

**PATIENT PRESENTING CLINICAL SIGNS**

Mo Gilly Orr History: O wants to do dental cleaning, pre anesthesia bloodwork showed liver elevations.  
No concerns at home  
**SPECIES** Abnormal PE/Chem/CBC/UA Results: ALT (SGPT) 138IU/L 12-118 HIGH Alk Phosphatase 361IU/L 5-313 HIGH  
Canine

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Poodle Mix **Urinary System**  
The urinary bladder is small with a normal thickness and smooth appearance of the wall. Small amount of floating hyperechogenic sediment present. No uroliths evident.  
**SEX**

Neutered Male Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

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

**WEIGHT** Normal renal size (left kidney 4.30 cm) (right kidney 4.00 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident.  
12.6 lbs

**INTERPRETED BY** **Reproductive System**  
Small hypoechogenic prostate.

Remo Lobetti, BVSc,  
MMedVet (Med),  
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**Adrenal Glands**  
Normal shape, echogenic appearance, size (left 0.44 x 0.37 cm) (right 0.50 x 0.39 cm), position, and appearance of the visible peri-renal vasculature.

**IMAGING PERFORMED BY**

Dr. Mychajlonka **Spleen**  
Normal size (measuring 0.90 cm). Incidental myelolipoma.

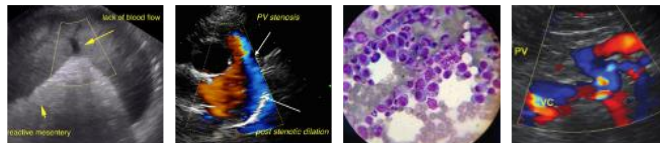
**HOSPITAL NAME** **Liver**  
Normal size, with a mottled echogenic appearance, prominent portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.  
Craig Road AH

**REFERRING VET** **Gallbladder**  
The gallbladder is full containing large amount of hyperechogenic nonadherent sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.  
Dr. Mychajlonka

**INVOICE** **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. Small amount of ingesta within the stomach. Chyle within the small intestine.  
14168

**DATE** **Pancreas**  
Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.  
8.17.23

**Free Abdomen**  
Normal mesenteric lymph nodes.



**PATIENT** No ascites evident.

Mo Gilly Orr **ULTRASONOGRAPHIC FINDINGS**

**SPECIES** **Primary Findings**

Canine • Hepatopathy

**BREED** • Gall bladder sediment

Poodle Mix **Secondary Findings**

**SEX** • Urinary bladder sediment

Neutered Male • Age-related renal changes

**AGE**

11 years

**WEIGHT**

12.6 lbs

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**IMAGING  
PERFORMED BY**

Dr. Mychajlonka

**HOSPITAL NAME**

Craig Road AH

**REFERRING VET**

Dr. Mychajlonka

**INVOICE**

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**DATE**

8.17.23

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

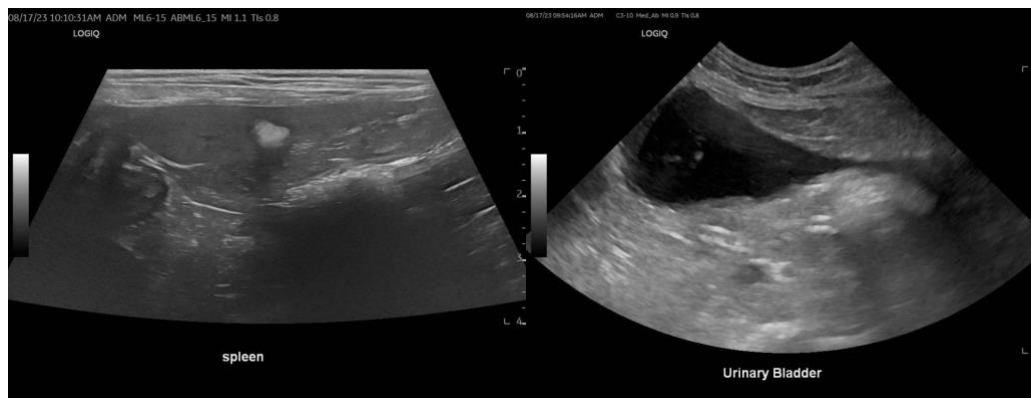
Etiologies for the hepatopathy would be reactive, hyperplasia, vacuolar, early nodular hyperplasia, and chronic hepatitis, with infiltrative neoplasia a less likely differential diagnosis.

Although the gall bladder sediment is most likely an incidental finding, monitoring for the development of a mucocele would be indicated.

Further assessment would be urinalysis and possibly FNA cytology of the liver. However, a Tru-cut or wedge biopsy of the liver may be required for a final etiological diagnosis.

As dental disease can cause a reactive hepatopathy, dental therapy would be indicated, with monitoring of liver enzyme activity.

Symptomatic management of both the liver and gallbladder would be Ursodiol.





**PATIENT**

Mo Gilly Orr

**SPECIES**

Canine

**BREED**

Poodle Mix

**SEX**

Neutered Male

**AGE**

11 years

**WEIGHT**

12.6 lbs

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**IMAGING  
PERFORMED BY**

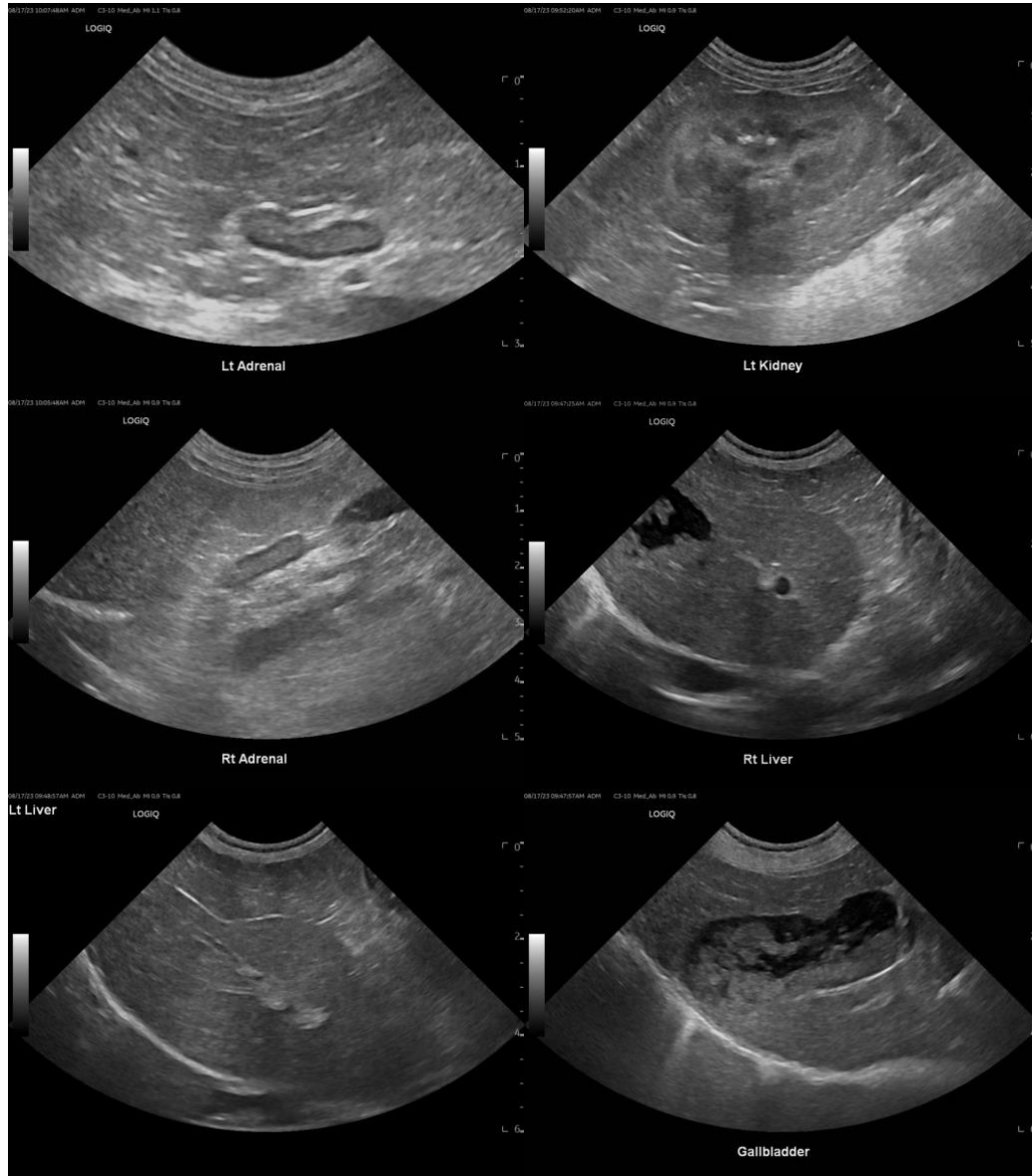
Dr. Mychajlonka

**HOSPITAL NAME**

Craig Road AH

**REFERRING VET**

Dr. Mychajlonka



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.

**DATE**

8.17.23

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