



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Cooper Jackson	History: Urinating blood. Jaundice, Elevated liver values and anemia
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: AST 171, TOTAL BILI 1.7, SDMA 18.5, PCV 30% RBC 3.6, LYMPH 380
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Labrador Retr Mix	The urinary bladder is small with a normal thickness and smooth appearance of the wall. Large amount of floating hyperechoic sediment present. No uroliths evident.
<b>SEX</b>	Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.
Neutered Male	Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.
<b>AGE</b>	
4 years	Normal renal size (left kidney 6.60 cm) (right kidney 7.30 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.
<b>WEIGHT</b>	
68.5 lbs	<b>Reproductive System</b>
<b>INTERPRETED BY</b>	Small hypoechogenic prostate.
Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM	<b>Adrenal Glands</b>
	Normal shape, echogenic appearance, size (left 2.04 cm in length x 0.60 cm in width) (right 2.28 cm in length x 0.45 cm in width), position, and appearance of the visible peri-renal vasculature.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
JK	Normal size (measuring 2.10 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.
<b>HOSPITAL NAME</b>	<b>Liver</b>
Hamburg VC	Normal size, with a diffuse, increased echogenic appearance, some loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.
<b>REFERRING VET</b>	<b>Gallbladder</b>
Dr Branning	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.
<b>INVOICE</b>	<b>Gastrointestinal</b>
14174	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.
<b>DATE</b>	<b>Pancreas</b>
8.18.23	Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.



**PATIENT** *Free Abdomen*

Normal mesenteric lymph nodes.

Cooper Jackson

No ascites evident.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

**Primary Findings**

Labrador Retr Mix

- Hepatopathy

**SEX**

- Urinary bladder sediment

Neutered Male

**Secondary Findings**

**AGE**

- Gall bladder sediment

4 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

Likely etiologies for the hepatopathy would be reactive, vacuolar and hyperplasia, with infiltrative neoplasia an unlikely differential diagnosis.

68.5 lbs

**INTERPRETED BY**

Etiologies for the urinary bladder sediment would be hemorrhage, debris, bacterial cystitis, crystalluria, and sterile cystitis.

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MMedVet (Med),  
PhD, Dipl. ECVIM

Further assessment would be urinalysis, urine culture, and with the presenting clinical signs, Coombs or an in-saline agglutination test to exclude immune-mediated hemolytic anemia. FNA cytology of the liver should also be considered

**IMAGING PERFORMED BY**

JK

Specific therapy would be dependent on an etiological diagnosis.

**HOSPITAL NAME**

Hamburg VC

**REFERRING VET**

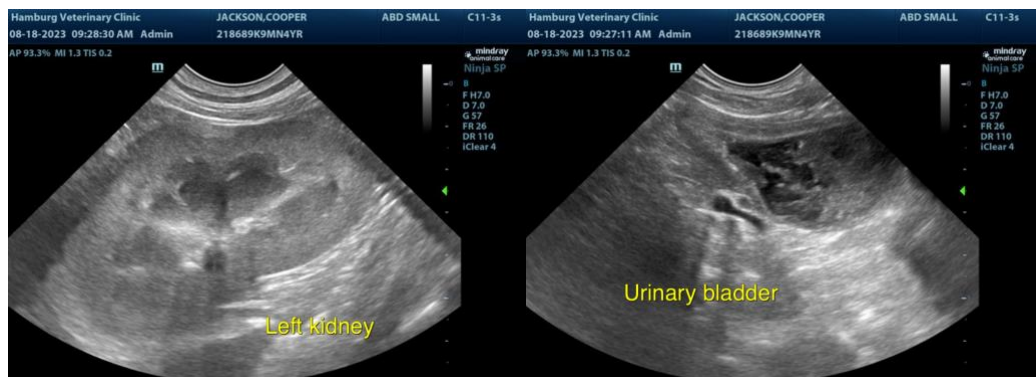
Dr Branning

**INVOICE**

14174

**DATE**

8.18.23





**PATIENT**

Cooper Jackson

**SPECIES**

Canine

**BREED**

Labrador Retr Mix

**SEX**

Neutered Male

**AGE**

4 years

**WEIGHT**

68.5 lbs

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**IMAGING  
PERFORMED BY**

JK

**HOSPITAL NAME**

Hamburg VC

**REFERRING VET**

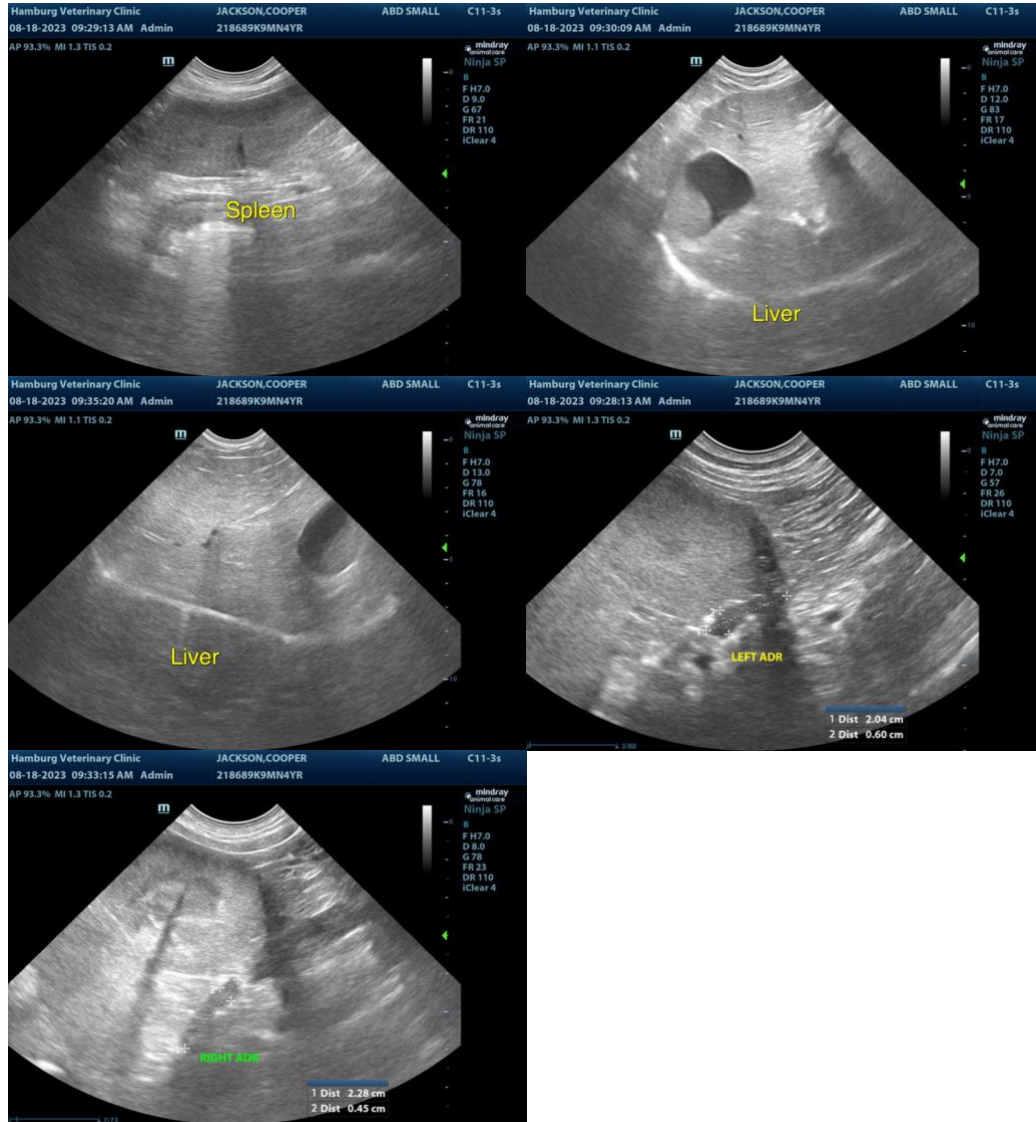
Dr Branning

**INVOICE**

14174

**DATE**

8.18.23



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.

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