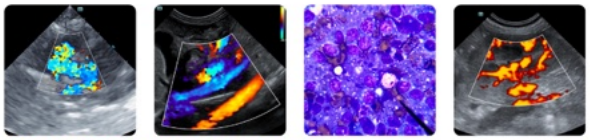


PATIENT

Sophie Cox

SPECIES

Canine

BREED

Husky Cross

SEX

Spayed female

AGE

11 years

WEIGHT

78 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Hartman, DVM

HOSPITAL NAME

AVID

REFERRING VET

Dr. Hartman

INVOICE

74397

DATE

4/13/26

PRESENTING CLINICAL SIGNS

History: Presented for abdominal ultrasound due to elevated liver values
- Polydipsia, vomiting, lethargy, anorexia
- Temperature has been normal
Abnormal PE/Chem/CBC/UA Results: Icteric, "full" abdomen - Positive for Anaplasma and Lyme on 4DX (doxy started, no C6 or PCR) - Negative Leptospirosis PCR (blood and urine) Abnormal liver enzymes- ALT 396, ALP 366, BUN 2, GGT 22, Total bilirubin 12.3 (reference range high 0.9) - Total protein, globulins, albumin: normal - Sodium potassium ratio: 41 - Suspected nucleated RBCs - Hemoglobin 14.6 (low end of normal) - MCHC 37.2 (high end of normal) - Reticulocytosis 127.2 (reference range high 110) - Neutrophilia with monocytosis - UA- bilirubinuria, pH 7 Splenic aspirates pending, large population of large granular lymphocytes throughout 2 slides stained and reviewed in house. Pathologist report pending Primary ddx: CAH vs LSA vs Other

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 6.4 cm, right measured 7.5 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

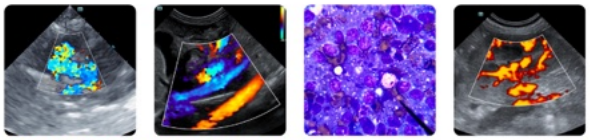
The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 3.68 cm in length x 0.51 cm and 0.61 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

Spleen

The spleen was enlarged measuring up to 4.0 cm in width with a diffuse, mottled echogenic appearance and a mildly irregular 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, mottled echogenic and coarse appearance, prominent portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing a small 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. A small amount of ingesta is present in the stomach compatible with a recent meal.

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

Focal, enlarged mesenteric lymph node measuring 1.3 x 2.4 cm in size with a slightly rounded shape and hypoechogenic appearance. The rest of the mesenteric lymph nodes appear normal.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly.
- Hepatopathy.
- Gallbladder sediment.
- Focal lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenomegaly would be splenitis and possible infiltrative neoplasia with reactive hyperplasia a less likely differential diagnosis.

Etiologies for the hepatopathy would be chronic active hepatitis, granulomatous disease and possibly infiltrative neoplasia with reactive hyperplasia, vacuolar and metabolic a less likely differential diagnosis.

Etiologies of the lymphadenomegaly are reactive hyperplasia, lymphadenitis and possibly infiltrative neoplasia.

Gallbladder sediment can be considered an incidental finding.

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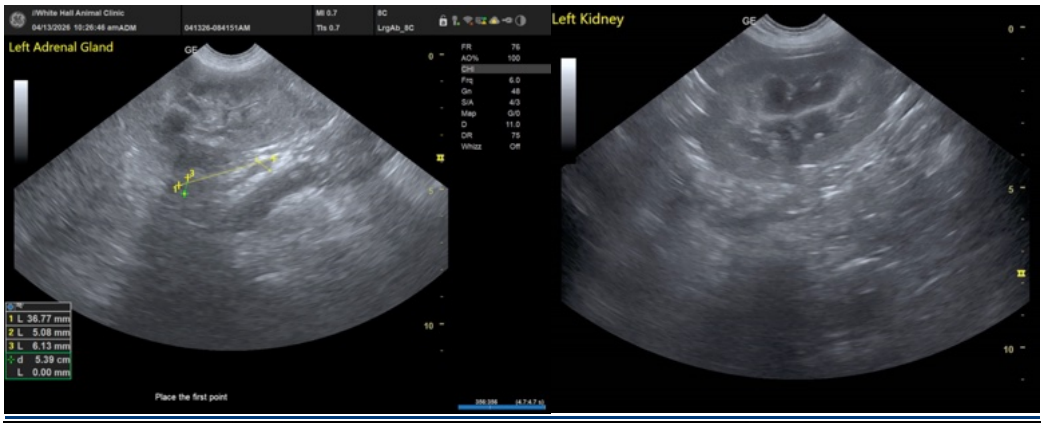
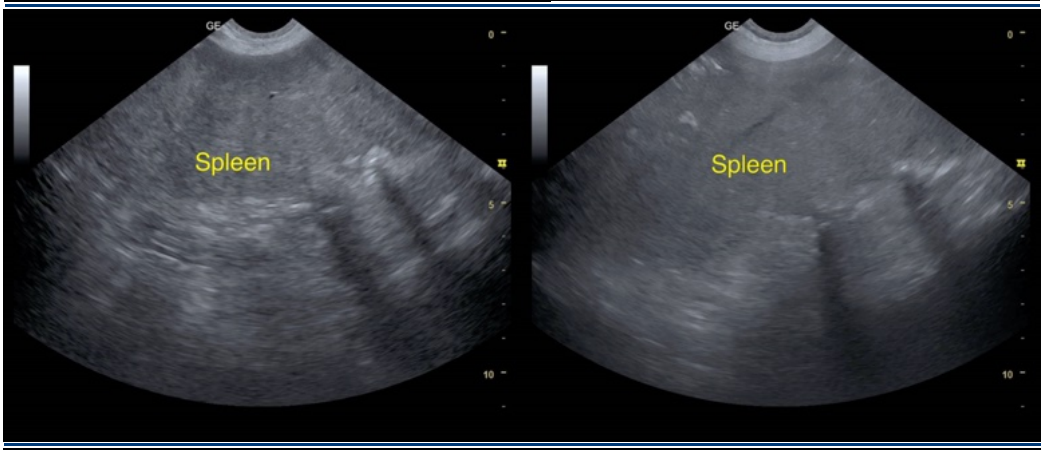
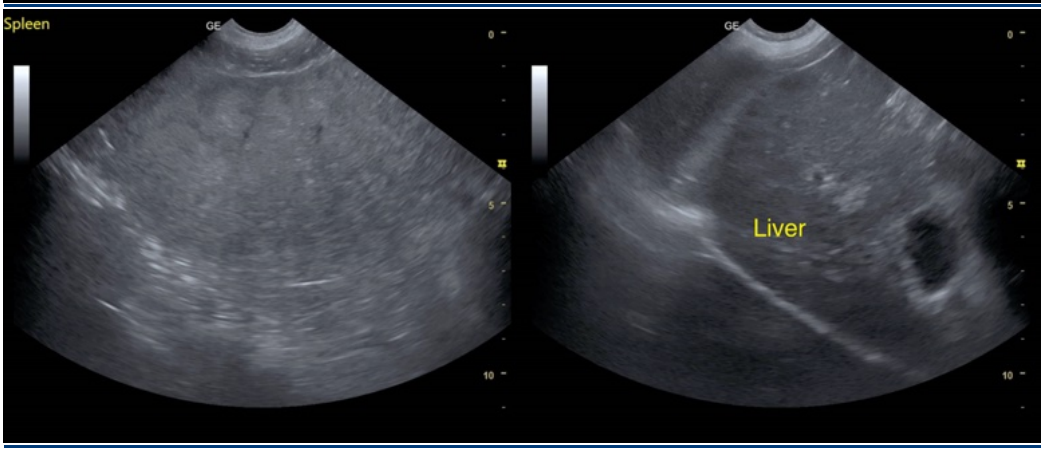
Further assessment would be based on the pending cytology results, but could include FNA cytology of the liver; however, a tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.







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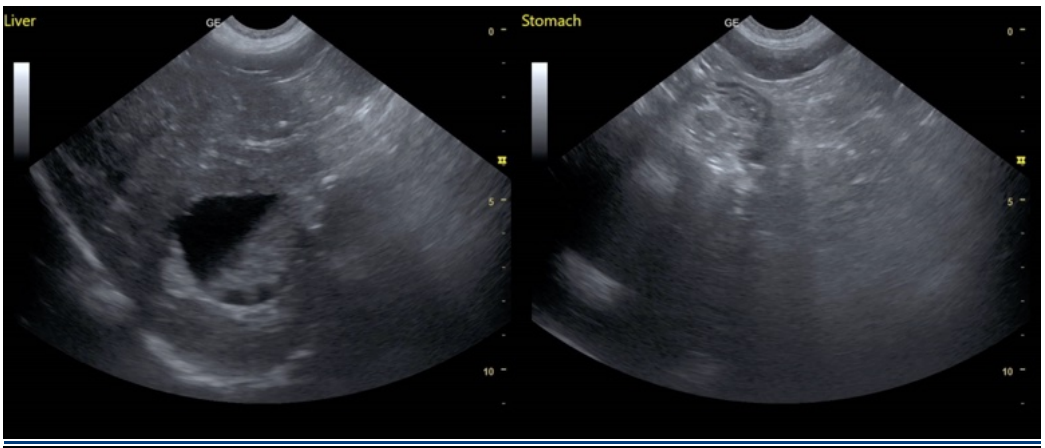

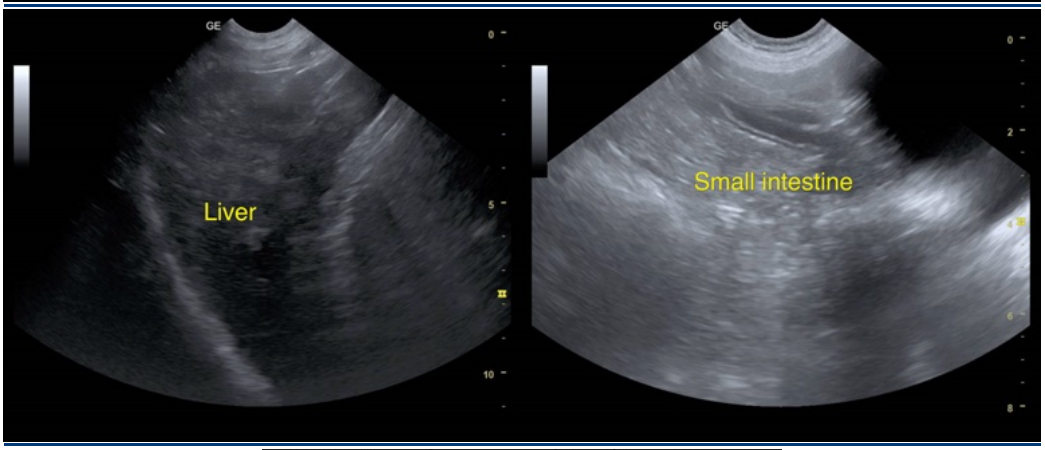

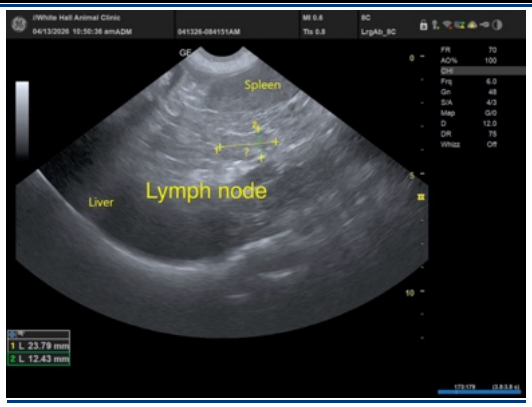

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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