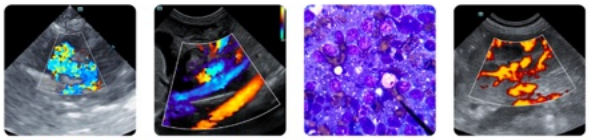


PATIENT

Piper Richareds

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed female

AGE

10 ½ years

WEIGHT

15 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Isaac

HOSPITAL NAME

Valley West & Elk Valley VH

REFERRING VET

Dr. Isaac

INVOICE

78017

DATE

5/27/26

PRESENTING CLINICAL SIGNS

History: Piper is a patient at another hospital that was referred for an ultrasound. She has a history of chronic diarrhea, previous DVM thought there was a splenic mass on radiographs. Diarrhea is unresponsive to flagyl and prednisone per owner. On gabapentin for abdominal discomfort Abnormal PE/Chem/CBC/UA Results: mm pk/m CRT less than 2 sec. Moderate dental tartar. H/L clear, no murmur ausculted. Abdomen slightly distended but soft. Bloodwork at rDVM was nsf other than ALP elevated around 800. Normal albumin. Parasite screen NOS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small amount of floating, hyperechogenic sediment is present. A small urolith measuring 0.8 cm is 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 4.7 cm, right measured 4.5 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.

Adrenal Glands

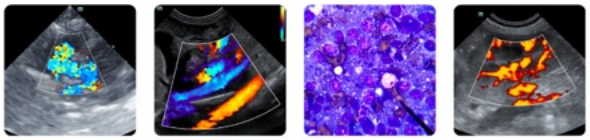
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.51 cm in width. The right adrenal gland measured 0.52 cm in width.

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 1.3 cm in width.

Liver

Normal size with a diffuse increased echogenic and coarse 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 small 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 ingesta is present within the stomach compatible with a recent meal.

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.
- Urolith.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The most likely etiology for the urinary bladder sediment would be debris secondary to the urolith with bacterial cystitis and hematuria a possible differential diagnosis.

On this ultrasound there is no obvious etiology for the chronic diarrhea.

Although the GI tract appears ultrasonographically normal, with the chronic diarrhea, an underlying enteropathy such as dietary hypersensitivity and inflammatory bowel disease should still be considered.

Exocrine pancreatic insufficiency would be a possible differential diagnosis.

Further assessment would be urinalysis, possibly urine culture, cobalamin and folate assay, endoscopy of the upper GI tract with biopsies and possibly FNA cytology of the liver.

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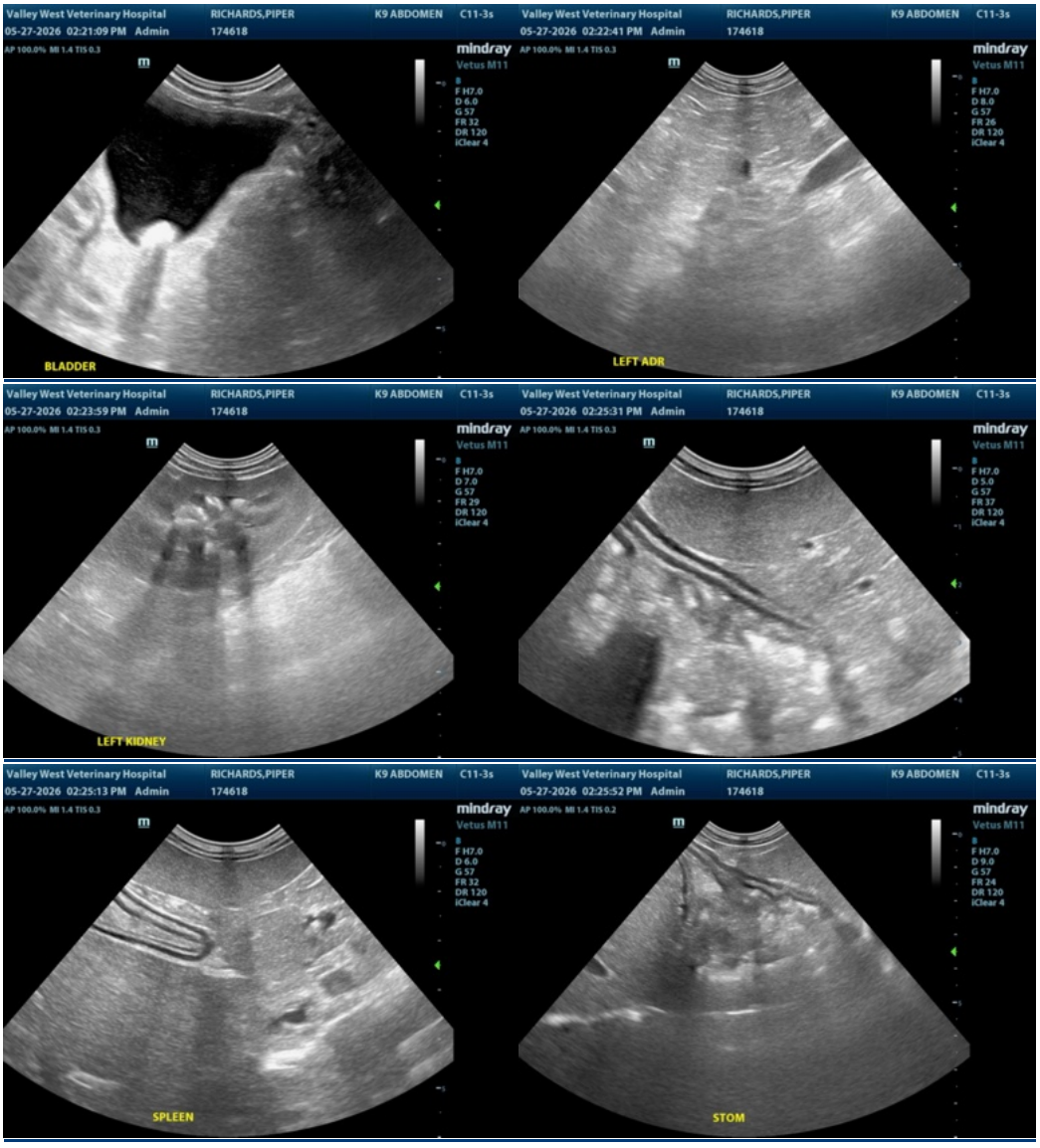
A tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

Initial symptomatic management of the diarrhea that can be considered would be feeding a novel protein/hypoallergenic diet.

Management of the urolith would either be surgical removal or medical dissolution.



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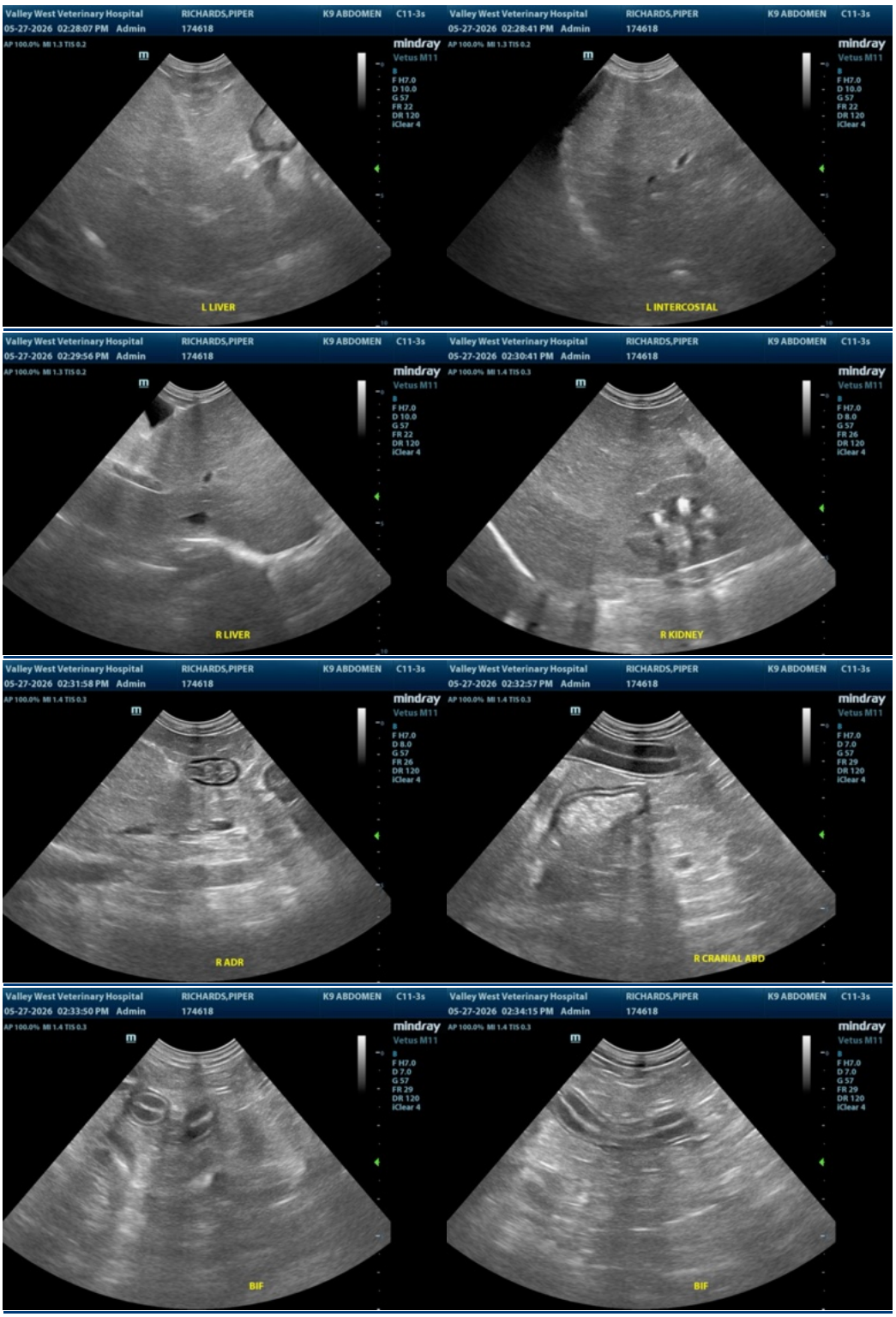
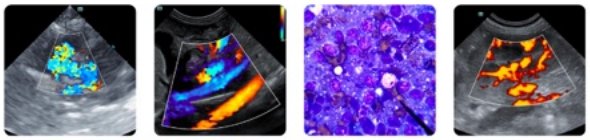


The information and recommendations provided are based on the images presented by the



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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