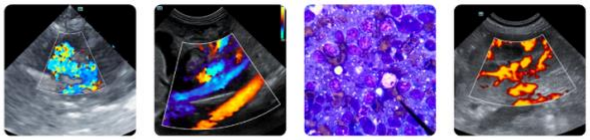

PATIENT

Harper Vanourny

SPECIES

Canine

BREED

Lab

SEX

Female

AGE

11

WEIGHT

71

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Becky Meier-Gast

HOSPITAL NAME

Meier Veterinary Clinic PC

REFERRING VET

Dr. Kathy Ross

INVOICE

16005

DATE

05/08/26

PRESENTING CLINICAL SIGNS

Refer from Dr. Ross because of worries about free floating fluid in abdomen. Bloodwork and records attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal size and appearance of the uterine body and uterine horn. The uterine body measuring 1.7 cm in width. The uterine horn measuring 1.1 cm in width. The ovaries are not visualized.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes measuring 0.9 cm x 2.7 cm. Ureters not visualized, which can be considered a normal finding.

Normal renal size, 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 left kidney measured 6.0 cm in length. The right kidney measured 5.8 cm in length. Small incidental cortical cyst present in the left kidney.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.58 cm and 0.67 cm in width. The right adrenal gland was not visualized.

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 2.7 cm in width.

Liver

Small in size with a diffuse mottled echogenic and coarse appearance, normal portal markings and an irregular capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Small gallbladder 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. the small intestine measured up to 0.44 cm.

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Pancreas

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 measuring up to 0.60 cm x 2.2 cm in size. Hyperechogenic and nodular appearance of the mesentery.

Moderate amount of ascites present.

ULTRASONOGRAPHIC FINDINGS

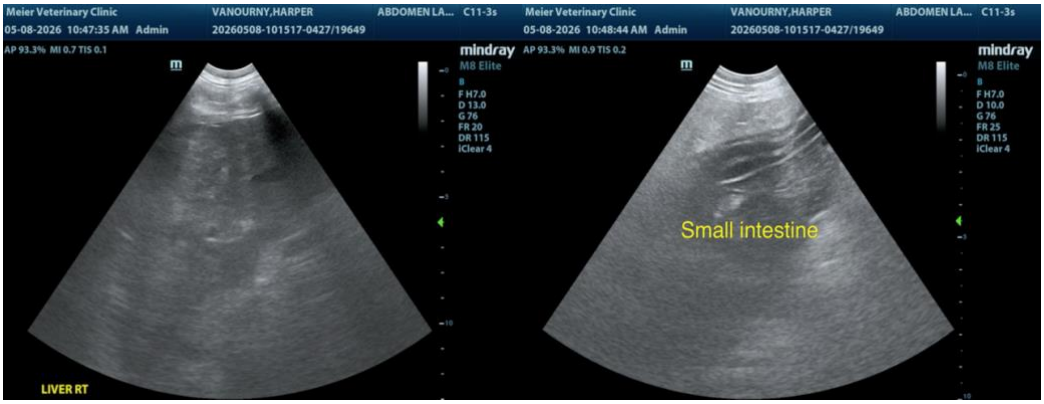
- Hepatopathy.
- Mesenteric inflammation.
- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be chronic active hepatitis, chronic hepatitis, breed specific hepatitis and early cirrhosis. Etiologies for the mesenteric inflammation would be sterile peritonitis with bacterial peritonitis, less likely differential diagnosis and abdominal carcinomatosis, a possible differential diagnosis. The ascites can be ascribed as secondary to either the hepatopathy or the mesenteric inflammation.

Further assessment would be analysis of the acidic fluid and FNA cytology of the mesentery. FNA cytology of the liver could be considered, however a tru-cut or wedge biopsy may be required for a final etiological diagnosis. Specific therapy will be dependent on an etiological diagnosis.

Management of a chronic hepatopathy would be feeding a good quality protein diet, diuretics such as spironolactone and ursodiol.



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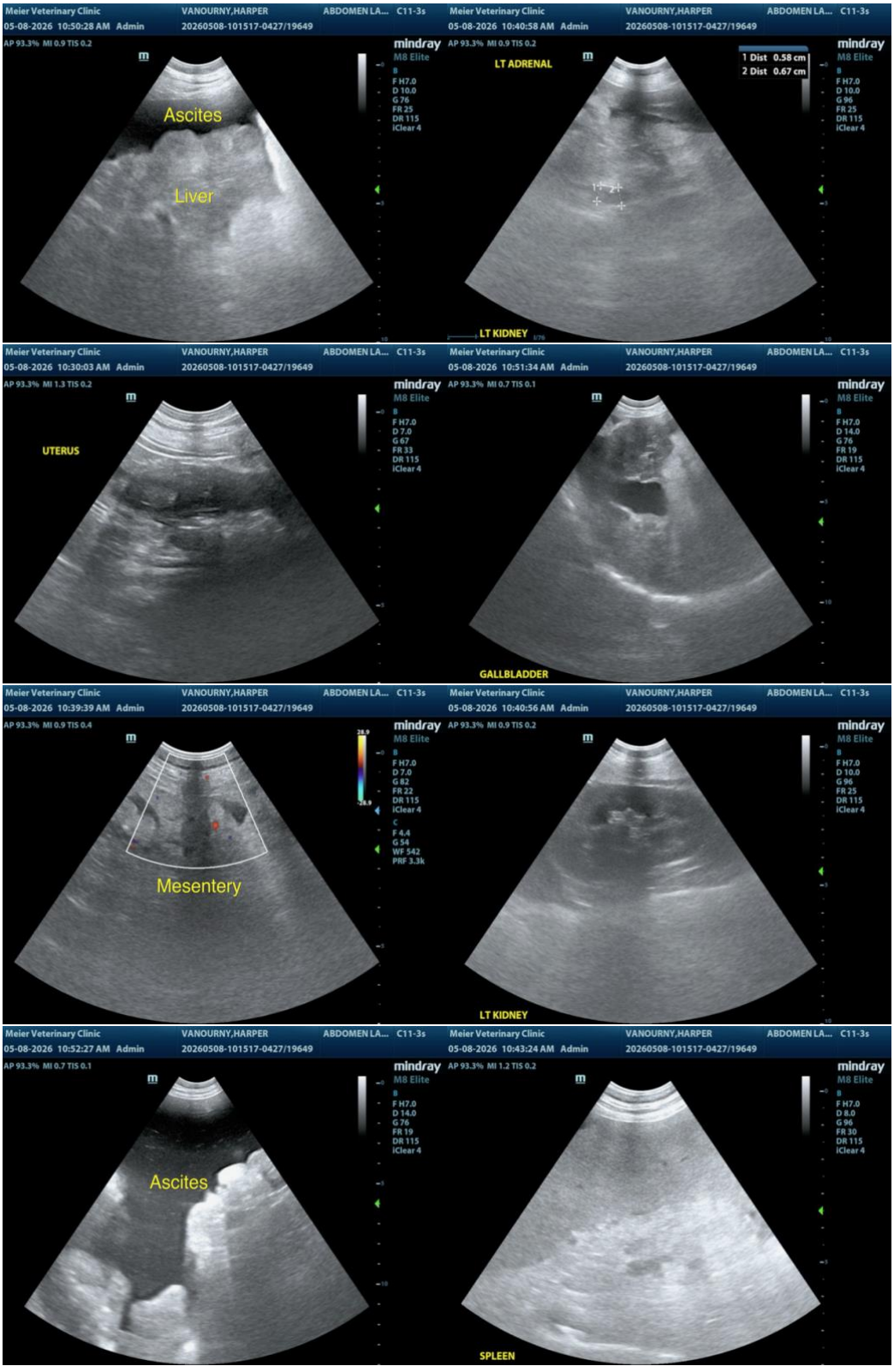

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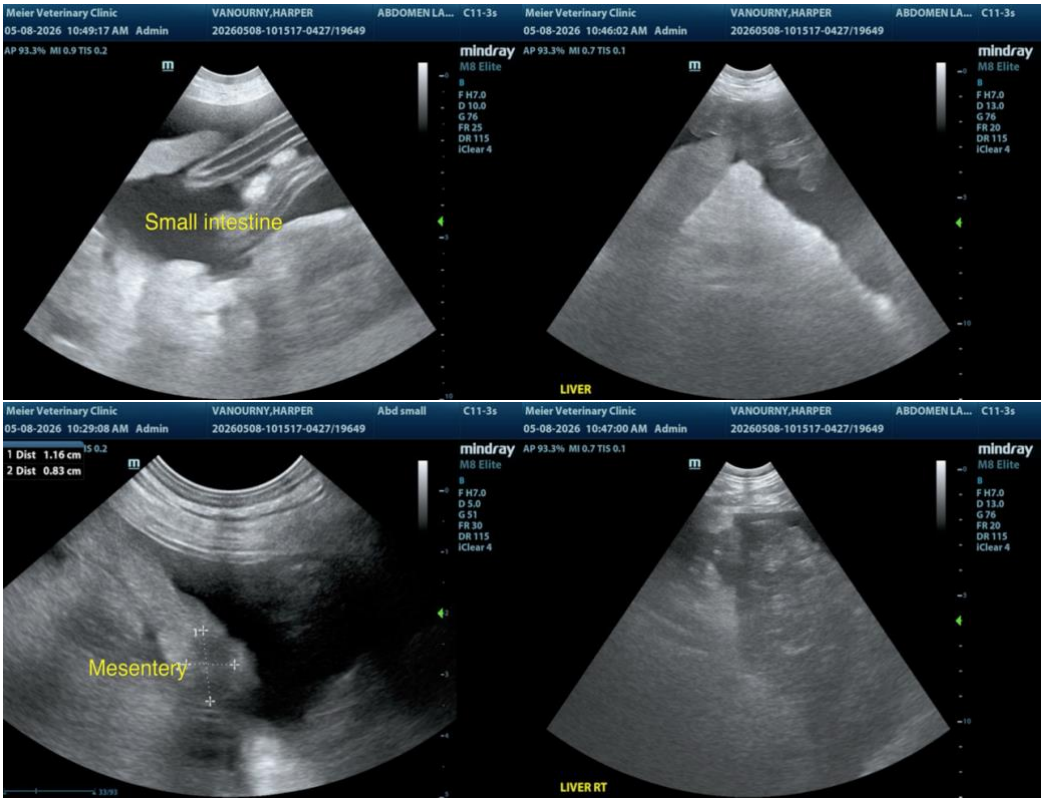

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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