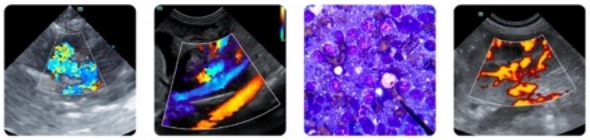


PATIENT

Willy Hopkin

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

11 years

WEIGHT

22.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Peter Langer

HOSPITAL NAME

North Hampton AH

REFERRING VET

Dr. Maloney

INVOICE

77764

DATE

5/20/26

PRESENTING CLINICAL SIGNS

Elevated liver enzymes on pre-surgical blood panel for a dental cleaning.
Severe dental disease otherwise unremarkable PE. ALKP 625 ALT 321

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 6.0 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. Normal color flow pattern is evident in both kidneys.

The prostate is small and hypoechogenic measuring 0.7 cm in width.

Adrenal Glands

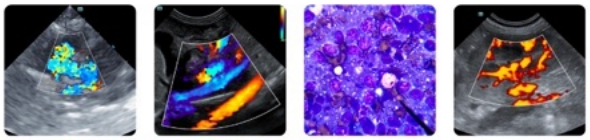
The adrenal glands are plump in size, but maintained normal shape, echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.62 cm in length x 0.78 cm and 0.84 cm in width. The right adrenal gland measured 2.79 cm in length and 0.74 cm in width.

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 1.2 cm in width.

Liver

Normal size with a diffuse, increased echogenic appearance, normal 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 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.
- Mild, bilateral adrenomegaly.
- 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.

Etiologies for the adrenomegaly would be age related reactive hyperplasia, disease, stress and possibly emerging pituitary dependent Cushing's disease.

The gallbladder sediment can be considered an incidental finding.

An important differential diagnosis for hepatic reactive hyperplasia is dental disease.

Further assessment would be urine specific gravity and urine 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 would be to complete the dental procedure with monitoring of liver enzyme activity.

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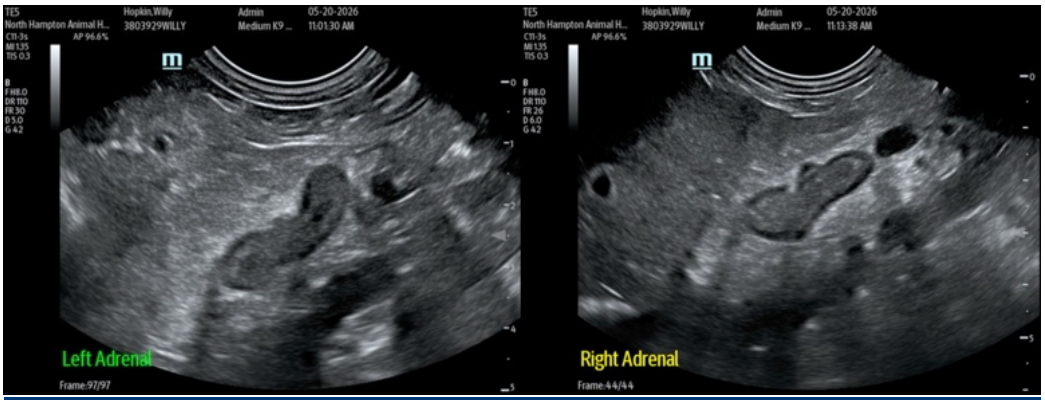
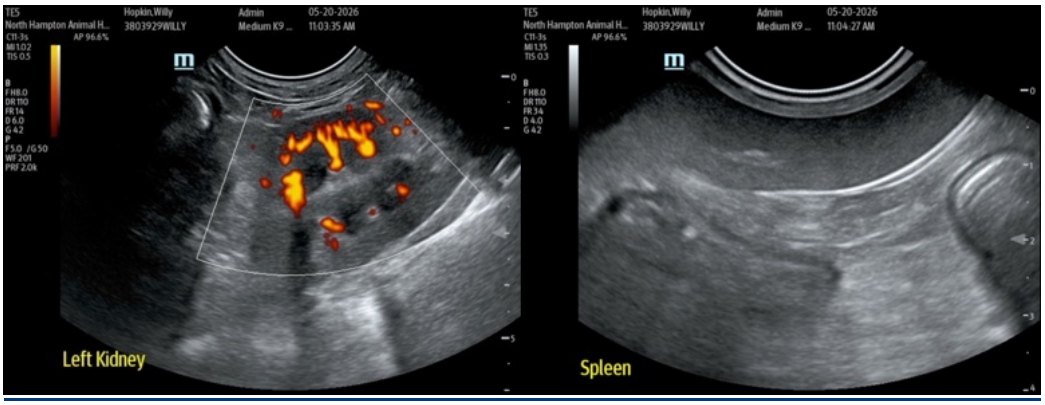
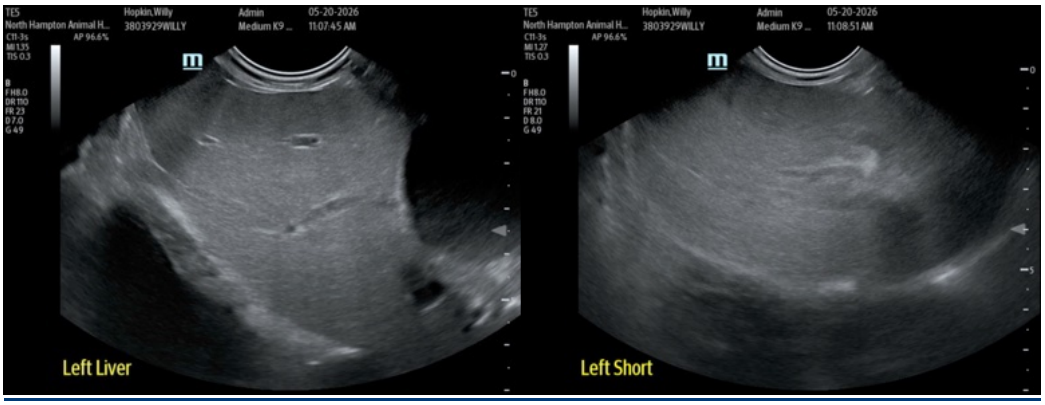
If there is not a satisfactory improvement in liver enzyme activity, then further assessment would be FNA cytology of the liver. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

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







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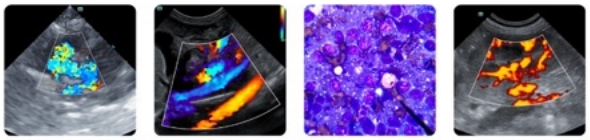

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Educational Teleconsultation Services™

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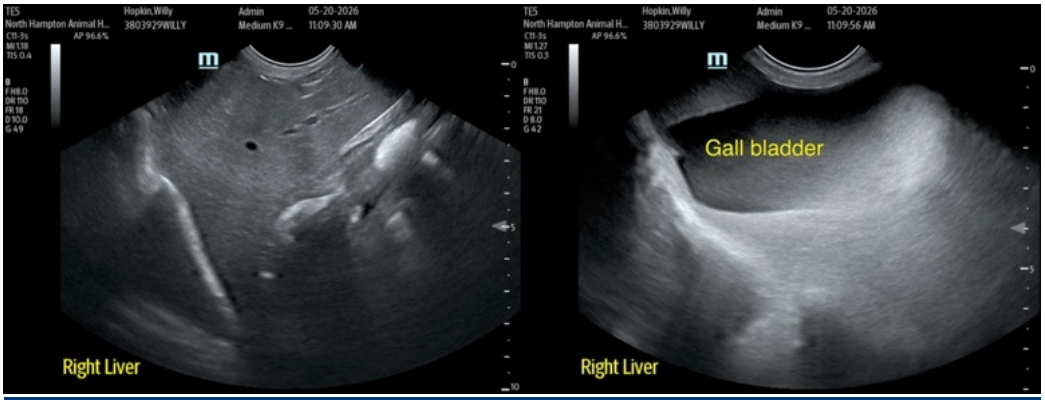

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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