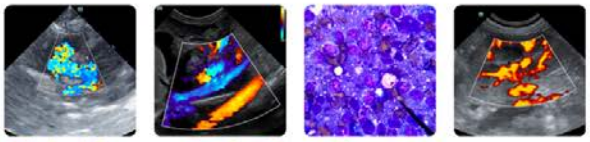


PATIENT

Sherman Finkbeiner

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

11 Years

WEIGHT

32.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ethan Bloomer

HOSPITAL NAME

Echosound Veterinary Mobile Imaging Services

REFERRING VET

Dr. Binzer

INVOICE

74556

DATE

4/17/26

PRESENTING CLINICAL SIGNS

Patient originally presented for routine wellness bloodwork and was clinically doing well. On labwork, the patient had a moderate regenerative anemia with HCT at 32% and a marked reticulocytosis. Other results were predominantly WNL. Since the patient was on Carprofen, this was stopped and the patient was empirically started on a course of Doxycycline. After a wash-out period, the patient was also placed on Prednisone. While on Prednisone, the HCT decreased to 30% and liver enzymes increased, so this was stopped on about 4/10. On recheck today, HCT had increased to ~35%, but liver enzymes continued to increase with ALT at 461, ALP at 1,328, and GGT at 92, with Cholesterol increased at 512 and Amylase mildly decreased at 360. The patient is clinically doing well other than potentially having a tense abdomen on palpation. Ultrasound was recommended to work up the anemia and liver enzymes.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 6.9 cm. Right kidney measures 6.7 cm.

Reproductive System

Small, hypoechogenic prostate measuring 0.90 cm in width.

Adrenal Glands

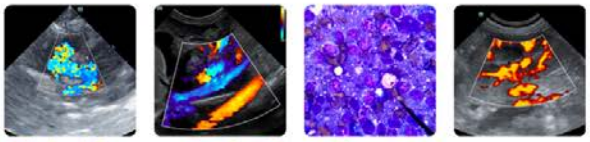
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.68 cm in width. Right measures 0.71 cm in width.

Spleen

Normal size (2.0 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Diffuse parenchymal mineralization evident. 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. A focal hypoechogenic parenchymal nodule is noted measuring approximately 1.7 cm x 2.4 cm. No additional nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

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.

Pancreas

Visible sections present 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

- Hepatopathy.
- Hepatic nodule.
- Splenic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar, metabolic, and drug induced, with hepatitis and infiltrative neoplasia being highly unlikely differential diagnoses.

The most likely etiology for the hepatic nodule would be incidental nodular hyperplasia.

Etiologies for the splenic mineralization would be incidental age related finding, previous splenitis, and dystrophic calcification secondary to hypercalcemia. Although it has been reported with Cushing's disease, this would be highly unlikely in this patient.

Further assessment that could be considered would be FNA cytology of the liver. However, a tru-cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

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

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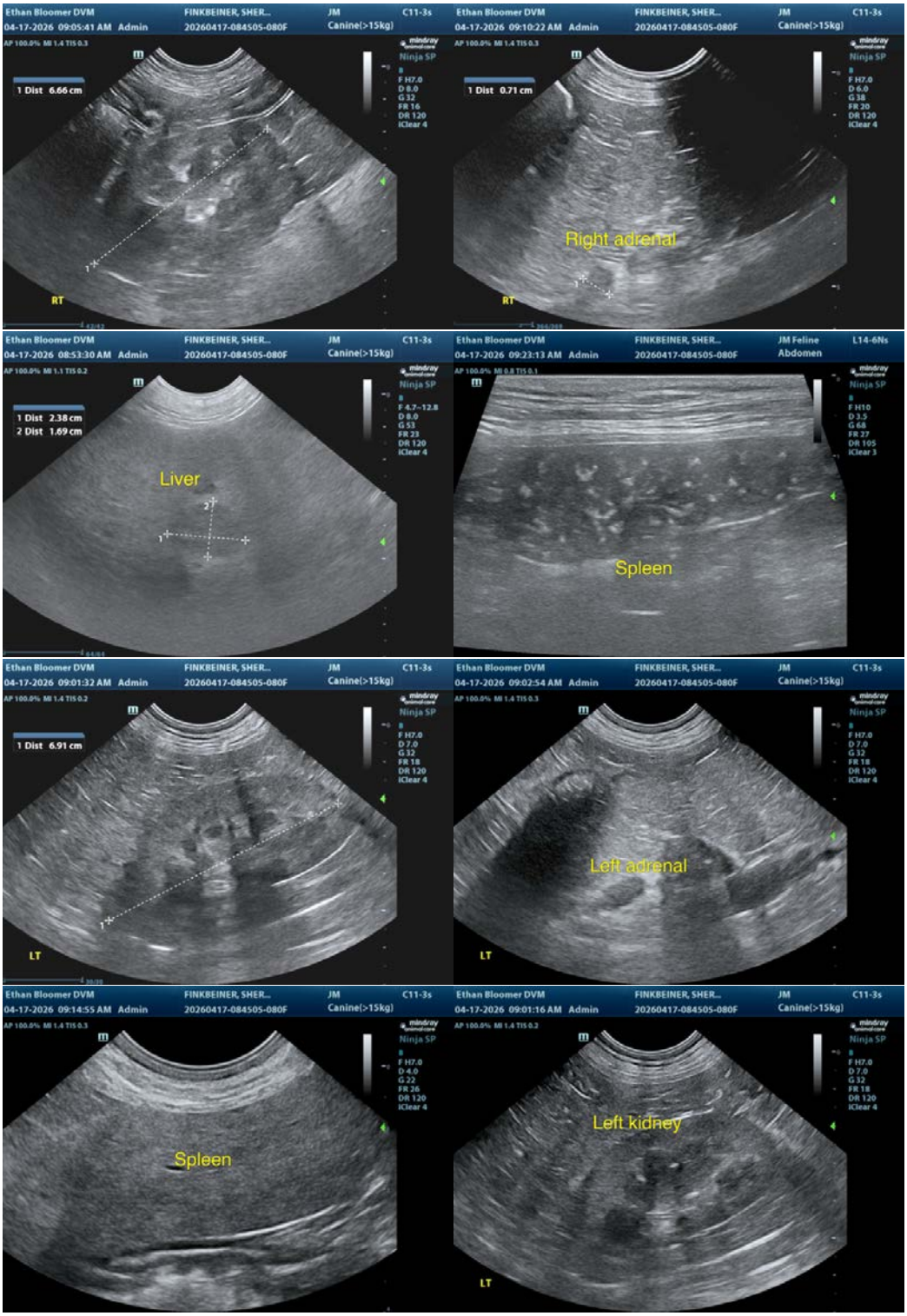

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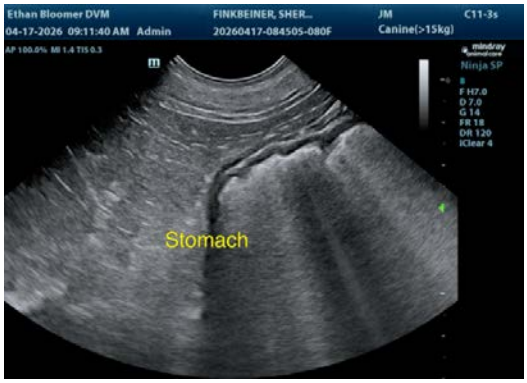

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com