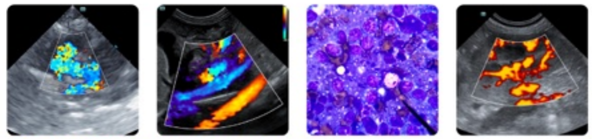


PATIENT

Bailey Ostrowski

SPECIES

Canine

BREED

Yorkshire Terrier Mix

SEX

Neutered male

AGE

13 years

WEIGHT

7.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu VC

REFERRING VET

Dr. Gardner

INVOICE

74249

DATE

4/7/26

PRESENTING CLINICAL SIGNS

- Echo- No arrhythmias or murmurs noted on auscultation. Strong and synchronous femoral pulses, but p has historic left ventricle dilation in systole and is on benazepril. P takes temaril p and tussigon for historical cough. Chest radiographs in December 2025 show no obvious thoracic abnormalities.
- Abdomen- elevated liver enzymes, hepatomegaly. May consider ACTH stim based on results from u/s.
- 12/9/25 CBC: Mono 0.821 K/uL; Eos 0.111 K/uL; PLT 544 K/uL Chem 27: Glucose 116 mg/dL, Creatinine 0.4 mg/dL; Chloride 28 mmol/L; Anion Gap 28 mmol/L; TP 7.8 g/dL; Albumin 4.4 g/dL; ALP 599 U/L; GGT 20 U/L SDMA: WNL TT4: 1.3 ug/dL 4DX: Negative x4 3/30/26 CBC- RBC 5.47 M/uL, HGB 12.9 g/dL, PDW 8.7 fL Chem- BUN 30mg/dL, ALT 137 U/L, ALP 1273 U/L, GGT 34 U/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 3.0 cm, right measured 3.5 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. Normal color flow pattern is evident in both kidneys.

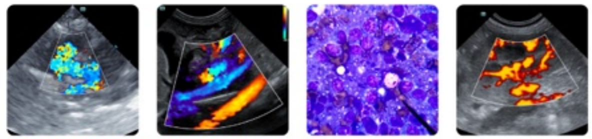
The prostate is small and hypoechogenic.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.44 cm in width. The right adrenal gland measured 0.38 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 1.0 cm in width.



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Liver

The liver was enlarged with rounded edges with a diffuse, increased appearance, normal portal markings and a regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

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.

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

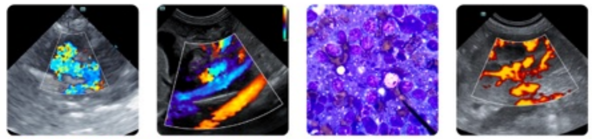
- Hepatopathy.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The gallbladder sediment can be considered an incidental finding.

Although the adrenal glands appear ultrasonographically normal, Cushing's disease should still be considered.



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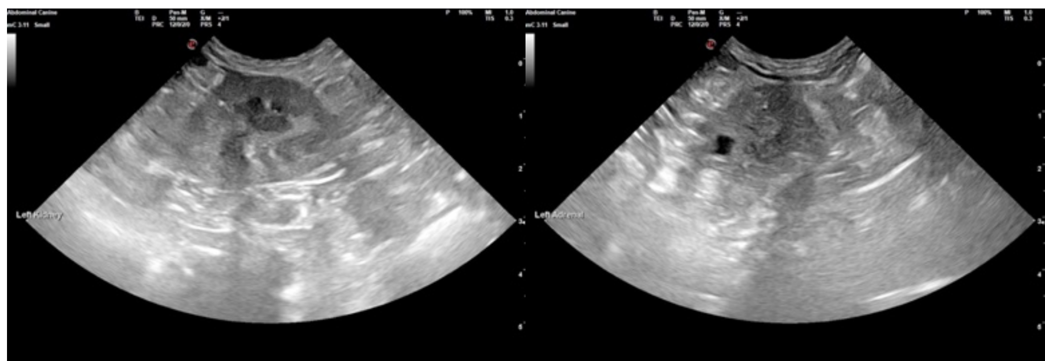
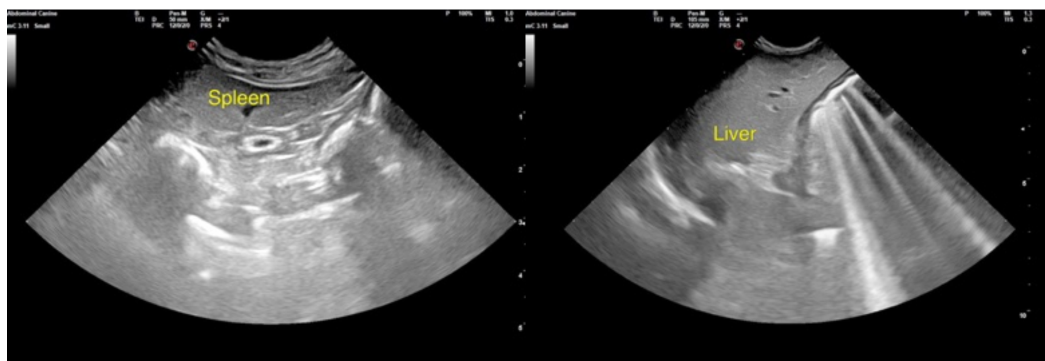
Further assessment would be urine specific gravity and a urine to cortisol to creatinine ratio and if abnormal then adrenal function testing (ACTH stimulation/LDDST) would then be indicated.

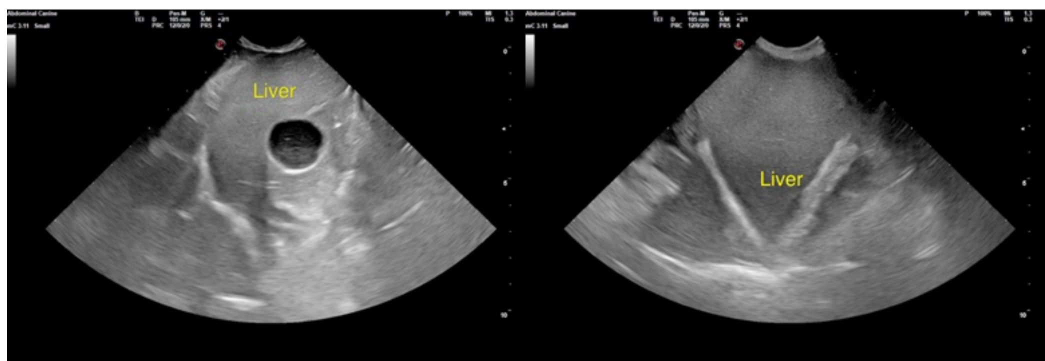
If Cushing's disease has been excluded then further assessment of the hepatopathy would be FNA cytology. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

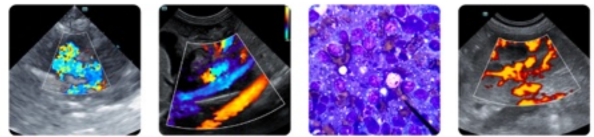
Specific therapy would be dependent on an etiological diagnosis.

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









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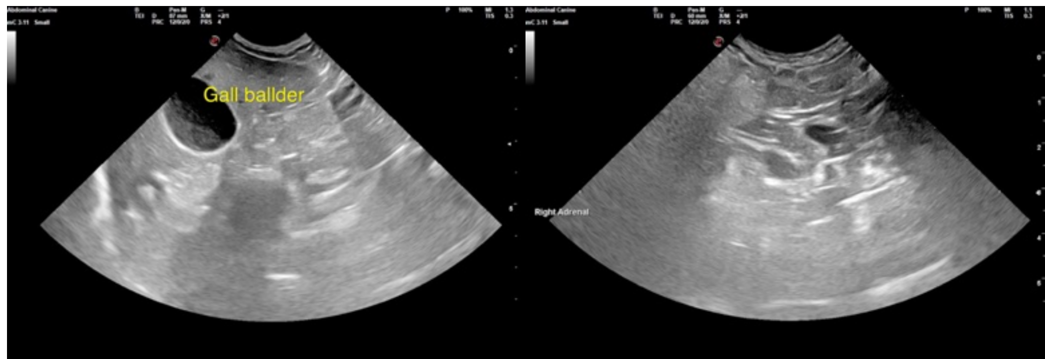

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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