



PATIENT

Pepper Franco

SPECIES

Canine

BREED

Yorkie Mix

SEX

Spayed female

AGE

16 years

WEIGHT

8.32 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Mario

HOSPITAL NAME

TLC AH

REFERRING VET

Dr. Castorena

INVOICE

77778

DATE

5/20/26

PRESENTING CLINICAL SIGNS

History: Patient is a 16 yr old, female spayed, yorkie poo. Patient has grade 3 periodontal disease and dental cleaning was recommended. Senior BW showed. Mild hyperglycemia Chloride 104 (108-119), ALP 470 (5-160), GGT 14 (0-13)
U/A: UPC 0.5, usg 1.03, 2+ protein
T4 0.8 (1.0-4.0) Free T4 right on low end of normal. No clinical signs of hypothyroidism.
Recommended holding off on dental for now and recommended liver work up due to increase in liver enzymes. Started patient on Denamarin.
Goal: Look for any pathology that could be causing increase in ALP and GGT

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 3.8 cm, right measured 3.6 cm), normal echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. A large cyst was present in the left kidney measuring 1.2 x 1.4 cm in size. A smaller cyst was evident in the right kidney measuring 0.4 cm.

Adrenal Glands

The right adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Right adrenal gland measured 0.54 cm in width. The left 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 measured 1.1 cm in width.

Liver

Normal size with an increased echogenic appearance, normal portal markings, and regular curvilinear capsule. Few, hyperechogenic parenchymal nodules measuring up to 0.4 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing a moderate 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.
- Hepatic nodules.
- Gallbladder sediment.
- Age related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The most likely etiology for the hepatic nodules would be age related nodular hyperplasia.

Although the gallbladder sediment is most likely an incidental finding, monitoring for the development of a mucocele would be recommended.

The renal cysts can be considered incidental findings.

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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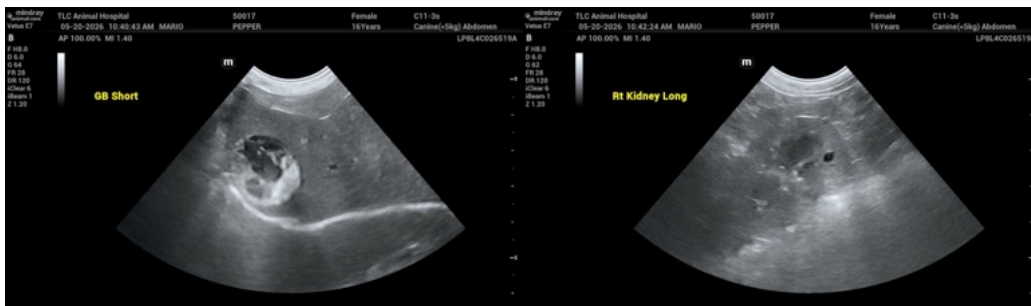
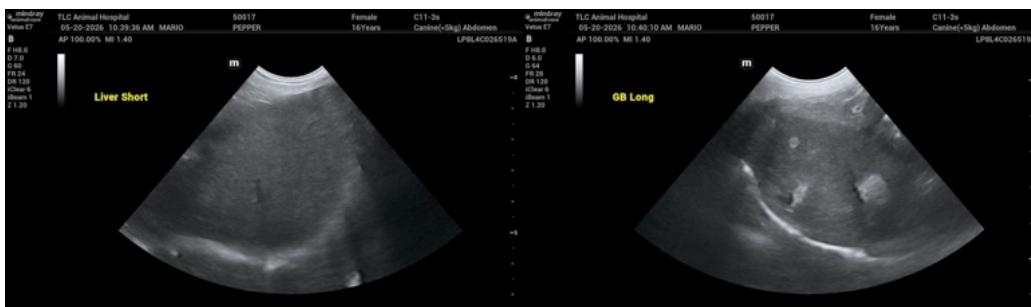
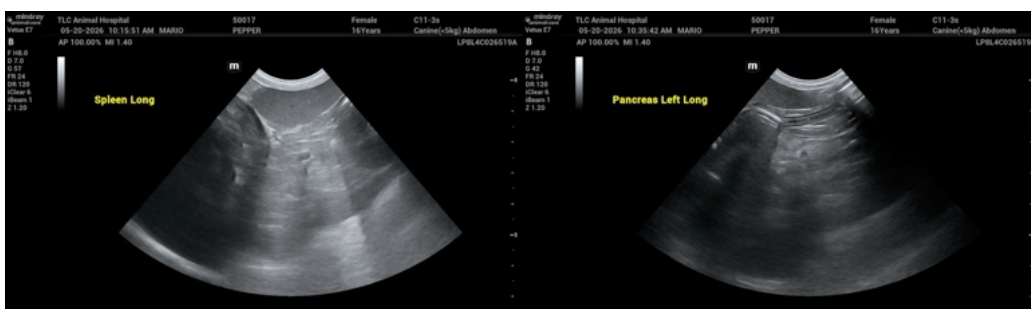
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Symptomatic management that could be considered for the hepatopathy and the gallbladder sediment would be to continue with the current therapy and to add Ursodiol with regular monitoring of liver enzyme activity.





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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