



PATIENT	PRESENTING CLINICAL SIGNS
Oliver Mangrum	History: Elevated liver enzymes on lab-work
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	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.
BREED	
Austr Shepherd	Normal appearance of the trigone area, proximal urethra (measuring 0.70 cm), and iliac blood vessels.
SEX	
Neutered Male	Normal appearance and size of the iliac lymph nodes (one of which measures 2.70 cm). Ureters not visualized, which can be considered a normal finding.
AGE	
12 years	Normal renal size (left kidney 5.70 cm) (right kidney 6.40 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident.
WEIGHT	
39 lbs	Reproductive System Small hypoechoic prostate (1.40 cm).
INTERPRETED BY	
Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM	Adrenal Glands Bilaterally enlarged (left 0.76 cm x 0.69 cm) (right 0.81 cm) with normal shape, echogenic appearance, position, and appearance of the visible peri-renal vasculature.
IMAGING PERFORMED BY	
Sonya Myers DVM	Spleen Normal size (measuring 1.80 cm) 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.
HOSPITAL NAME	
Copper Point VH	Liver Enlarged with rounded edges, diffuse hyperechogenic and nodular appearance, some loss of portal markings, and regular curvilinear capsule. Nodules are hypoechoic, parenchymal and up to 2.00 cm in size (some of which cause bulging of the overlying capsule). Two irregular, mottled, echogenic, parenchymal masses evident (one measuring 3.00 x 4.00 cm in size in the left lobe / the other measuring 6.00 x 9.00 cm located in the right lobe). Normal appearance of the hepatic and portal vasculature.
REFERRING VET	
Privette	Gallbladder The gallbladder is full, containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct (measuring 0.20 cm).
INVOICE	
13901	Gastrointestinal Normal appearance of the stomach (measuring 0.50 cm), ileo-cecal junction, and colon (measuring 0.13 cm) with no loss of layering, normal peristaltic activity, and no distension of the lumen. Segmental thickening of the duodenum (0.62 cm), and jejunum (0.63 cm) with no loss of layering, maintaining a 1:3 muscularis to mucosa ratio, normal peristaltic activity and no distention of the lumen. Diffuse mucosal stippling evident both in the duodenum and the small intestine.
DATE	
7.29.23	Pancreas Normal size (left 0.80 cm / right 1.10 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.



PATIENT

Oliver Mangrum

Free Abdomen

Normal mesenteric lymph nodes (one of which measures 0.40 x 3.40 cm).

SPECIES

No ascites evident.

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Primary Findings

Austr Shepherd

SEX

- Hepatic masses
- Nodular hepatopathy
- Enteropathy
- Bilateral adrenomegaly

Neutered Male

AGE

12 years

WEIGHT

39 lbs

Secondary Findings

- Age-related renal changes
- Gallbladder sediment

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatic masses would be granulomas, extension of nodular hyperplasia, hepatoma and neoplasia (primary hepatic or metastatic disease).

IMAGING PERFORMED BY

Sonya Myers DVM

Etiologies for the nodular hepatopathy would be nodular hyperplasia, granulomatous disease, chronic hepatitis and infiltrative neoplasia.

HOSPITAL NAME

Copper Point VH

Etiologies for the enteropathy would be primary lymphangiectasia, dietary hypersensitivity, parasitic enteritis, infiltrative bowel disease, with neoplasia a less likely differential diagnosis.

REFERRING VET

Privette

Etiologies for the adrenomegaly would be disease stress and emerging pituitary-dependent Cushing's disease.

Further assessment would be fecal analysis, cobalamin assay, FNA cytology of the liver and hepatic masses, and possibly endoscopy of the upper GI tract with biopsies. Adrenal function testing (ACTH stimulation/LDDS test) should be considered if there are compatible clinical signs of Cushing's disease.

INVOICE

Specific therapy would be dependent on an etiological diagnosis.

13901

Possible symptomatic management of the liver would be Ursodiol with regular monitoring of liver enzyme activity as well as abdominal ultrasound.

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**IMAGING
PERFORMED BY**

Sonya Myers DVM

HOSPITAL NAME

Copper Point VH

REFERRING VET

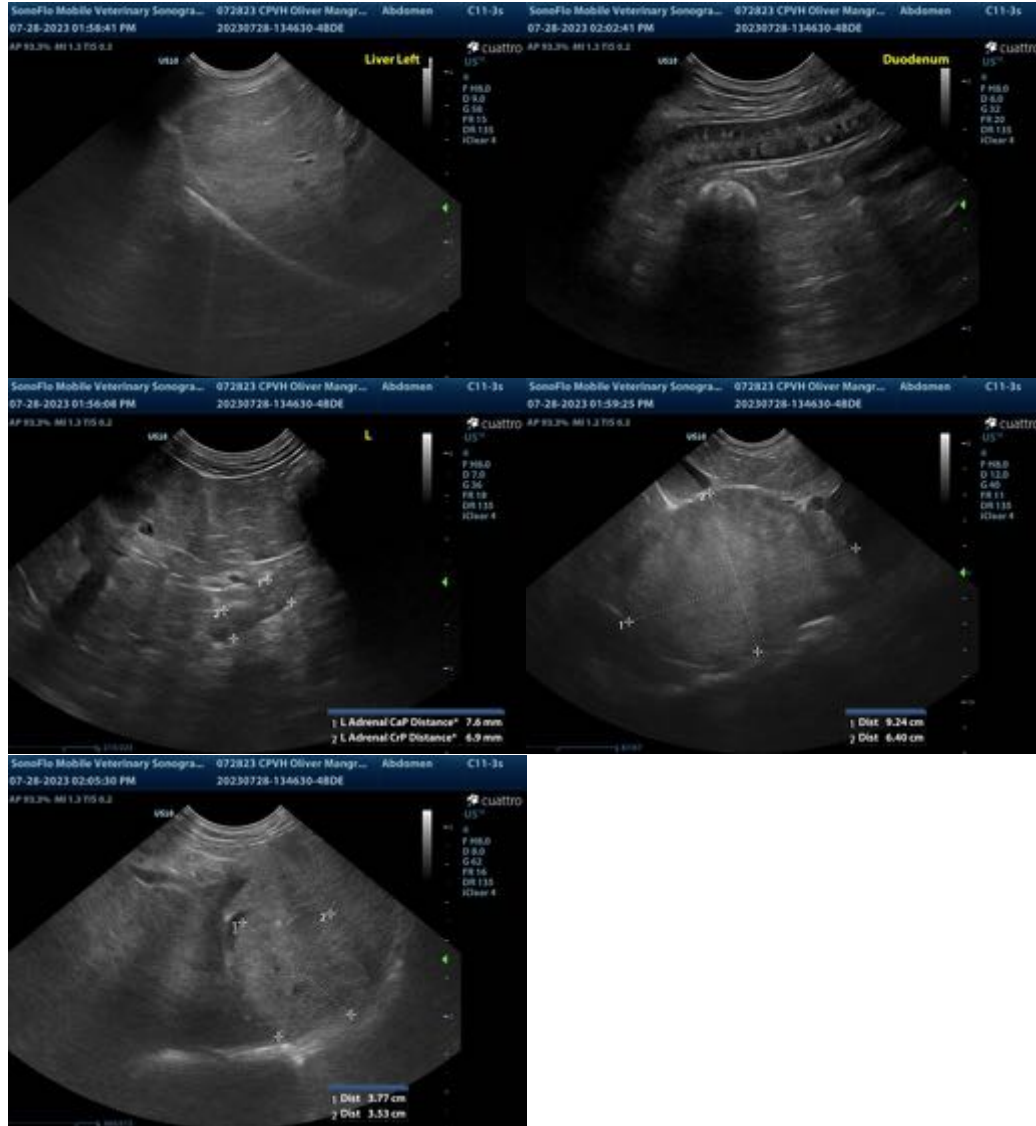
Privette

INVOICE

13901

DATE

7.29.23



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.

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