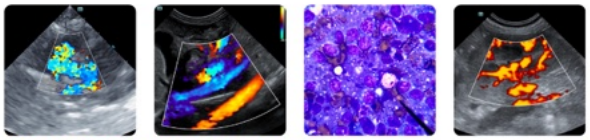


PATIENT

Marley Berdan

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered male

AGE

10 years

WEIGHT

76.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Shohola VH

REFERRING VET

Dr. DeMeo

INVOICE

72137

DATE

3/3/26

PRESENTING CLINICAL SIGNS

- Icteric mm, not eating, regurging. ADR, Vomiting.
- No obvious mass effects on rads
- No current meds
- Tp-7.5; Alb-1.9; glob-5.6; a/g ratio-0.3; AST-248; Alt-590; Alkp-1,711; TBili-11.6; sdma-17.1; Ma-2.7; Na/K ratio-39; prec PSL-354; wbc-38.3; RBC-4.3; Hgb-11.5; Hct-35; mcv-80; Neuts-32,938; Monos-1,915; T4-<0.5; UA: trace prot. ; Bili-3+; rods-26–50; USG: 1.016, dk yellow/cloudy

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 7.0 cm, right measured 6.7 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. Normal color flow pattern is noted in both kidneys.

The prostate is small and hypoechogenic measuring 0.9 cm in width.

Adrenal Glands

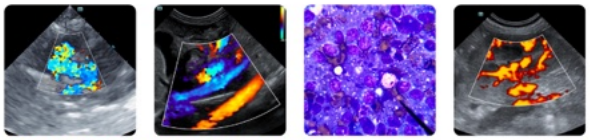
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.53 cm and 0.67 cm in width. The right adrenal gland measured 2.51 cm in length x 0.64 cm and 0.99 cm in width.

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 1.8 cm in width.

Liver

The liver is small in size with a diffuse, mottled echogenic and coarse appearance, decreased portal markings, and an irregular capsule. No 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

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.

Pancreas

Normal size with a mottled echogenic appearance and an irregular capsule. Increased echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

A small amount of acellular ascites is present. Hyperechogenic appearance of the mesentery.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Pancreatitis.
- Ascites.
- Mesenteric inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be chronic active hepatitis, granulomatous disease and possibly infiltrative neoplasia.

The most likely diagnosis for the pancreatitis would be chronic pancreatitis with chronic active pancreatitis an important differential diagnosis.

Although both the ascites and the mesenteric inflammation can be ascribed to both the hepatopathy and the pancreatitis, underlying peritonitis (septic or sterile) should still be considered.

Further assessment would be analysis of the ascitic fluid and FNA cytology of the liver.

A tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis.

Initial management would be fluid therapy, antiemetics, opioid analgesics, Ursodiol and feeding small frequent meals of a low fat intestinal diet.

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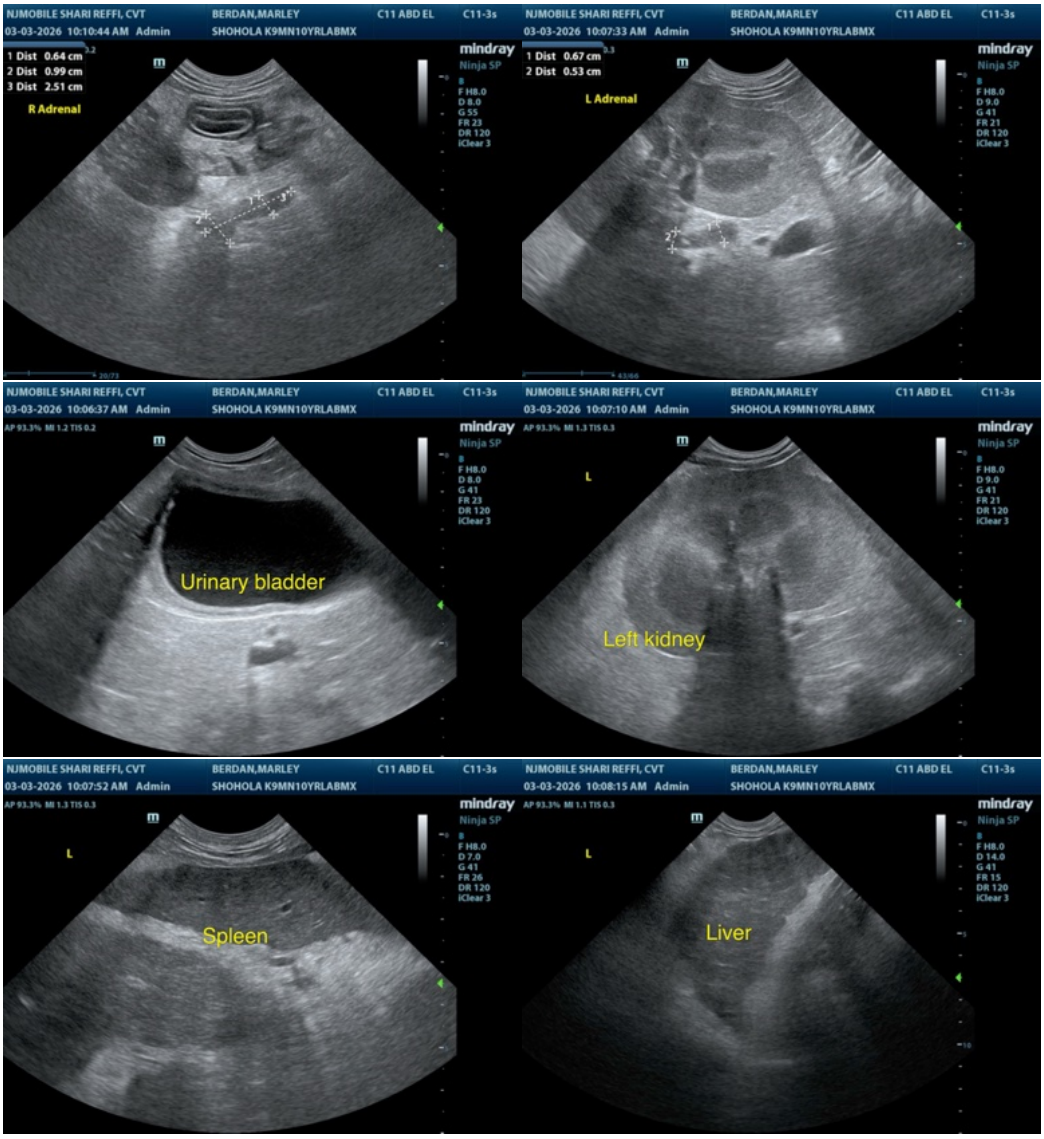
Further specific therapy would be dependent on an etiological diagnosis.



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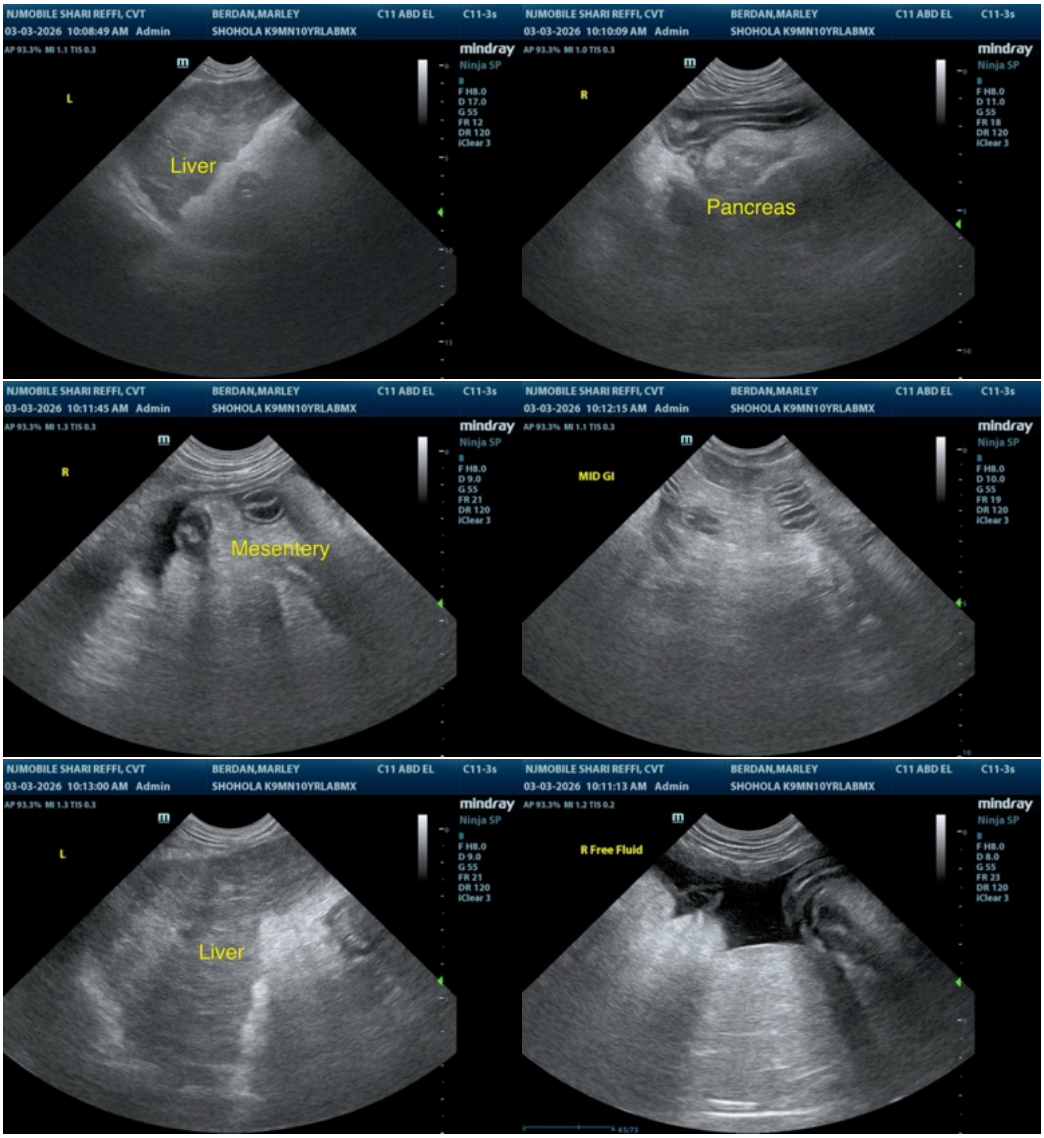

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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