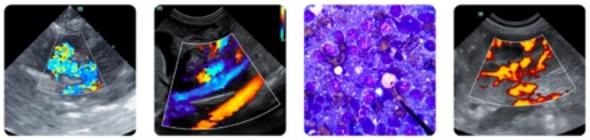


PATIENT

Jack Macy

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered male

AGE

9 years

WEIGHT

17.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wiederholt

HOSPITAL NAME

Dreaming Summit AH

REFERRING VET

Dr. Wiederholt

INVOICE

74497

DATE

4/15/26

PRESENTING CLINICAL SIGNS

History: • Progressive hepatopathy noted on routine labwork.
• Clinically doing well at home, no abnormalities noted. Only concern is difficulty with weight loss.
• Monthly Cytopoint for allergies.
• 2 year history of elevated ALP, progressively worse. 1.5 year history of elevated ALT, stable.
Abnormal PE/Chem/CBC/UA Results: 6/1/2024 ALP 176. 11/4/2024 ALP 355, ALT 151. 4/12/206 ALP 728, ALT 139.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment.

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 4.4 cm, right measured 5.0 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.

The prostate is small and hypoechogenic measuring 1.0 cm in width.

Adrenal Glands

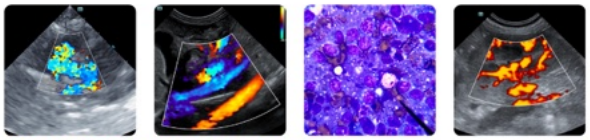
The left adrenal gland was enlarged but maintained normal shape, echogenic appearance, position and appearance of the visible peri-adrenal vasculature. the left adrenal gland measured 1.57 cm in length x 0.9 cm and 0.58 cm in width. The right adrenal gland was uniform and measured 1.39 cm in length x 0.39 cm and 0.4 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 1.3 cm in width.

Liver

Normal size, echogenic appearance, 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.

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

- Left adrenomegaly.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the left adrenomegaly may merely be an incidental finding, with the progressive elevation of liver enzyme activity, emerging pituitary dependent Cushing's disease needs to be considered.

The gallbladder sediment can be considered an incidental finding.

On this ultrasound there is no obvious hepatopathy evident. However, reactive hyperplasia, vacuolar and metabolic hepatopathy should still be considered.

Further assessment would be urine specific gravity and urine cortisol to creatinine ratio and if abnormal then adrenal function testing (ACTH stimulation/LDDST) would then be indicated.

If Cushing's disease has been excluded then further assessment of the hepatopathy would be FNA cytology; however, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

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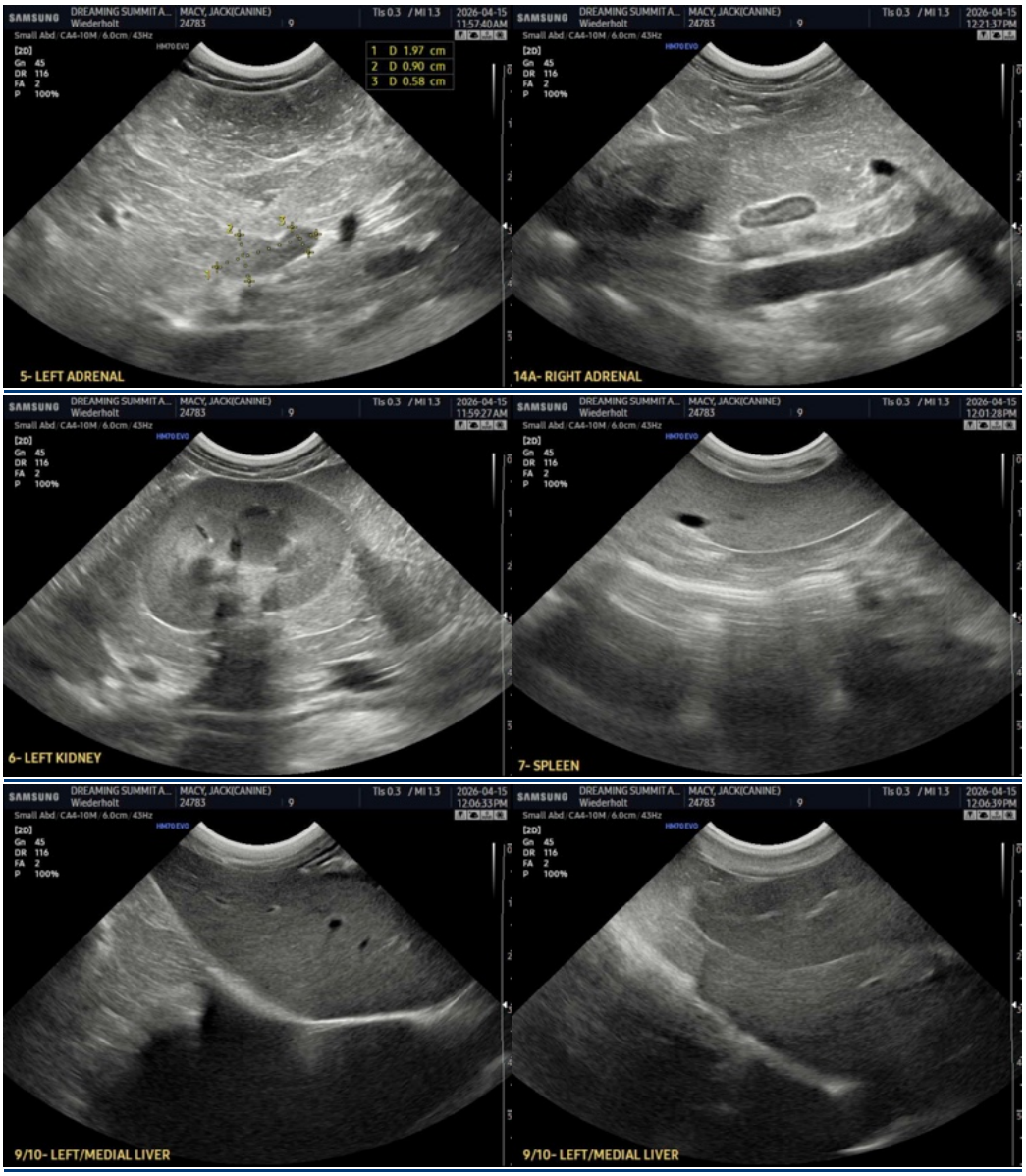
Symptomatic management of the hepatopathy would be the use of Ursodiol with regular monitoring of liver enzyme activity.



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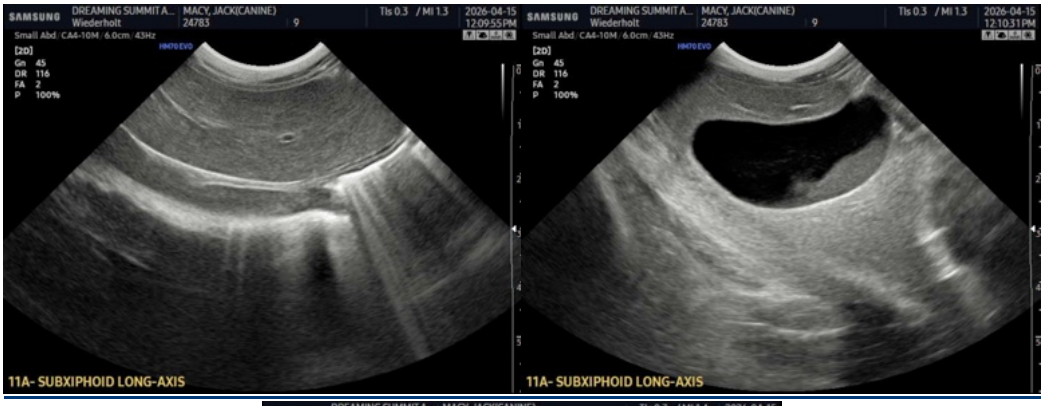

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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