

PATIENT

Charlotte Poole

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

11yr

WEIGHT

55.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Armstrong Animal
 Clinic

REFERRING VET

Dr Dolan

INVOICE

25012

DATE

06/05/2026

PRESENTING CLINICAL SIGNS

P presented for double cavity to evaluate elevated ALKP and preanesthetic cardiac evaluation. Previously dx with Cushing's at another dvm- not treated due to P being asymptomatic, Now at current dvm ALKP 3,000- rec re-evaluation. 2/6 heart murmur previously heard. needs dental cleaning

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 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, 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 evident in both kidneys.

The left kidney measured 6.1 cm in length.

The right kidney measured 6.4 cm in length.

Reproductive system NA.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-renal vasculature.

The left adrenal gland measured 2.35 cm x 0.74 cm x 0.72 cm.

The right adrenal gland measured 2.26 cm x 0.77 cm x 0.97 cm.

Spleen

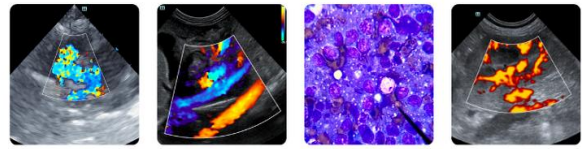
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.3 cm in width.

Liver

Enlarged with rounded edges with a diffuse increased echogenic and coarse appearance. Portal markings, and regular curvilinear capsule appeared normal. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full containing 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.



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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

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

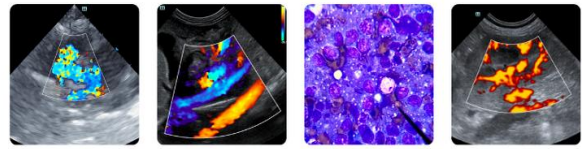
ULTRASONOGRAPHIC FINDINGS

- Hepatopathy
- Gallbladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar metabolic and breed specific hepatopathy with infiltrative neoplasia and hepatitis unlikely differential diagnoses. The gallbladder sediment can be considered an incidental finding. Although the adrenal glands appear ultrasonographically normal this does not exclude pituitary dependent Cushing's disease as per the patient history.

Further assessment would be FNA cytology of the liver, however a true cut or wedge biopsy may be required for a final etiological diagnosis. Specific therapy would be dependent on an etiological diagnosis. Symptomatic management could be considered for the hepatopathy, and the gallbladder sediment would be the use of ursodiol with regular monitoring of liver enzyme activity.



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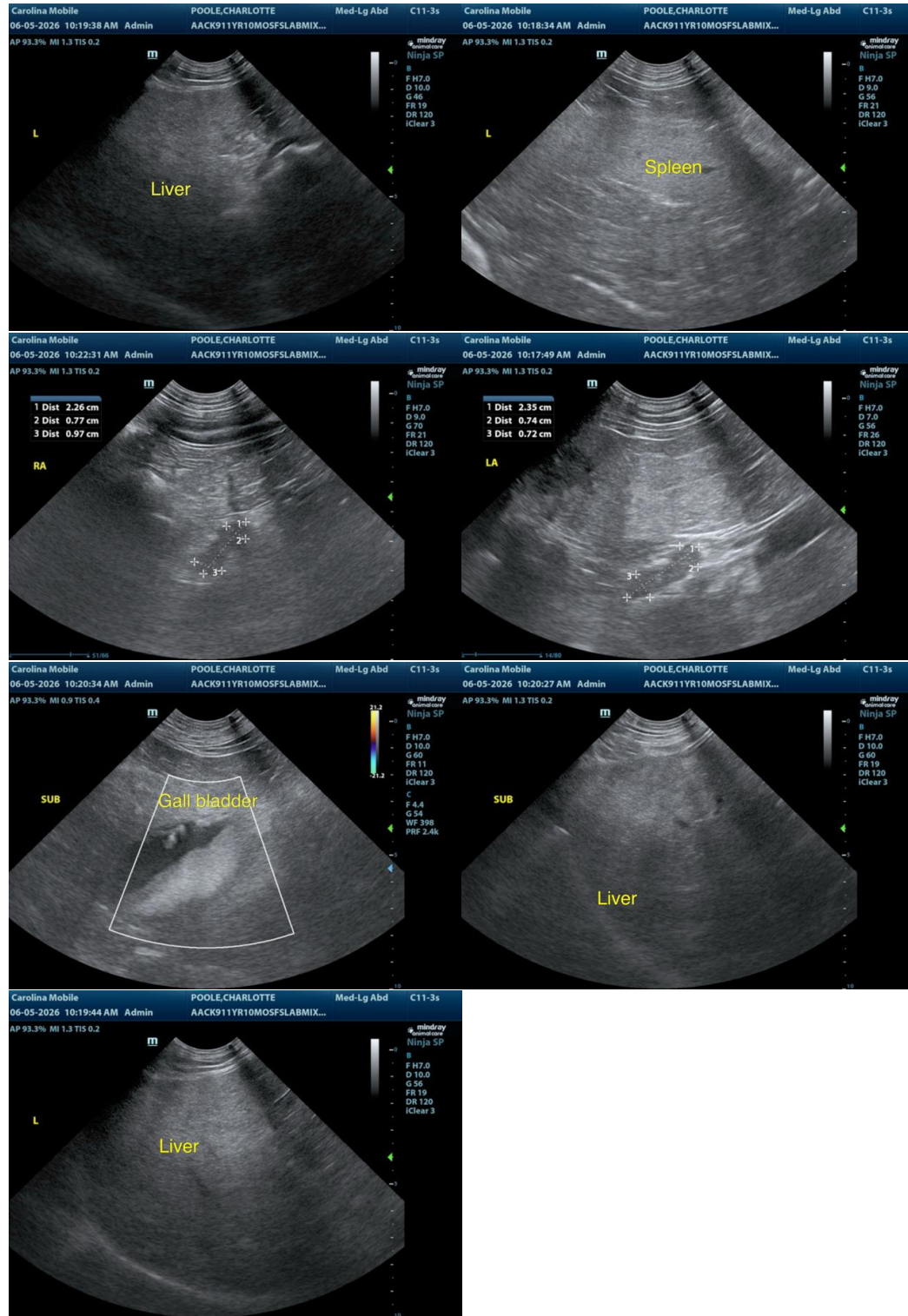
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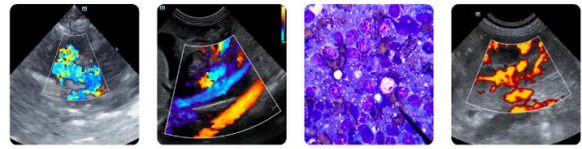
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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