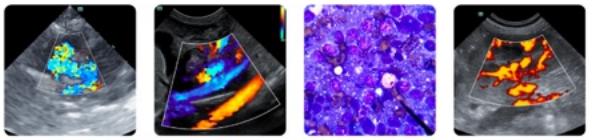


PATIENT

Beau Chustz

SPECIES

Canine

BREED

Toy Poodle

SEX

Neutered male

AGE

12 years

WEIGHT

8.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Quinn Robinson, RVT

HOSPITAL NAME

Hess Ridge AH

REFERRING VET

Dr. McAnnally

INVOICE

78281

DATE

6/2/26

PRESENTING CLINICAL SIGNS

History: Patient presented today for 24 hour history of vomiting, lethargy, inappetence. Reported to be showing signs of weakness yesterday at home. Severe dental disease with mobile teeth and suspected oral pain. History of Cervical Abscess – Recently resolved. This is considered likely unrelated to the current presentation, though an underlying systemic cause contributing to both issues cannot be entirely ruled out. Unlikely toxin exposure or ingestion. Exposure to wildlife in the backyard consistently. Previous exam findings, vaccine history, or bloodwork unknown. Recent new client/patient-previous records pending.
Lethargic, tense on abdominal palpation. Severe dental disease Vitals within normal limits. Marked Hepatopathy with Cholestasis – DDx: Biliary obstruction (e.g., gallbladder mucocele), cholangiohepatitis (infectious or inflammatory), hepatic neoplasia, toxic hepatopathy. In-house bloodwork revealed severely elevated liver enzymes and bilirubin, with a concurrent neutrophilia. The pattern of liver enzyme elevation is highly suggestive of a cholestatic process. The patient is clinically ill with lethargy, inappetence, and a tense abdomen, consistent with significant hepatobiliary disease. Marked leukocytosis with neutrophilia on CBC. UA revealed inappropriate concentration, Bilirubin-3, RBC >50/hpf. ALP >2000 (23-212) GGT 44 (0-11) Total Bili 5.5 (0.0-0.9) Cholesterol 374 (110-320)

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 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. Normal color flow pattern is evident in both kidneys.

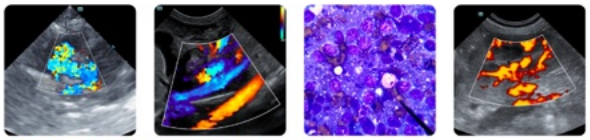
The prostate is small and hypoechogenic.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.18 cm in length x 0.34 cm and 0.45 cm in width. The right adrenal gland measured 1.15 cm in length x 0.32 cm and 0.31 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 0.9 cm in width.



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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.

Gallbladder

The gallbladder is full containing a small amount of adhered and non-adhered hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct. Small, incidental mural cyst measuring 0.6 cm in size.

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.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar, metabolic and possible hepatitis with infiltrative neoplasia a less likely differential diagnosis.

The gallbladder sediment and the cyst can be considered incidental findings.

Although the visible sections of the pancreas appears ultrasonographically normal, with the presenting clinical signs, an underlying pancreatitis should still be considered.

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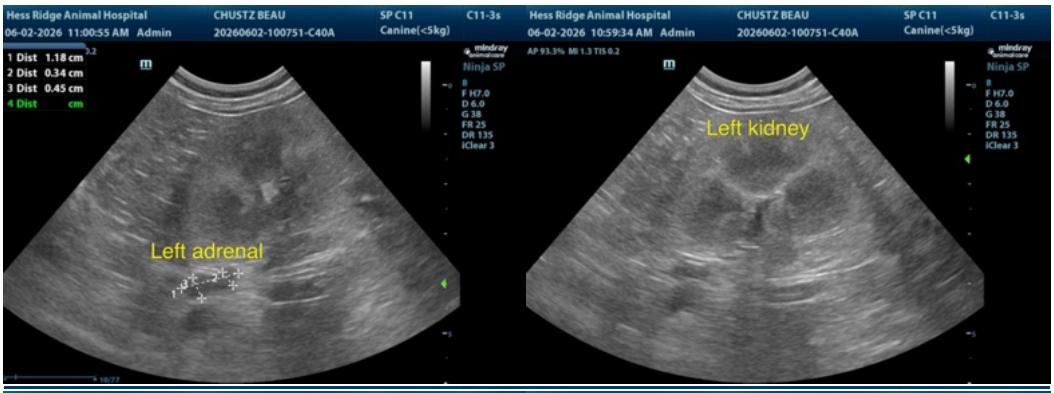
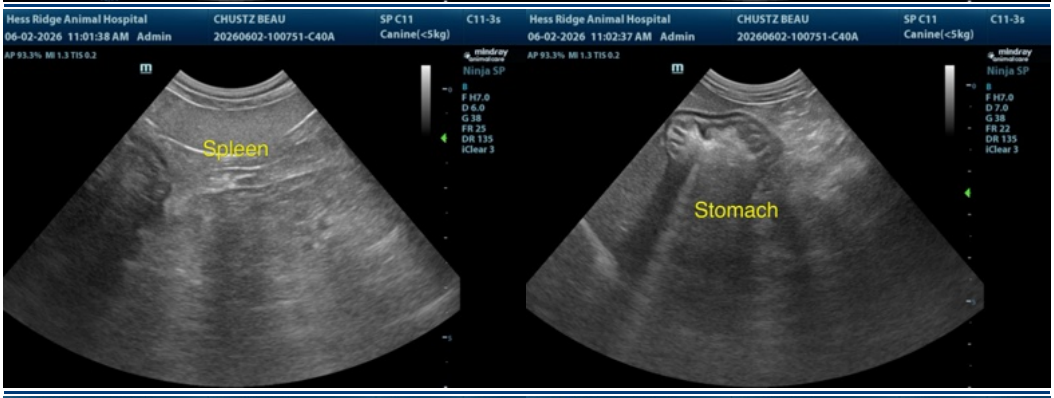
Further assessment would be CPL/PSL assay, fecal analysis (for liver fluke) and FNA cytology of the liver.

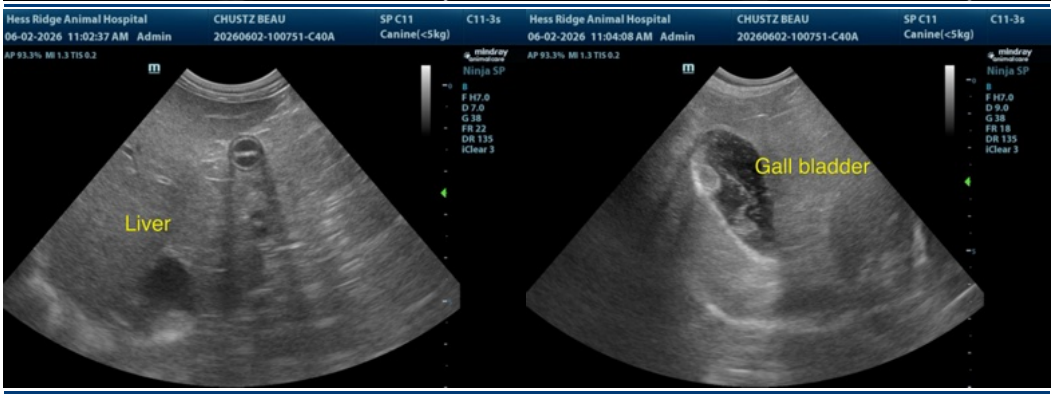
A tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

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







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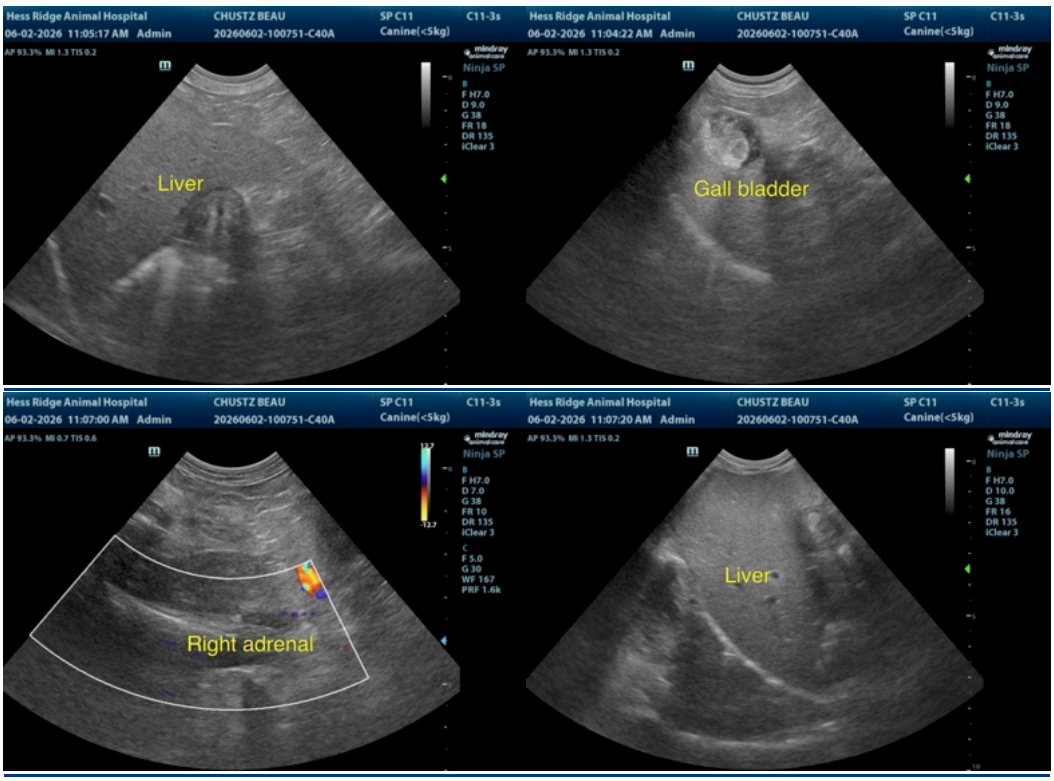

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com