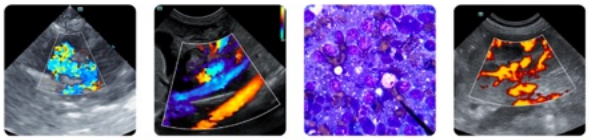


PATIENT

Fen George

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Neutered male

AGE

10 years

WEIGHT

68 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Amy Isaac

HOSPITAL NAME

Valley West & Elk Valley VH

REFERRING VET

Dr. Isaac

INVOICE

77781

DATE

5/20/26

PRESENTING CLINICAL SIGNS

History: History of unidentified liver disease last year (ALT over 1000) that responded clinically to denamarin and Clavamox, improved but ALT was never normal at the time of last recheck. Pet presented yesterday with a 3 day history of vomiting and diarrhea, no known dietary indiscretion. Bloodwork was mostly NSF other than ALT of 400, normal Tbili and other liver enzymes. No fever. Pet was treated symptomatically with fluids/probiotics/bland diet and ondansetron. Still vomiting. Abnormal PE/Chem/CBC/UA Results: Abdomen does not appear tender. mm pk/dry, moderate periodontal disease. Lymph nodes are normal, chest clear. No repeat labs today, but chest and abdominal rads are unremarkable.

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 5.8 cm, right measured 6.6 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.

Adrenal Glands

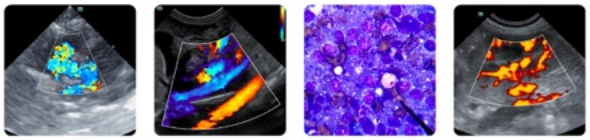
The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.66 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measures 1.8 cm in width.

Liver

Normal size with a diffuse, increased echogenic, coarse and nodular appearance, normal portal markings, and regular curvilinear capsule. The nodules are hypoechogenic, parenchymal and measure up to 0.5 cm in size. No 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. A moderate amount of fluid is present in the stomach. A large amount of liquid fecal material was present in the colon.

Pancreas

The pancreas is not clearly visualized, but the visualized sections 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.
- Hepatic nodules.
- Gastroenteritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatopathy and the hepatic nodules would be nodular hyperplasia with granulomatous disease, chronic active hepatitis differential diagnosis and infiltrative neoplasia a highly unlikely differential diagnosis.

The most likely etiology for the gastroenteritis would be non-specific gastroenteritis such as dietary indiscretion, toxins, viral and parasites.

Initial management of the gastroenteritis would be fluid therapy and correction of any electrolyte anomalies as needed, antiemetics, intestinal absorbents/protectants and feeding small, frequent meals of a low fat intestinal type diet.

Further assessment, that can be considered once the gastroenteritis has resolved, would be FNA cytology. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

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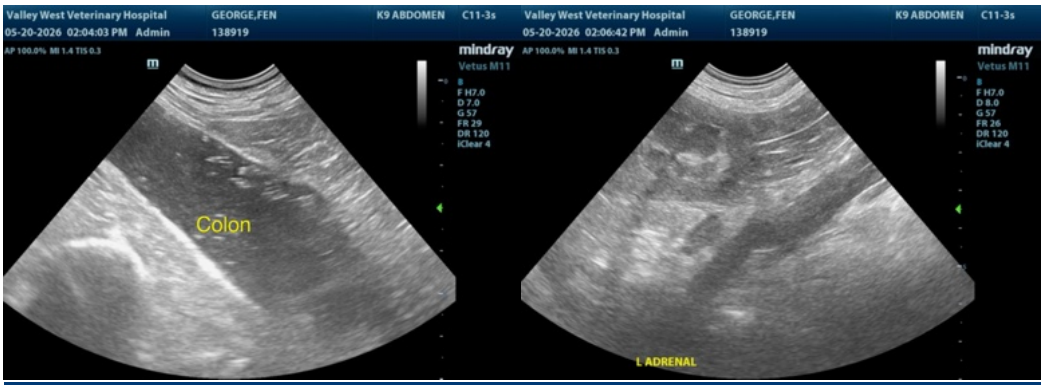
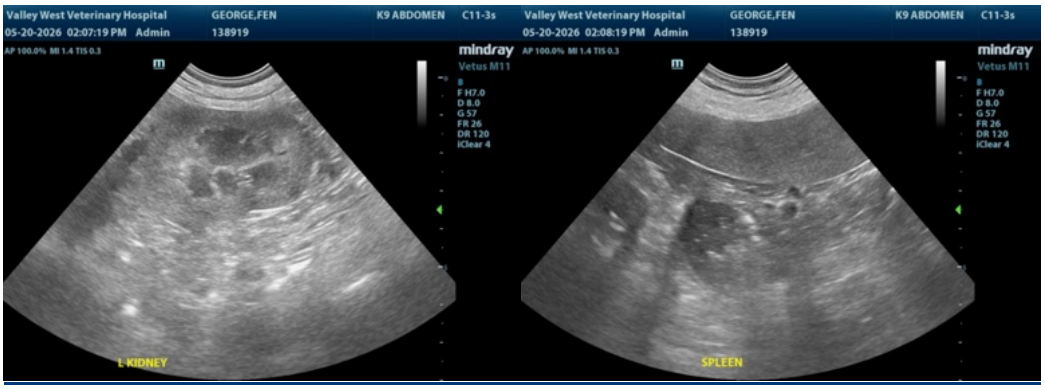
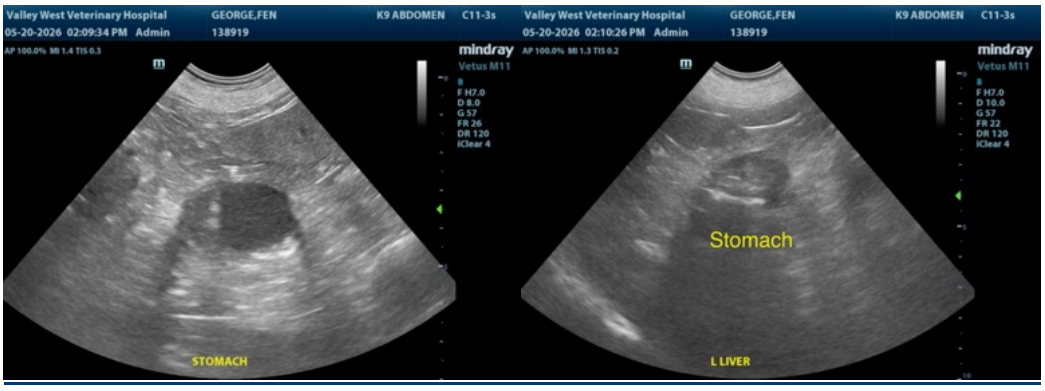
Specific therapy would be dependent on an etiological diagnosis.

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







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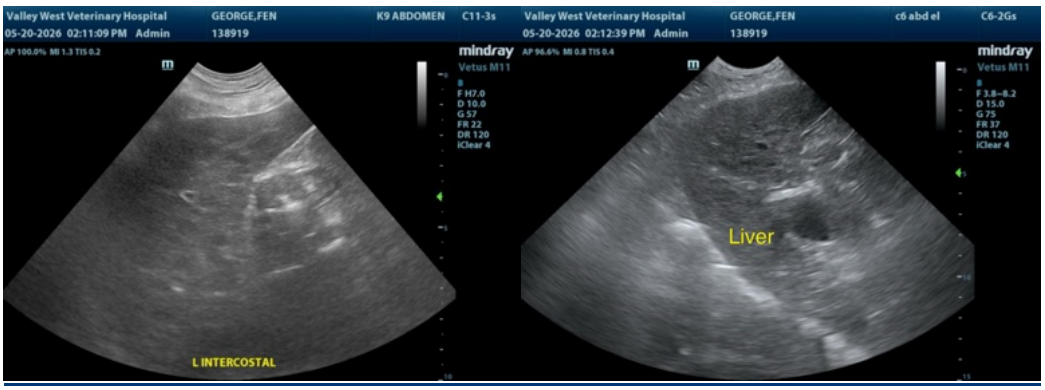

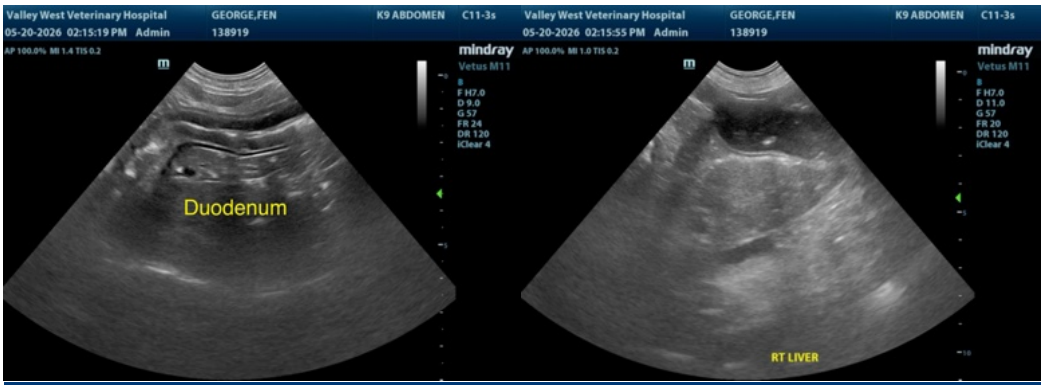

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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