



**PATIENT**

Delta Yaghoubi  
Yeganeh

**SPECIES**

Canine

**BREED**

American Eskimo

**SEX**

Neutered male

**AGE**

14 years

**WEIGHT**

17 lbs

**PRESENTING CLINICAL SIGNS**

History: Elevated ALP and BUN

**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. The urethra measured 0.5 cm. The iliac lymph nodes

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

Normal renal size with increased echogenic appearance, some loss of corticomedullary differentiation, and normal pelvis and capsule. No infarcts or renoliths evident. Faint bilateral mineralization was present. The left kidney measured 4.1 cm. The right kidney measured 4.0 cm.

A small, hypoechoic prostate was noted and measured 0.9 cm.

**INTERPRETED BY**

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

**Adrenal Glands**

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-renal vasculature. The left adrenal gland measured 0.64 x 0.53 cm. The right adrenal gland measured 0.42 x 0.49 cm.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**Spleen**

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Incidental myelolipoma was noted in the region of the hilus. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.4 cm.

**HOSPITAL NAME**

Banfield Oviedo

**REFERRING VET**

Dr. Nicklin

**Liver**

The liver was enlarged with rounded edges, diffuse, hyperechogenic and nodular appearance with loss of portal markings and regular curvilinear capsule. The nodules are hypoechoic, parenchymal and up to 1.2 x 1.8 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.

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**Gallbladder**

The gallbladder is full of anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct. The bile duct measured 0.1 cm.



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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. Shadowing material within the stomach and jejunum without any obvious obstruction. The stomach wall measured 0.33 cm. Duodenum measured 0.48 cm. The jejunum measured 0.41 cm. The colon measured 0.15 cm.

## Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. The left pancreas measured 1.2 cm. The right pancreas measured 1.2 cm.

## Free Abdomen

Normal mesenteric lymph nodes. The mesenteric lymph nodes measured 2.8 cm.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Nodular hepatopathy.
- Gastric and jejunal foreign material.
- Age related renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Further assessment would be urinalysis and FNA cytology of the liver. Ultrasound monitoring of the GI tract would be recommended to ensure that there is no obstruction caused by the gastric and jejunal foreign material. This is unlikely based on this ultrasound.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management of the liver would be Ursodiol.





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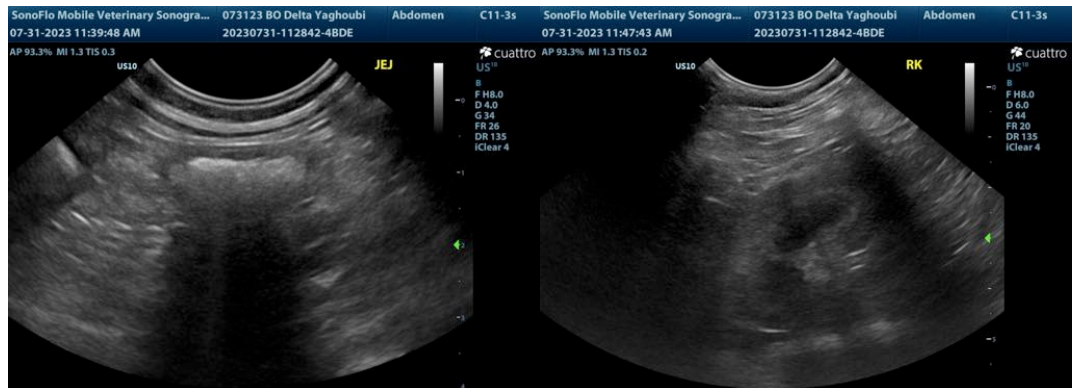
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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