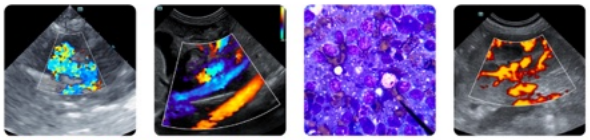


PATIENT

Jenny Swart

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

14 years

WEIGHT

23.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shannon Matthies, DVM

HOSPITAL NAME

Saugerties AH

REFERRING VET

Dr. Lang

INVOICE

74733

DATE

4/22/26

PRESENTING CLINICAL SIGNS

History: Recent onset of reduced appetite and mild lethargy for the past week with elevated liver values on bloodwork. Most recent prior bloodwork was done in January 2026 and liver values were within normal limits.
Abnormal PE/Chem/CBC/UA Results: Chem - elevated ALT (619, n 18-121), elevated Alk Phos (343, n 5-160), elevated GGT (59, n 0-13). CBC - mild leukopenia (WBC 4.8k/uL) UA - USG 1.014, rest WNL

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 4.6 cm, right measured 4.5 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.

Adrenal Glands

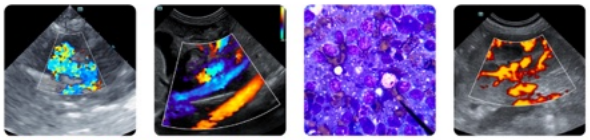
The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland caudal pole measured 0.42 cm in width. Hyperechogenic nodule is noted in the cranial pole measuring 0.8 x 0.94 cm in size. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

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. Incidental myelolipoma is present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.8 cm in width.

Liver

Normal size with a diffuse increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. Small, focal, hyperechogenic parenchymal nodule in the region of the gallbladder measuring 0.7 cm in size. No additional 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. A moderate amount of gas is present in the stomach.

Pancreas

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 nodule.
- Left adrenal nodule.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis a possible differential diagnosis and infiltrative neoplasia an unlikely differential diagnosis.

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

The most likely etiology for the left adrenal nodule would be a non-functional adenoma.

The gallbladder sediment can be considered an incidental finding.

Further assessment 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.

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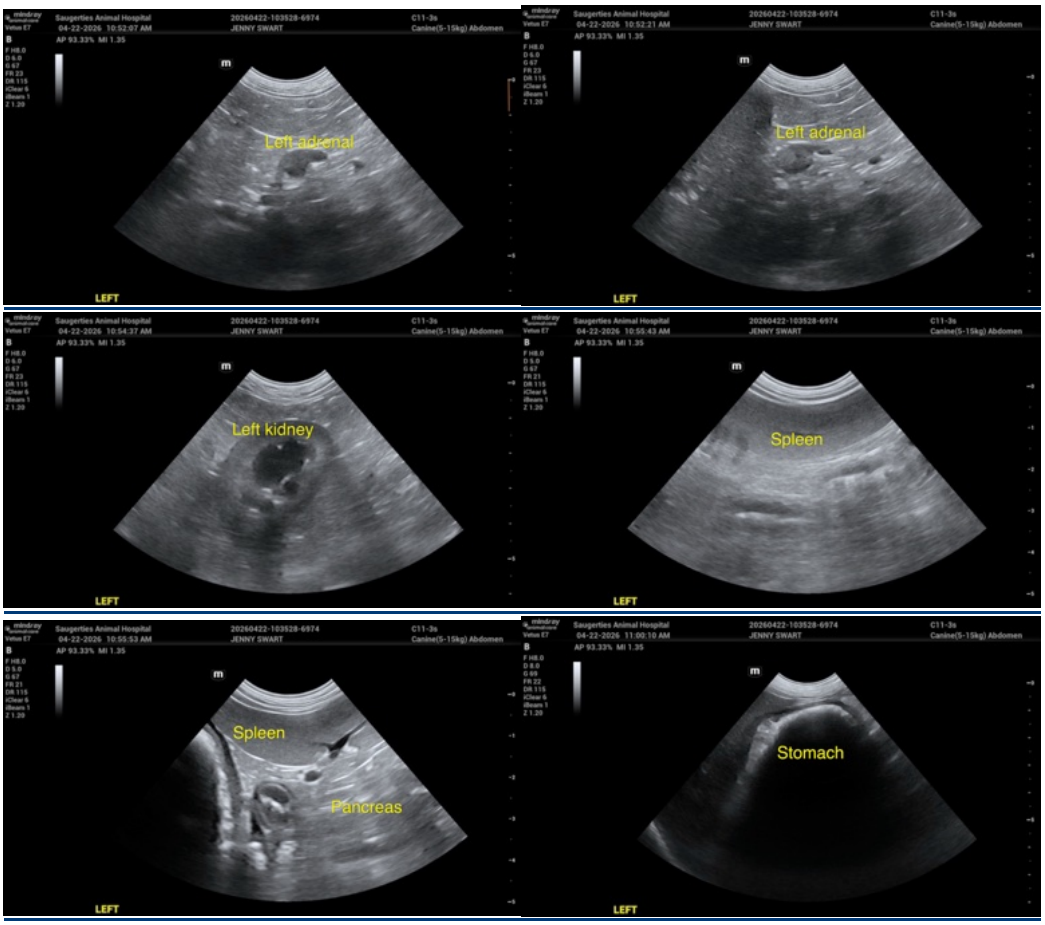
Ultrasound monitoring of the left adrenal nodule would be recommended.

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



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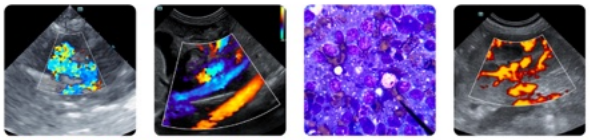

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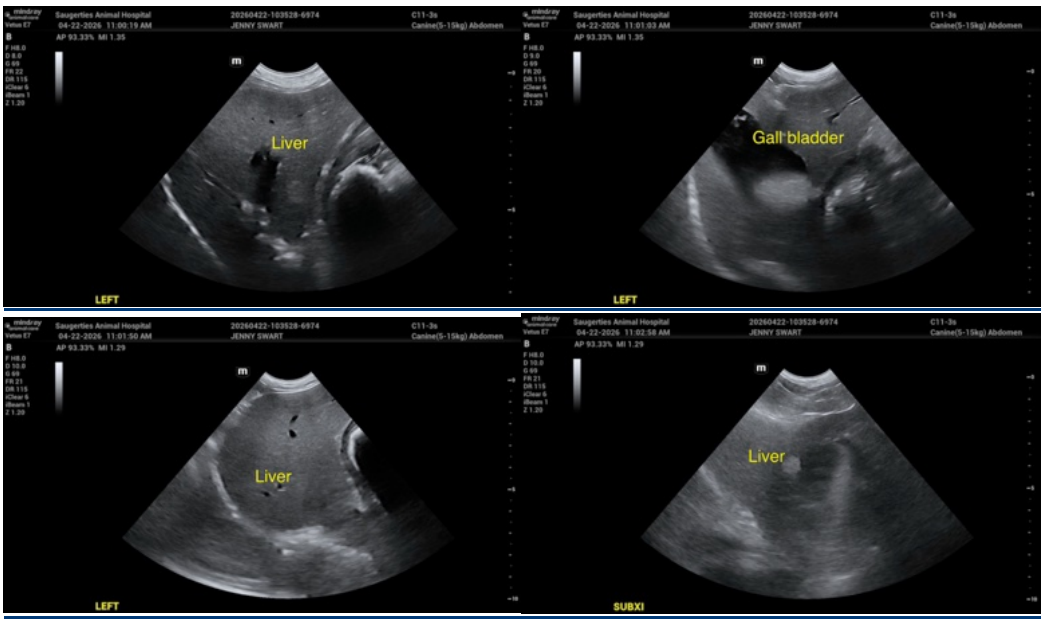

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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