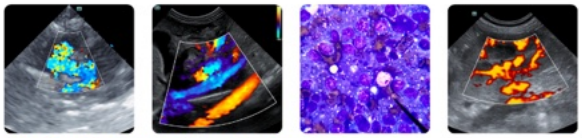


PATIENT

Harper Schoonover

SPECIES

Canine

BREED

Labrador

SEX

Spayed female

AGE

9 years

WEIGHT

lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

The Gentle Vet

REFERRING VET

Dr. Gwiazdowski

INVOICE

78250

DATE

6/2/26

PRESENTING CLINICAL SIGNS

History: Treatment- resistant diabetes mellitus. PUPD, wt loss despite tx, anorexia/hyporexia x4weeks, vomited plant material frank blood.
Abnormal PE/Chem/CBC/UA Results: alt-770 ast-249 alp-8466 bil-0.5

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 6.8 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 evident in both kidneys.

Adrenal Glands

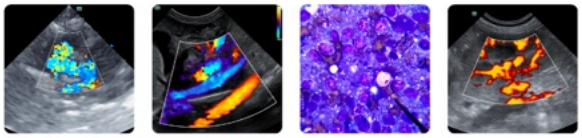
The left adrenal gland is enlarged, but maintained normal shape, echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 3.97 cm in length x 1.7 cm and 1.77 cm in width. The right adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Right adrenal gland measured 1.83 cm in length x 0.81 cm and 0.39 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 2.1 cm in width.

Liver

Normal size with a diffuse increased echogenic and coarse appearance, normal portal markings, and regular curvilinear 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

Thickening of the gastric wall (up to 1.8 cm) with a hypoechogenic appearance and some loss of layering with normal peristaltic activity and no distension of the lumen. 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.

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

- Gastric thickening.
- Hepatopathy.
- Left adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the gastric thickening would be chronic gastritis, Helicobacter gastritis, ulcerative disease, granulomatous disease and possibly emerging neoplasia.

The most likely etiology for the hepatopathy would be metabolic secondary to the uncontrolled diabetes with reactive hyperplasia and vacuolar differential diagnosis. Hepatitis and infiltrative neoplasia would be less likely differential diagnosis.

Etiologies for the left adrenomegaly would be disease, stress and pituitary dependent Cushing's disease.

Further assessment of the stomach would be FNA cytology of the wall and possibly gastroscopy with biopsies.

Further assessment of the adrenomegaly would be adrenal function testing (ACTH stimulation/LDDST).

Specific therapy would be dependent on an etiological diagnosis.

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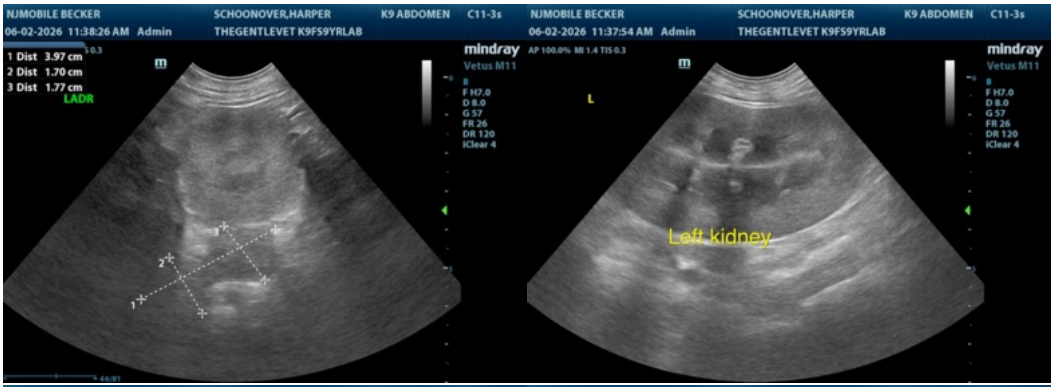
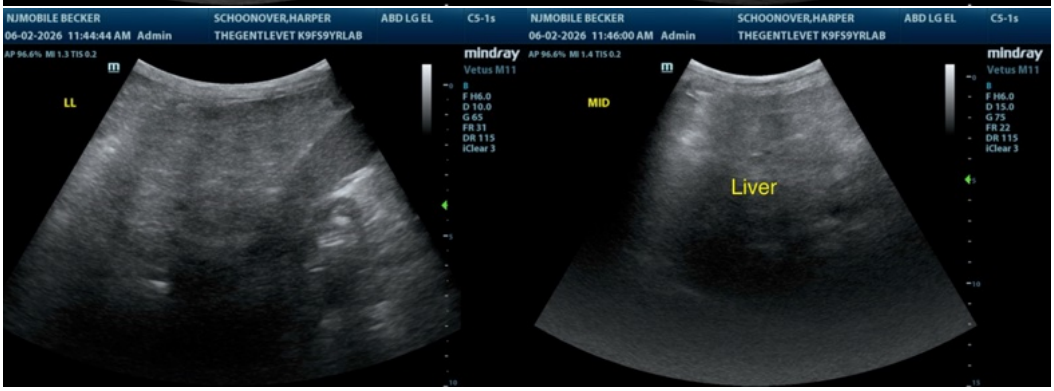
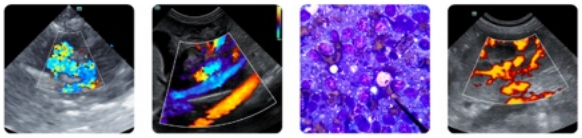




The information and recommendations provided are based on the images presented by the



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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