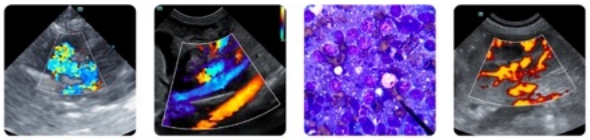


PATIENT

Gordy Solarczyk

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

11 years

WEIGHT

27.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Shelley, DVM

HOSPITAL NAME

M alletts Bay VH

REFERRING VET

Dr. Shelley

INVOICE

77883

DATE

5/21/26

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea for 3 months. Progressive hepatopathy. Increased panting, no PU/PD. UA wnl, LDDS not consistent with HAC.
Abnormal PE/Chem/CBC/UA Results: Chem 17/CBC/Lytes: Mild increase in SDMA (25, prev 17), High normal Crea; Elevated ALKP (historical, improved, 1631), Elevated Lipase (historical, not clinical)

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 6.3 cm, right measured 6.2 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.

Adrenal Glands

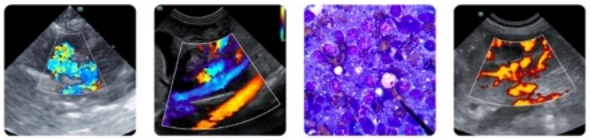
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.57 cm in width. The right adrenal gland measured 0.56 cm in width.

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 2.5 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 non-adhered, hyperechoic 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

- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In essence this is a normal ultrasound examination of the abdomen as the gallbladder sediment can be considered an incidental finding.

On this ultrasound there is no obvious etiology for either the chronic diarrhea or the elevated ALP activity.

Although the GI tract appears ultrasonographically normal, with the presenting clinical signs an underlying enteropathy such as parasitic enteritis, dietary hypersensitivity, inflammatory bowel disease and possibly exocrine pancreatic insufficiency should still be considered.

Although the liver appears ultrasonographically normal, with the elevated ALP activity an underlying hepatopathy such as reactive hyperplasia, vacuolar and metabolic should still be considered.

Further assessment of the enteropathy would be cobalamin, folate and TLI assay and endoscopy of the upper GI tract with biopsies.

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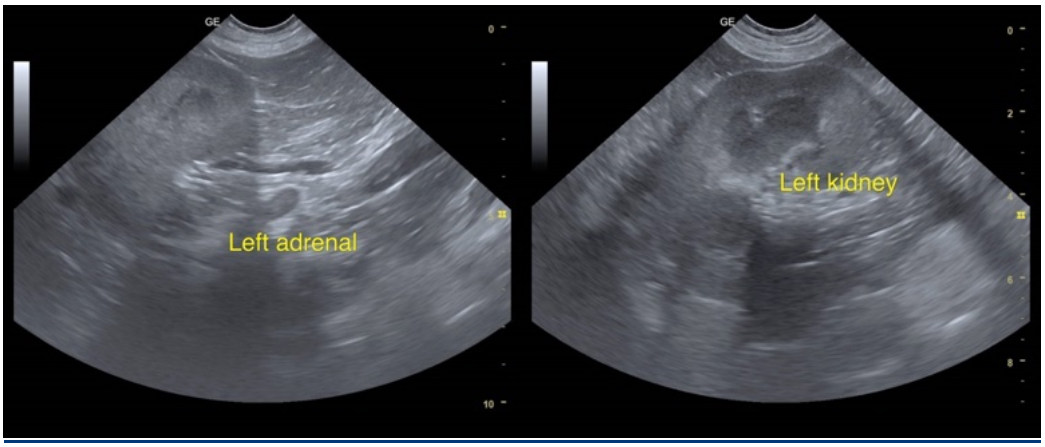
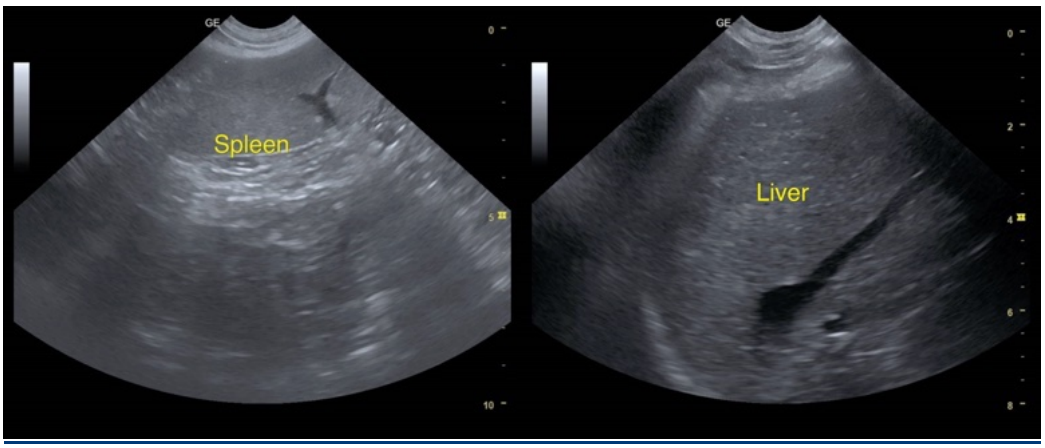
Further assessment of the hepatopathy would be FNA cytology of the liver; however, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be considered for the enteropathy would be feeding a novel protein/hypoallergenic diet, course of Fenbendazole, cobalamin supplementation and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.

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





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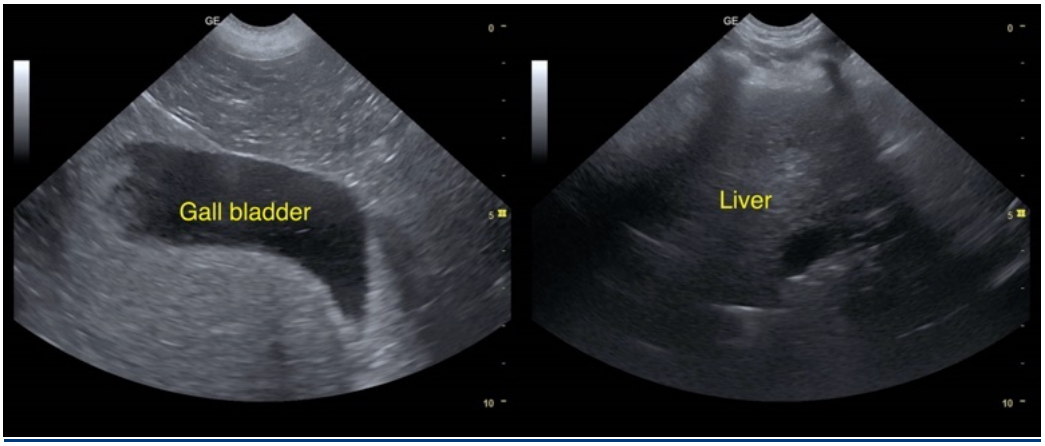

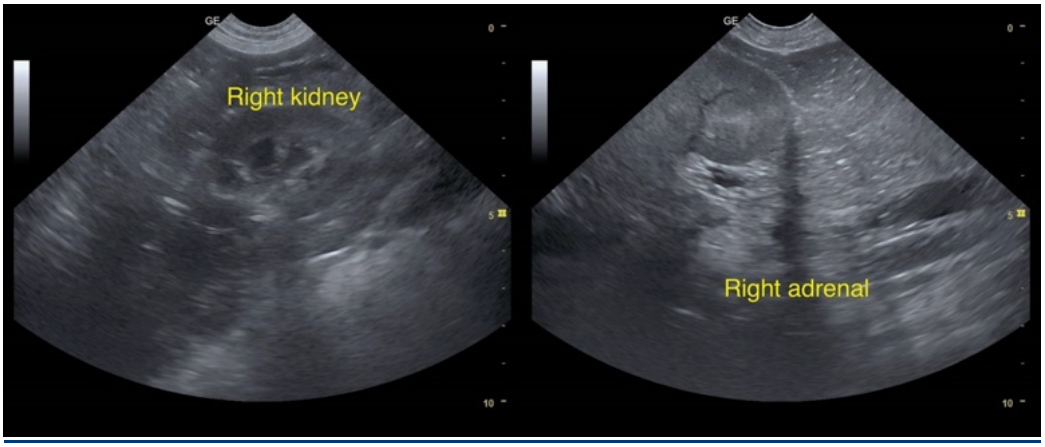

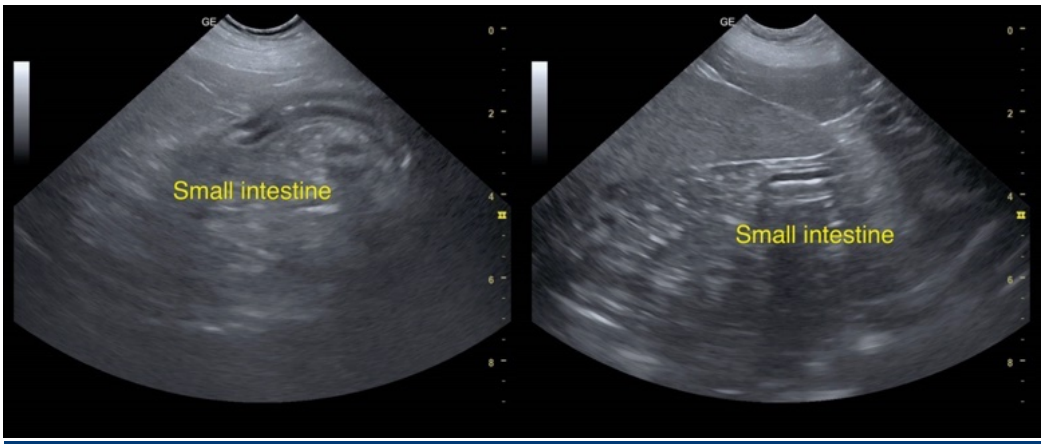

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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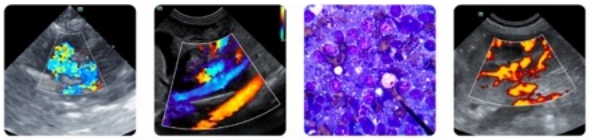

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SonoPath.com info@sonopath.com 1.800.838.4268

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