



PATIENT

Benny Sloat

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

13 Years

WEIGHT

19.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brittany Wolfe

HOSPITAL NAME

HomeVets

REFERRING VET

Dr. Brittany Wolfe

INVOICE

74543

DATE

4/17/26

PRESENTING CLINICAL SIGNS

P presents for AUS for newly diagnosed CKD, elevate lipase, cPL, and liver enzymes. P is not pu/pd, no weight gain, no change in appetite. Clinically seems normal per O.

Abnormal PE/Chem/CBC/UA Results: SDMA 17, Creatinine 1.2, BUN 40 ALT 165, ALP 361 Lipase 547, cPL 1,087 USG 1,018 Remainder of cbc/chem/t4/ua wnl, 4dx neg x 4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder 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, with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Left kidney measured 4.3 cm. Right kidney measured 4.0 cm.

Reproductive System

Small, hypoechogenic prostate measuring 0.70 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.42 cm and 0.40 cm in width. Right measures 0.62 cm and 0.60 cm in width.

Spleen

Normal size (2.1 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 regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

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.



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Pancreas

The visible section presents normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Renal disease.
- Hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

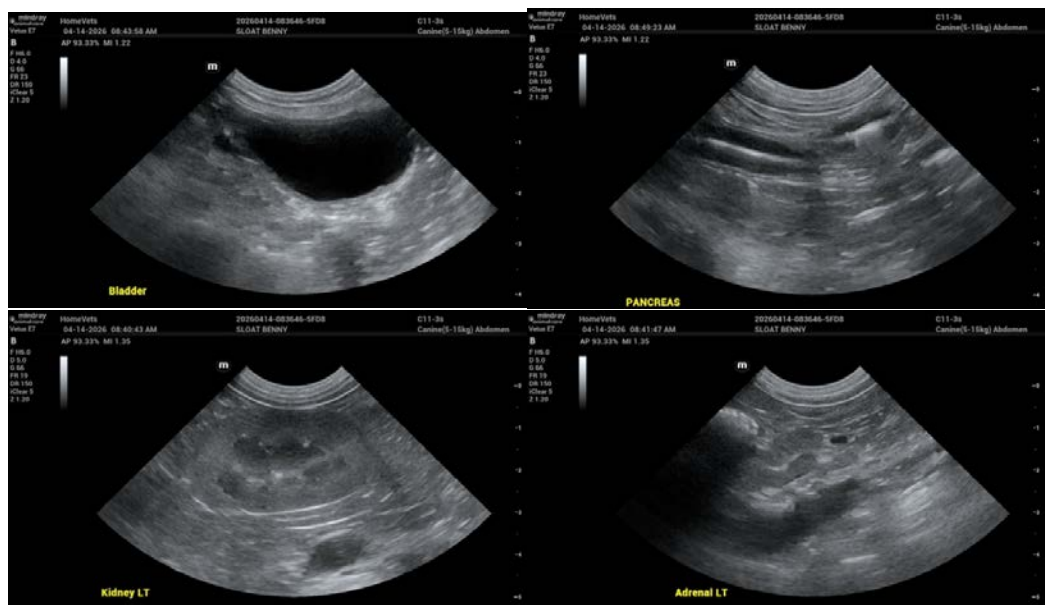
The appearance of the kidneys would be consistent with chronic kidney disease. Likely etiologies for the hepatopathy would be age related reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic, with hepatitis and infiltrative neoplasia being highly unlikely diagnoses.

Although the visible sections of the pancreas appear ultrasonographically normal, with the elevated cPL, underlying segmental pancreatitis should still be considered.

Further assessment that could be considered would be blood pressure (for the kidneys) and FNA cytology of the liver. A tru-cut or wedge biopsy may, however, be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be feeding small, frequent meals of a renal diet, and the use of Ursodiol with regular monitoring of liver enzyme activity.





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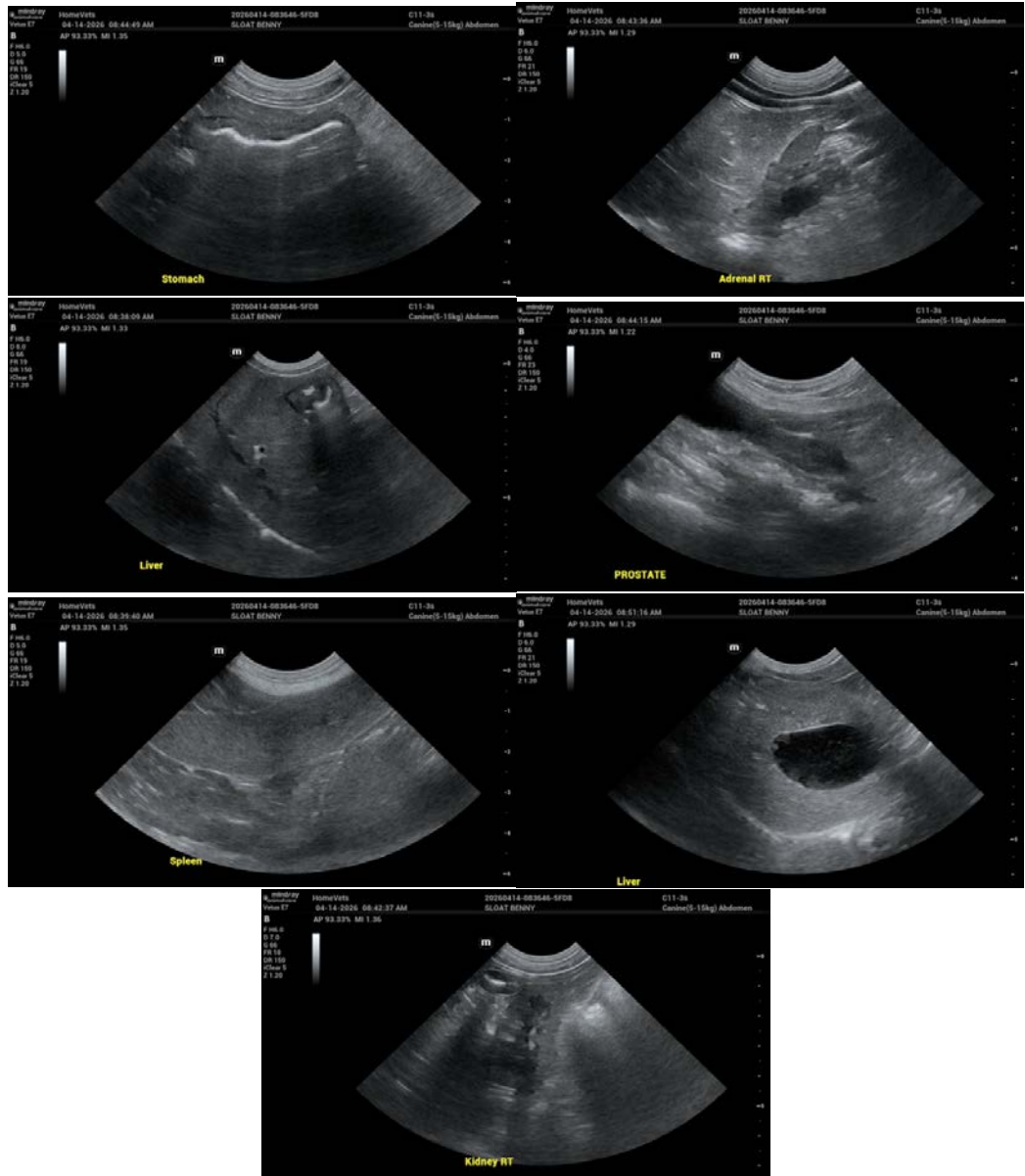
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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