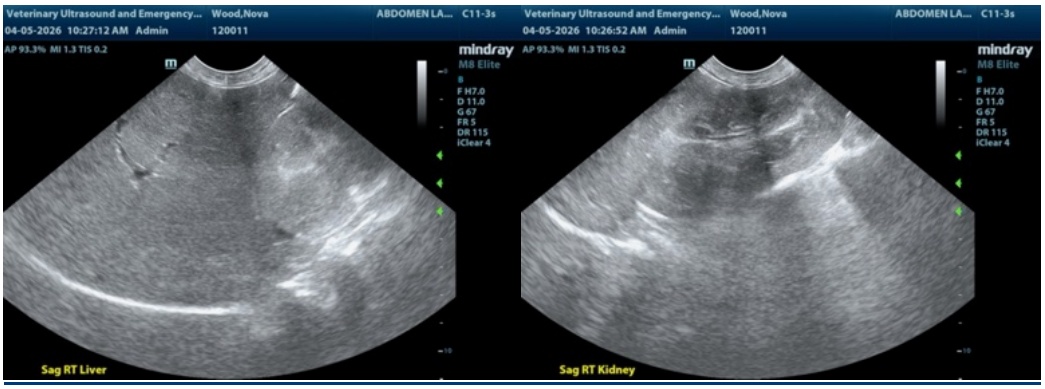
Specific therapy would be dependent on an etiological diagnosis.







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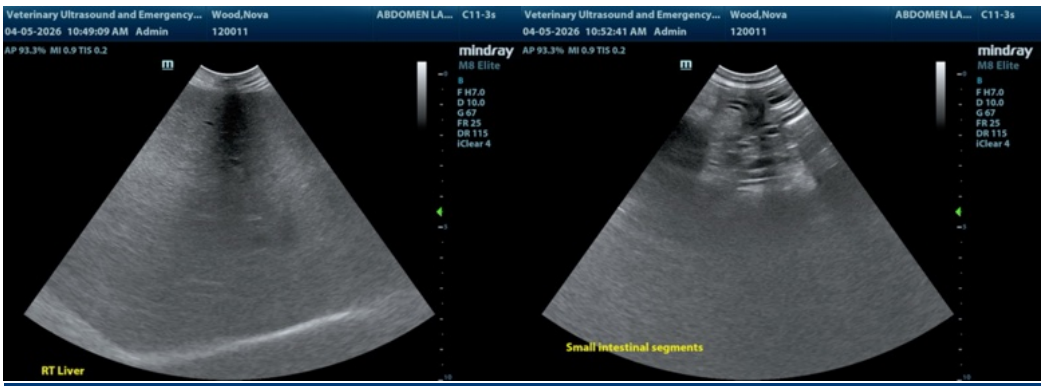

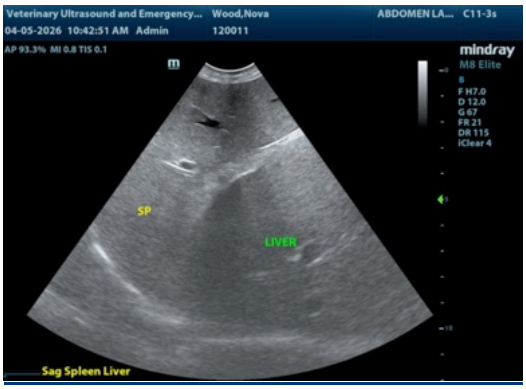

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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