



PATIENT

Red Graffus

SPECIES

Canine

BREED

Pudelpointer

SEX

Neutered male

AGE

10 years

WEIGHT

58.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tiffany Brady

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Brady

INVOICE

74666

DATE

4/21/26

PRESENTING CLINICAL SIGNS

History: P has had chronic worsening liver value elevations since neuter surgery last fall, which was performed due to prostatic enlargement (FNA of prostate inconclusive at that time). No signs of illness. Weight is stable but liver values increasing despite trial of Denamarin for 2-3 months. TruCut biopsy of liver performed today with ultrasound (after submitted images). Results pending
CBC/Chem/T4/UA most recently performed 4/10 ALT 1440 (previous value 980 in March, 460 in September) ALP 1168 (previous value 924 in March, 184 in September) Normal bloodwork otherwise 4 Dx negative in 6/2025 Lepto PCR on blood and urine negative in September

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A moderate 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 6.0 cm, right measured 6.4 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.

The prostate is small and hypoechogenic measuring 0.9 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.67 cm in width. The right adrenal gland measured 0.58 cm and 0.55 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 2.2 cm in width.

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.



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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.
- Urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The most likely etiology for the urinary bladder sediment would be incidental debris with bacterial cystitis and crystalluria a less likely differential diagnosis.

Further assessment and therapy needs to be based on the pending liver biopsy results.

Urinalysis and urine culture could be considered.



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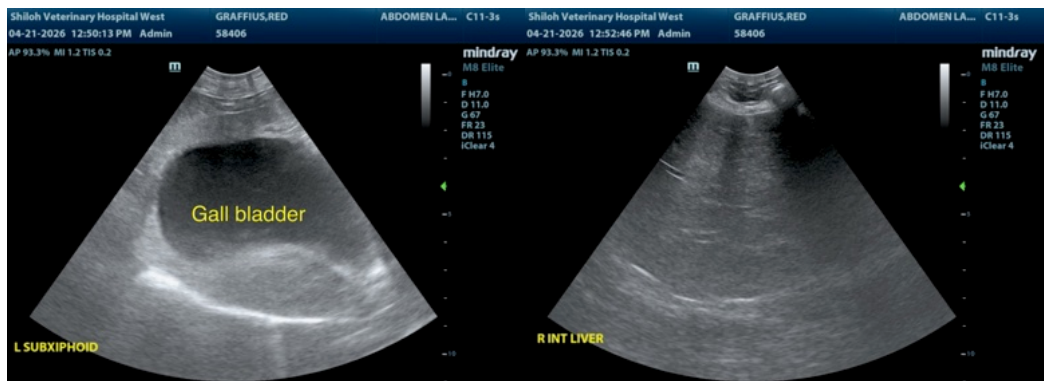
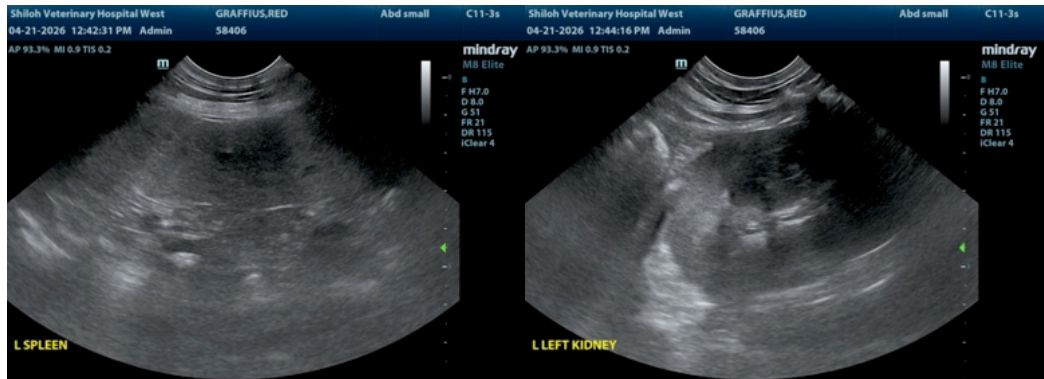
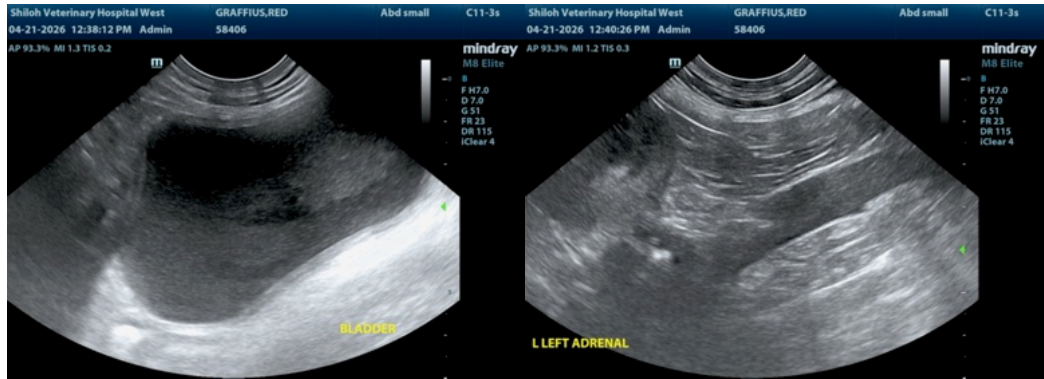
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com