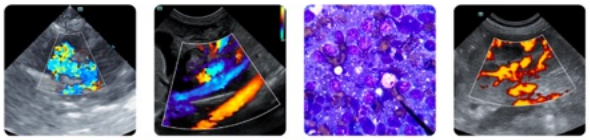


PATIENT

Wolfgang Chaves

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered male

AGE

8 years

WEIGHT

7.78 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Haley Harasimowicz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Farrell

INVOICE

77697

DATE

5/19/26

PRESENTING CLINICAL SIGNS

History of seizures starting 2020, on Phenobarbital 15mg BID since 8/2020. Added Levetiracetam 125mg BID 5/2023 when having break through. Seizures well regulated since then. Routine monitoring BW (Chem/CBC +/- Pheno level) every 6 months since starting Pheno, liver values have been WNL until 2/20/26 (ALT 207, AST 98). Clinically doing well, started Denamarin Advanced SID. Recheck liver 4/17/26 (ALT 602, AST 384), clinically doing well. Started 4 weeks of Metro 50mg BID, Clavamox 62.5mg BID, and Famo 5mg BID on 4/21/26, plan to recheck BW following. Recommend abdominal US. Abnormal PE/Chem/CBC/UA Results: 8/21/25- Pb 21.7, CBC WNL, Chem ALT 114, all WNL 2/20/26- CBC WNL, Chem ALT 207, AST 98, all else WNL 4/17/26- Liver chemistry ALT 602, AST 384, all else WNL **NOTE have not rechecked Pb level this spring, has been in therapeutic range for years, usually check annually. Can plan to recheck with repeat BW following med course.

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 3.4 cm, right measured 3.8 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.

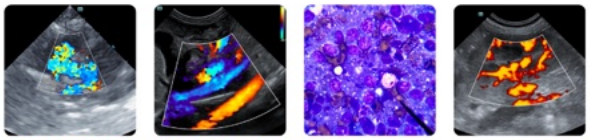
The prostate is small and hypoechogenic measuring 1.1 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.42 cm and 0.38 cm in width. The right adrenal gland measured 0.37 and 0.47 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 0.7 cm in width.



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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

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. The stomach measured 0.27 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

- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Although the most likely etiology for the elevated liver enzyme activity would be the Phenobarbital therapy, an underlying hepatopathy such as reactive hyperplasia, vacuolar and metabolic should still be considered.

Hepatitis and infiltrative neoplasia would be highly unlikely differential diagnosis.

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

A tru cut or wedge biopsy may be required for a final etiological diagnosis.

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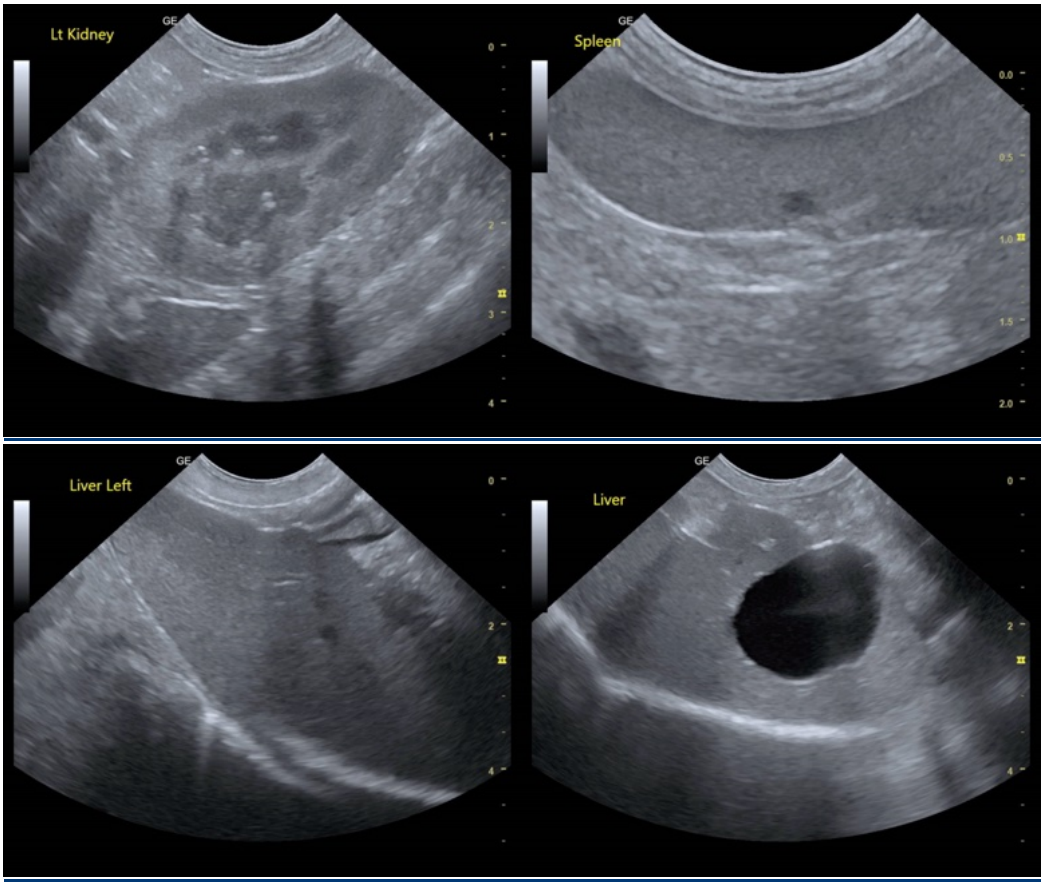
Symptomatic management that could be considered would be the addition of Ursodiol with regular monitoring of liver enzyme activity.



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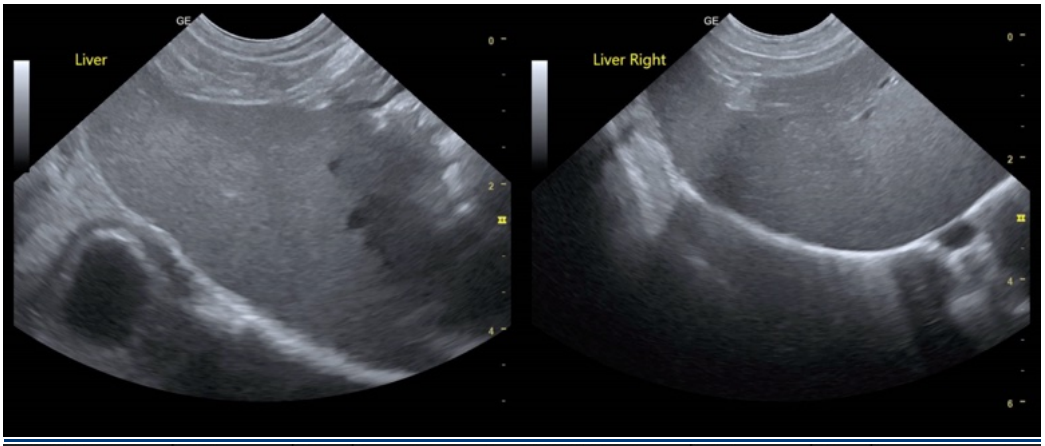

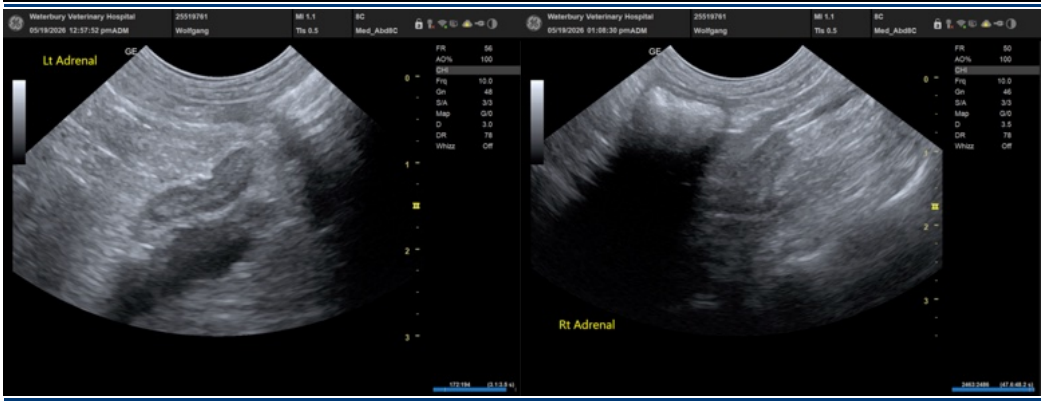

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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