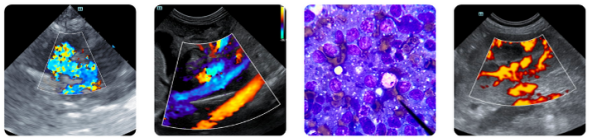


PATIENT

Ditto Mapes

SPECIES

Canine

BREED

Border Collie Mix

SEX

Spayed female

AGE

12 years

WEIGHT

7.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle RVT

HOSPITAL NAME

Orchard VC

REFERRING VET

Dr. DeWalt

INVOICE

74641

DATE

4/20/26

PRESENTING CLINICAL SIGNS

History: Developed a head tilt April 10, came in for a recheck on April 15 for getting worse, having V/D, anorexia, head tilt worsened, new heart murmur that developed from April 10 to April 15.
Running full work-up
Over weekend clinical signs have gotten better, but still has a head tilt
Abnormal PE/Chem/CBC/UA Results: CBC: Unremarkable Chem: -Moderate elevation in ALT with mild elevation in ALP (inflammatory/reactive, vascular/ischemic, primary liver dx, infectious, etc.) Mild hypoproteinemia characterized by mild hypoalbuminemia (redistribution secondary to sx dx, GIT loss, lack or production + renal loss less likely) UA: USG 1.027 with quiet sediment. Unremarkable strip including protein <0.15 g/L

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 4.5 cm, right measured 4.4 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.

Adrenal Glands

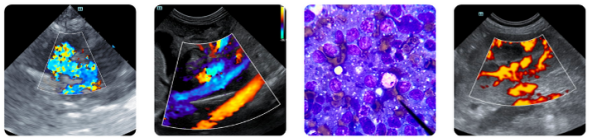
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.43 cm and 0.42 cm in width. The right adrenal gland measured 0.55 cm and 0.5 cm in width.

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 1.7 cm in width.

Liver

Normal size with a diffuse, increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. A few, small, hyperechogenic parenchymal nodules measuring up to 1.0 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is 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.

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

- Hepatopathy.
- Hepatic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely etiologies for the hepatopathy would be reactive hyperplasia, nodular hyperplasia, vacuolar and metabolic with hepatitis and and infiltrative neoplasia a highly unlikely differential diagnosis.

The most likely etiology for the hepatic nodules would be incidental nodular hyperplasia, with granulomas and neoplasia unlikely differential diagnosis.

Further assessment would be FNA cytology of the liver and the hepatic nodules. However, a tru cut or wedge biopsy of both may be required for a finale etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

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

Although the patient's age and presenting clinical signs are typical of idiopathic vestibular syndrome, primary intracranial disease should still be considered and possibly followed up with an MRI scan of the brain.

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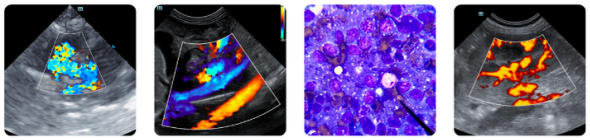

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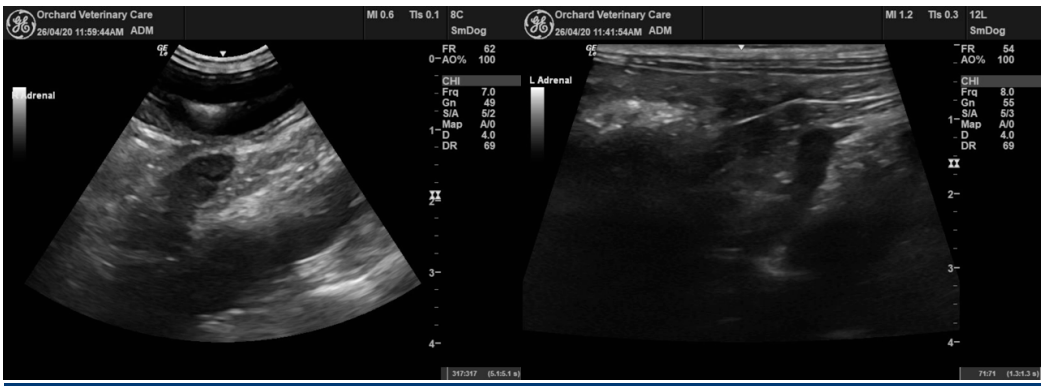

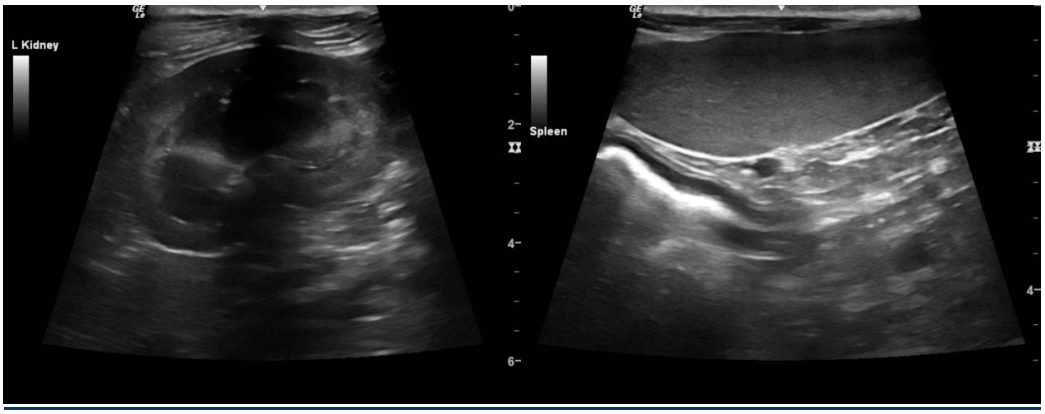

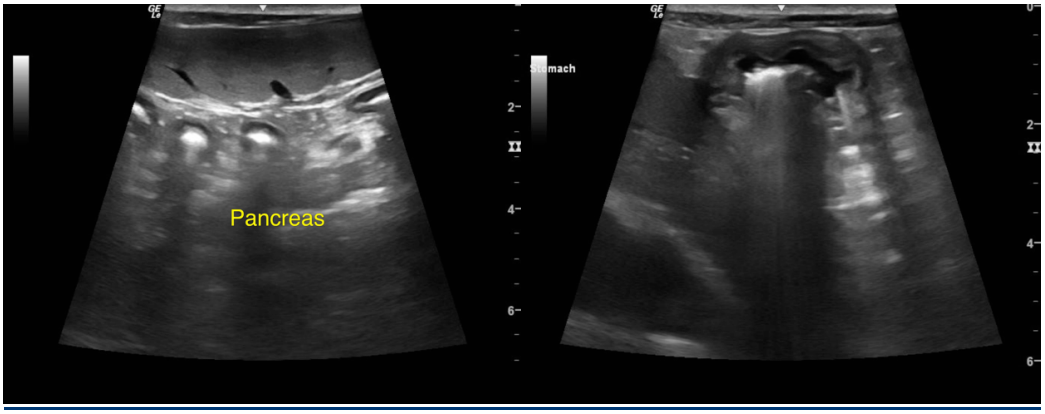

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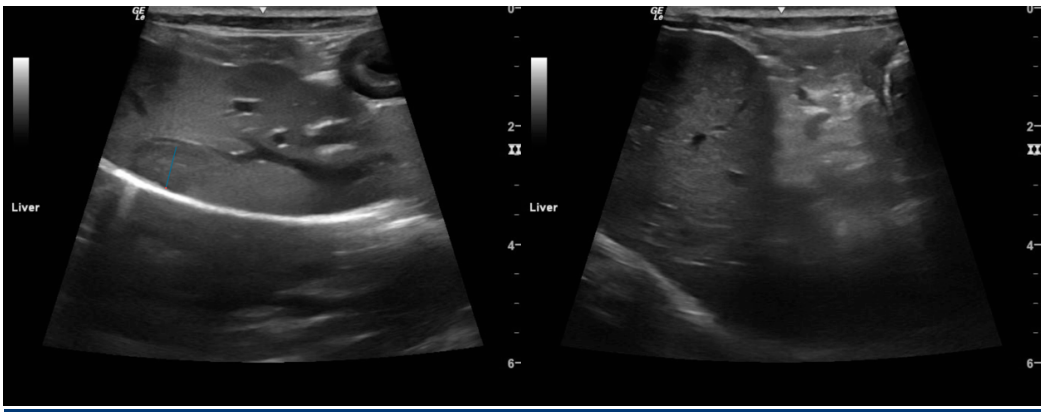

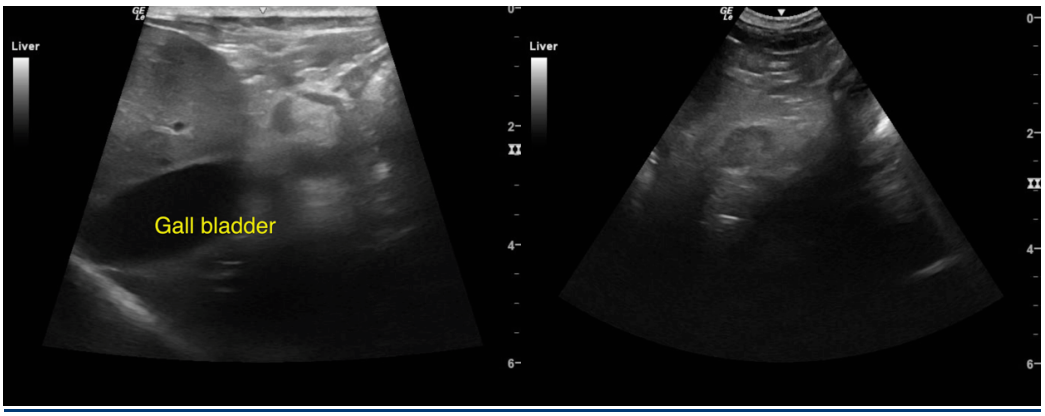

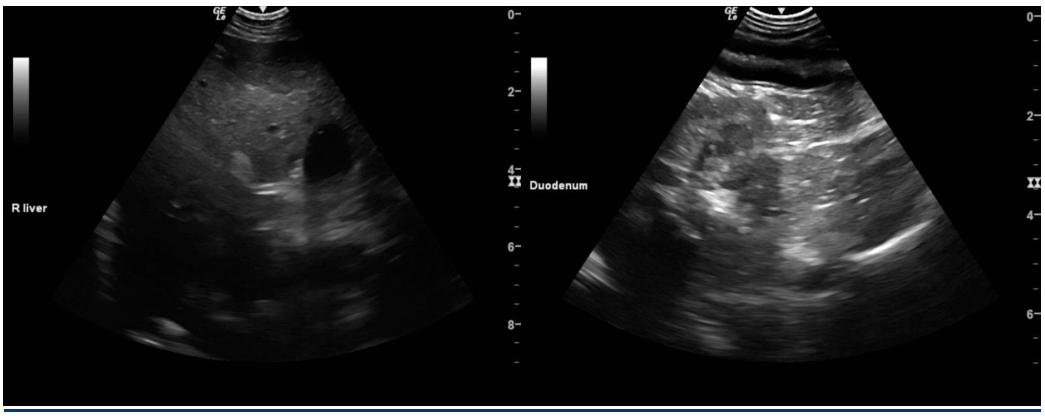

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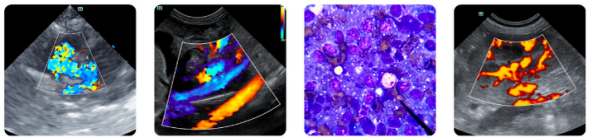

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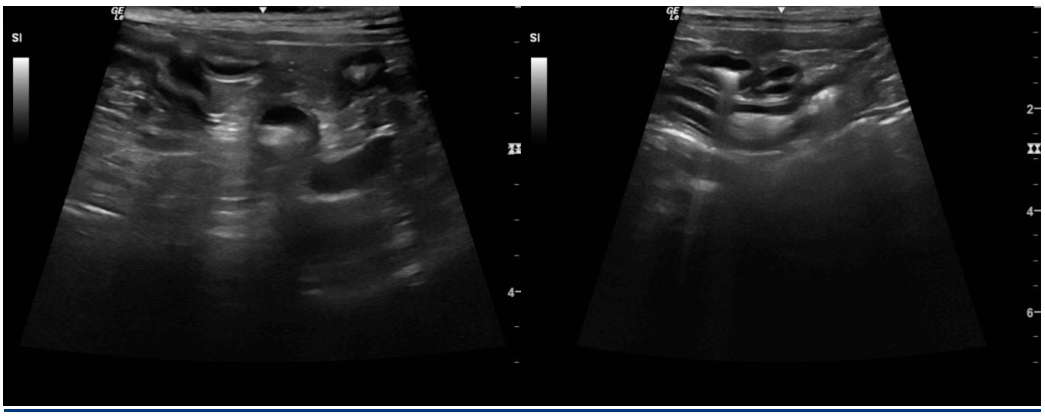

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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