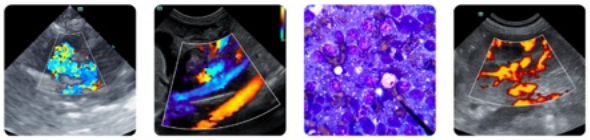


PATIENT

Dakota Resmini

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Spayed female

AGE

11 years

WEIGHT

52.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Mortensen

INVOICE

74227

DATE

4/7/26

PRESENTING CLINICAL SIGNS

- Acute episode of vomiting last week. BW was run at appointment and ALT and ALP were both in the 500's.
- Improved with supportive care - on Cerenia, doxy and denamarin.
- Doing well at home, cerenia stopped and no vomiting since then.
- Normal stool
- Fractured PM4's ALT - 539 ALP - 569 Ca - 12 mild dehydration on CBC rest NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 5.0 cm, right measured 7.0 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

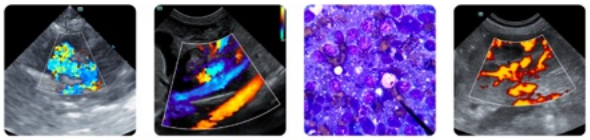
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.56 cm and 0.38 cm in width. The right adrenal gland measured 0.58 cm and 0.63 cm in width.

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. Two small, non-vascularized, hypoallergenic, parenchymal nodules in the body of the spleen. One nodule measured 0.4 x 0.6 cm in size and the other measured 0.5 x 0.7 cm in size. The spleen measures 2.3 cm in width.

Liver

Normal size, echogenic appearance, 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 a small amount of dependent, 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 small amount of ingesta is present in the stomach compatible with a recent meal. The duodenum measured 0.43 cm, small intestine measured up to 0.38 cm.

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

- Splenic nodules.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenic nodules would be reactive hyperplasia/extramedullary hemopoiesis with hematomas and granulomas possible differential diagnosis and emerging neoplasia an unlikely differential diagnosis.

The gallbladder sediment is most likely an incidental finding.

On this ultrasound there is no obvious etiology for the elevated liver enzyme activity.

Although the liver appears ultrasonographically normal, with the elevated liver enzyme activity an underlying hepatopathy such as reactive hyperplasia, vacuolar, metabolic and breed specific hepatopathy should still be considered Hepatitis and infiltrative neoplasia would be highly unlikely differential diagnosis.

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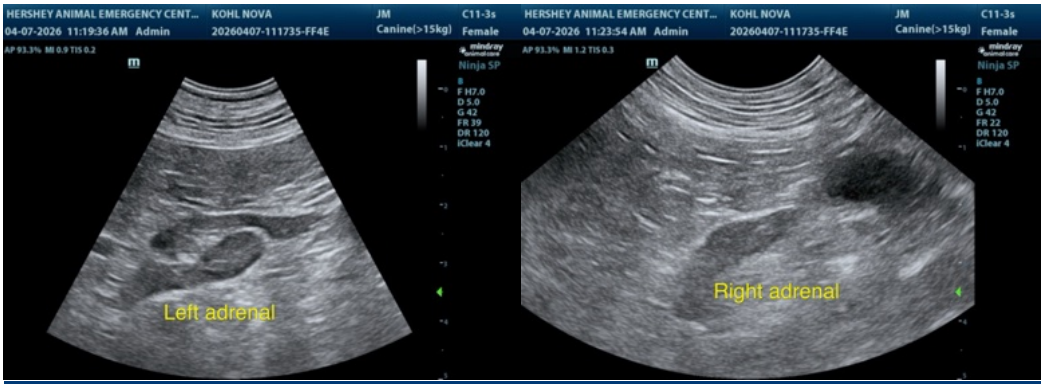
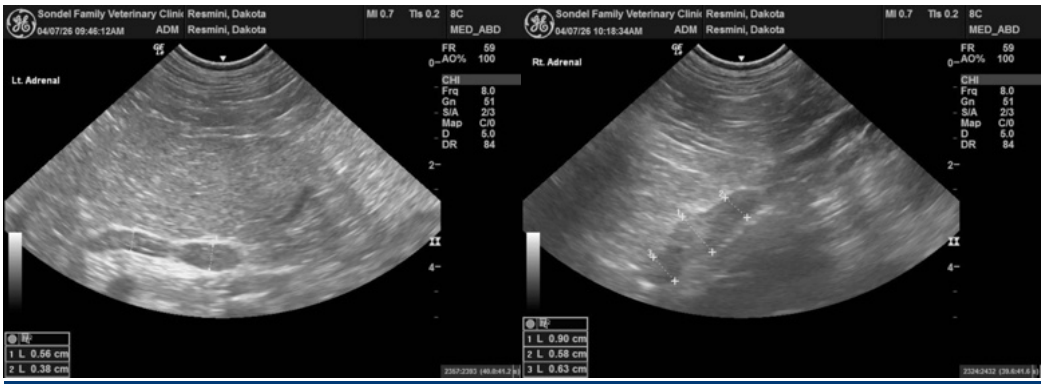
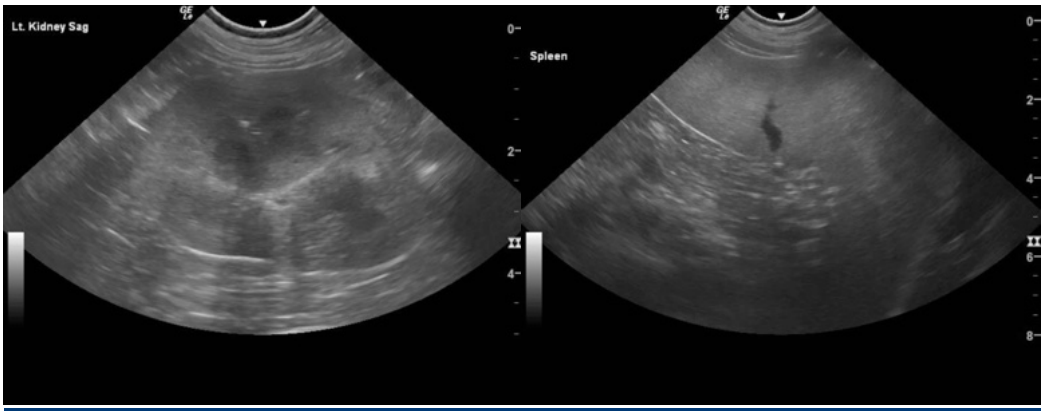
Further assessment that can be considered would be FNA cytology of the liver.

Further assessment of the possible hypercalcemia would be ionized calcium and if still elevated then PTH and PTHrP assay would then be indicated.

Specific therapy would be dependent on an etiological diagnosis.







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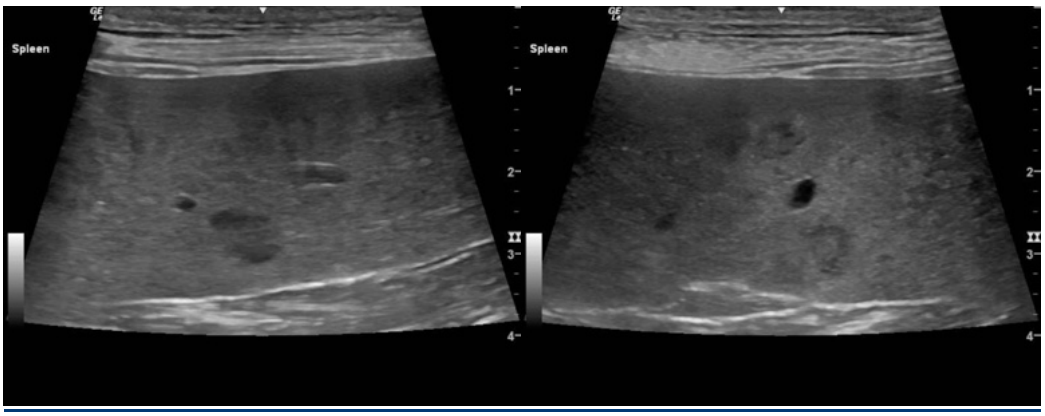

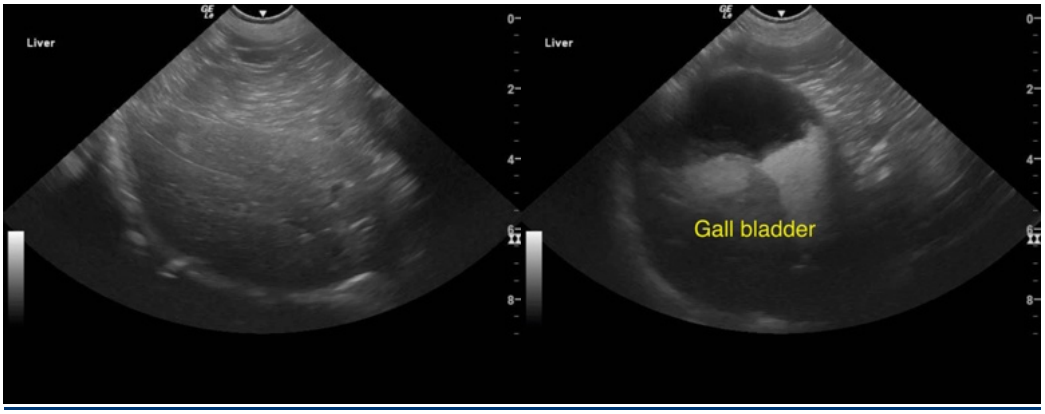

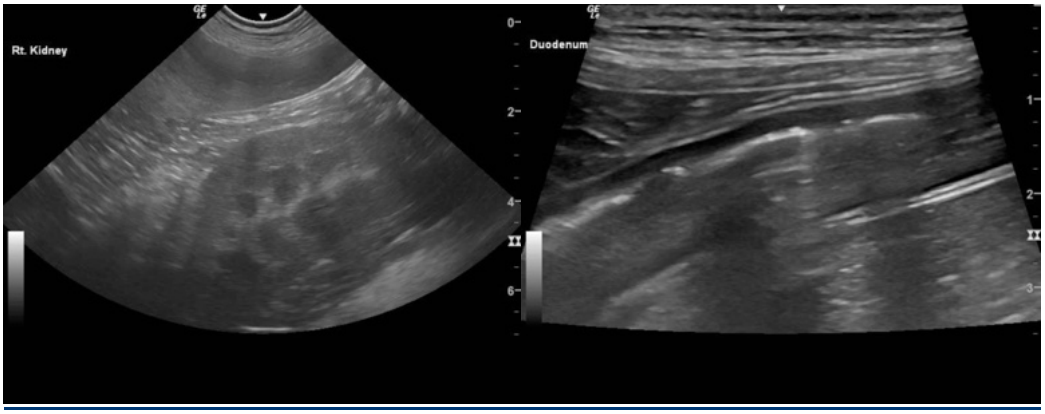

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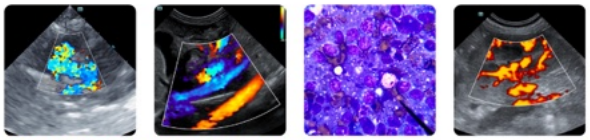

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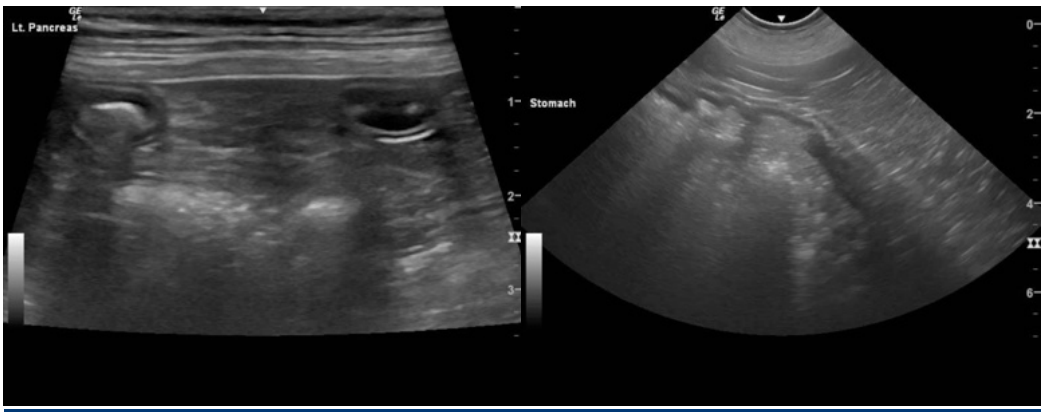

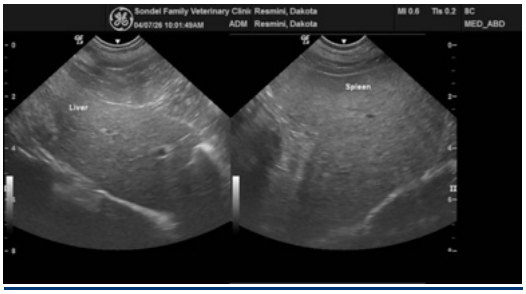

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com