


PATIENT PRESENTING CLINICAL SIGNS

Sydney Young History: Was in AA ER last night for not eating and vomiting. P started vomiting 8/13 but on 8/14 she was vomiting even after drinking water. Not eating last 3 days. P was started on 20 mg Galliprant SID for pain control couple of weeks ago. No know toxin exposure. not on any other medications.

SPECIES

Canine

BREED

Australian Shepherd

SEX

Female Spayed

AGE

12 years 10 months

WEIGHT

15 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kitz

HOSPITAL NAME

Woodlands AH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System
REFERRING VET

Not visualized.

Dr. Marija Radovic

Reproductive System

Not visualized.

INVOICE
Adrenal Glands

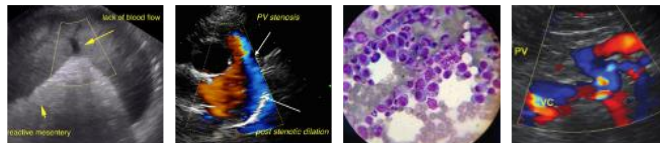
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Normal shape, echogenic appearance, size (left 0.50 x 0.62 cm) (right 0.49 x 0.71 cm), position, and appearance of the visible peri-renal vasculature.

DATE
Spleen

8.16.23

Not visualized.



PATIENT *Liver*

Sydney Young Normal size, with a diffuse increased echogenic appearance, prominent portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

SPECIES *Gallbladder*

Canine The gallbladder is full, containing moderate amount of both adhered and non-adhered hyperechogenic sediment. Thickened and irregular appearance of the gallbladder wall. Hyperechogenic appearance of the mesentery surrounding the gallbladder. Normal size and appearance of the bile duct.

BREED

Australian Shepherd *Gastrointestinal*

Not visualized.

SEX

Female Spayed *Pancreas*
Not visualized.

AGE

12 years 10 months *Free Abdomen*
No obvious ascites evident in the cranial abdomen.

WEIGHT **ULTRASONOGRAPHIC FINDINGS**

15 pounds **Primary Findings**

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Remo Lobetti, BVSc,
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PhD, Dipl. ECVIM

- Cholecystitis
- Hepatopathy

Secondary Findings

- None

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

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The appearance of the gallbladder is consistent with cholecystitis.

Etiologies for the hepatopathy would be reactive, secondary to cholecystitis, hyperechoic, metabolic, acute hepatitis, with infiltrative neoplasia a less likely differential diagnosis.

REFERRING VET

Dr. Marija Radovic

Further assessment would be cholecentesis for culture and cytology, and FNA cytology of the liver.

Specific therapy would be dependent on an etiological diagnosis.

INVOICE

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Symptomatic management of both the gallbladder and liver would be fluid therapy, analgesics, antiemetics, antibiotics (penicillins, cephalosporins or quinolones) and Ursodiol. As the presentation was an acute nature, and there appears to be a clinical improvement, recovery is possible in this patient.

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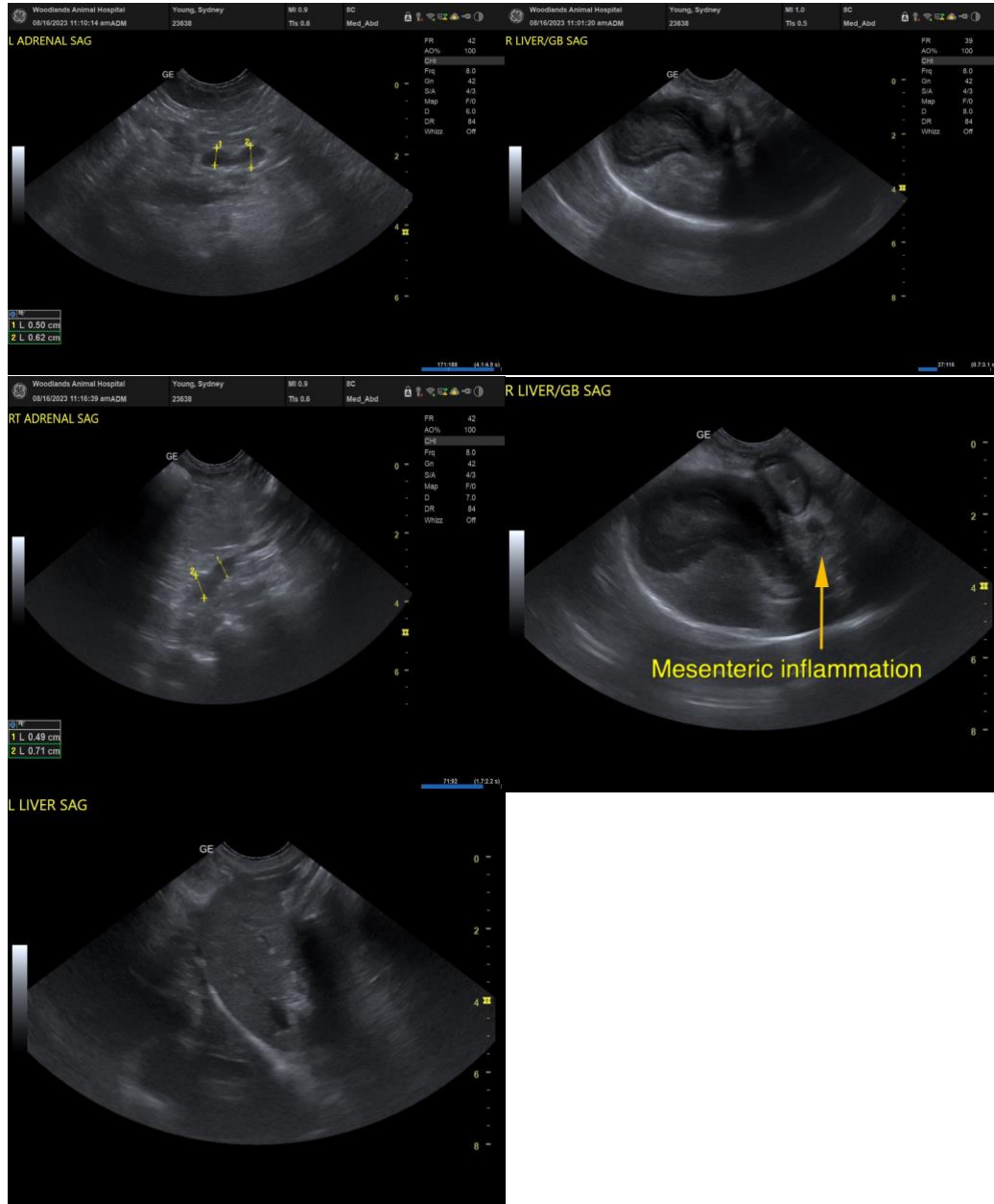
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

INVOICE

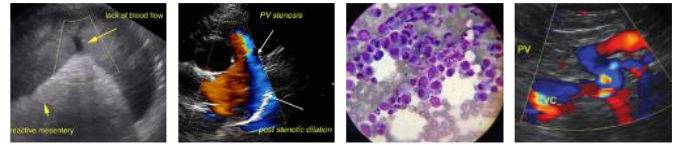
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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
info@sonopath.com



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