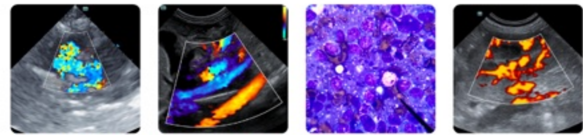


PATIENT
Buffy Leavy

SPECIES
Canine

BREED
Shih Tzu Mix

SEX
Spayed female

AGE
14 years

WEIGHT
14 lbs

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

IMAGING PERFORMED BY
Ginny Dodd, DVM

HOSPITAL NAME
Charlotte Natural Animal Clinic

REFERRING VET
Dr. Schacht

INVOICE
70064

DATE
1/13/26

PRESENTING CLINICAL SIGNS

History: H/) ADR, abdomen feels tense, no distinct masses palpable,
Abnormal PE/Chem/CBC/UA Results: PE: abdomen feels tense, no distinct masses palpable CBC- MCH and MCHC low, MPV > CHEM- SDMA 18, BUN 42, creat 1.6, ALT 193 (was 75 6 mon ago) UA- 1.029, pH 6.5, sediment- WNL Rads- will be sent- concern about thickness of one bowel loop, bunching of intestines

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.

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

Normal renal size (left measured 3.3 cm, right measured 3.4 cm), increased echogenic appearance, some loss of cortico-medullary differentiation and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

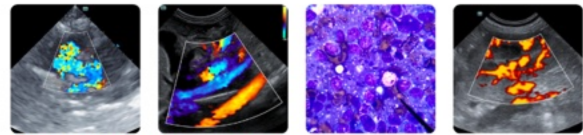
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.24 cm in length x 0.37 cm and 0.45 cm in width. The right adrenal gland measured 1.82 cm in length x 0.5 cm and 0.5 cm in width.

Spleen

Normal size 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. The spleen measured 1.5 cm in width.

Liver

Normal size with an increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. Small, focal, hypoechogenic parenchymal nodule is noted in the left lobe measuring 0.4 cm in size. No additional nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Thickening of the pylorus (0.81 cm) with no loss of layering and maintaining a 1:3 muscularis to mucosa ratio. The rest of the gastric wall is of normal thickness maintaining a 1:3 muscularis to mucosa ratio and showing no loss of layering. Normal appearance of the 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. The duodenum measured 0.4 cm.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Pyloric thickening.
- Hepatopathy.
- Hepatic nodule.
- Age related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

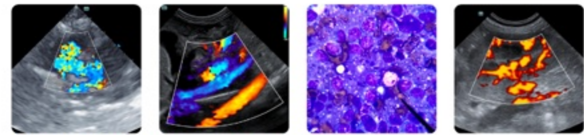
Etiologies for the pyloric thickening would be ulcerative disease, granulomatous disease, severe inflammatory bowel disease, parasitic gastroenteritis and possibly emerging neoplasia.

The most likely etiology for the hepatopathy would be age related reactive hyperplasia with vacuolar and metabolic differential diagnosis, hepatitis and infiltrative neoplasia would be highly unlikely differential diagnosis.

The most likely etiology for the hepatic nodule would be an incidental nodular hyperplasia.

Further assessment would be urine and fecal analysis, cobalamin and folate assay, endoscopy of the upper GI tract with biopsies and possibly FNA cytology of the liver.

Specific therapy would be dependent on an etiological diagnosis.



SonoPath
www.carolinavetmobile.com
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800.808.5948

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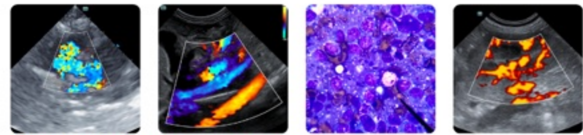
Initial symptomatic management that can be considered would be gastric protectants (Omeprazole, Sucralfate), course of Fenbendazole and feeding small frequent meals of a low fat intestinal type diet.



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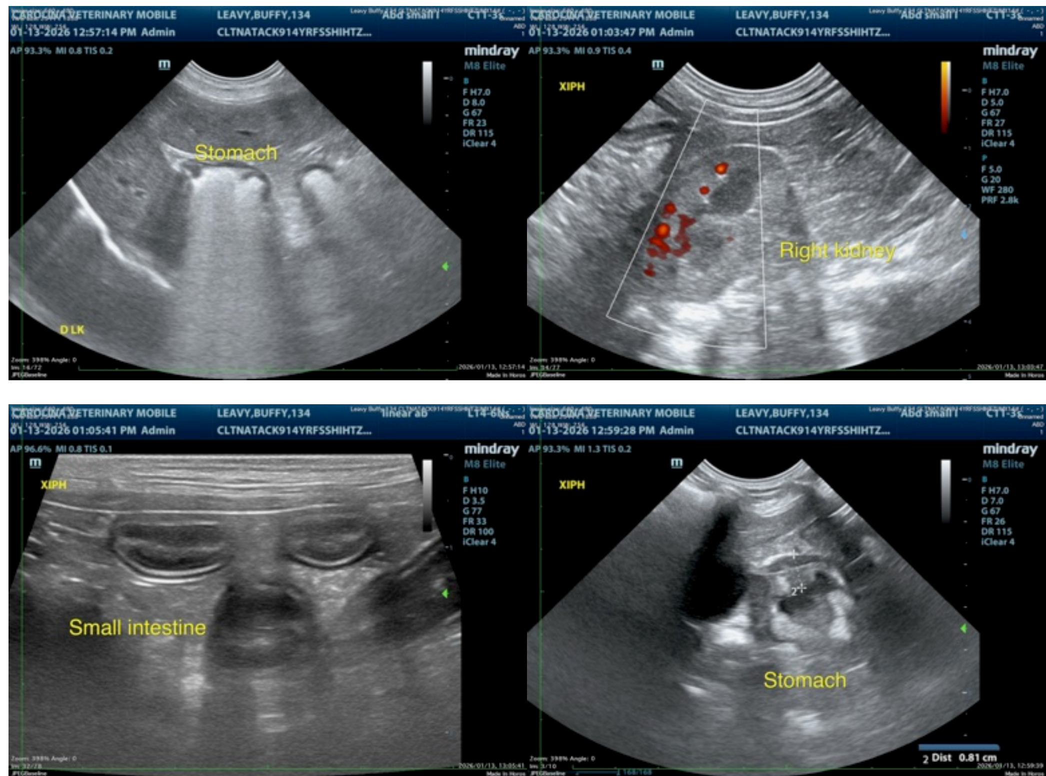

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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