



PATIENT

Mac Hall

SPECIES

Canine

BREED

SEX

Neutered male

AGE

12 years

WEIGHT

52.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ruth Loomis

HOSPITAL NAME

Brookwood AC

REFERRING VET

Dr. Loomis

INVOICE

70067

DATE

1/13/26

PRESENTING CLINICAL SIGNS

History: No wt loss/ intermittent to chronic diarrhea P has had some response to low fat RCV diet negative fecal P on Denamarin from August until present
Abnormal PE/Chem/CBC/UA Results: 8/17/2025 ALT (SGPT) 120 12-118 IU/L HIGH ALK PHOS 166 5-131 IU/L HIGH 1/5/2026 Alkaline Phosphatase 667 * 20.0 - 150.0 U/L Alanine Aminotransferase 177 * 10.0 - 118.0 U/L Gamma-Glutamyl-Transferase 8 * 0.0 - 7.0 U/L Bile Acid 4 0.0 - 25.0 umol/L Total Bilirubin 0.4 0.1 - 0.6 mg/dL

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 5.8 cm, right measured 5.9 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.

The prostate is small and hypoechogenic.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.54 cm and 0.56 cm in width. The right adrenal gland measured 0.47 cm and 0.6 cm in width.

Spleen

Normal size (2.2 cm in width) with a diffuse, mottled echogenic and nodular appearance, but maintained regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.

Liver

Normal size with a diffuse increased echogenic and coarse appearance, prominent 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

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. Fecal material is present in the colon.

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

- Hepatopathy.
- Splenic pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia an unlikely differential diagnosis.

Etiologies for the spleen would be age related reactive hyperplasia, splenitis and possibly infiltrative neoplasia.

Although the GI tract appears ultrasonographically normal, with the presenting clinical signs, an underlying enteropathy such as dietary hypersensitivity and inflammatory bowel disease should be considered.

Initial further assessment would be FNA cytology of the liver and spleen. However, a tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis.

Additional diagnostics that could be considered would be cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.



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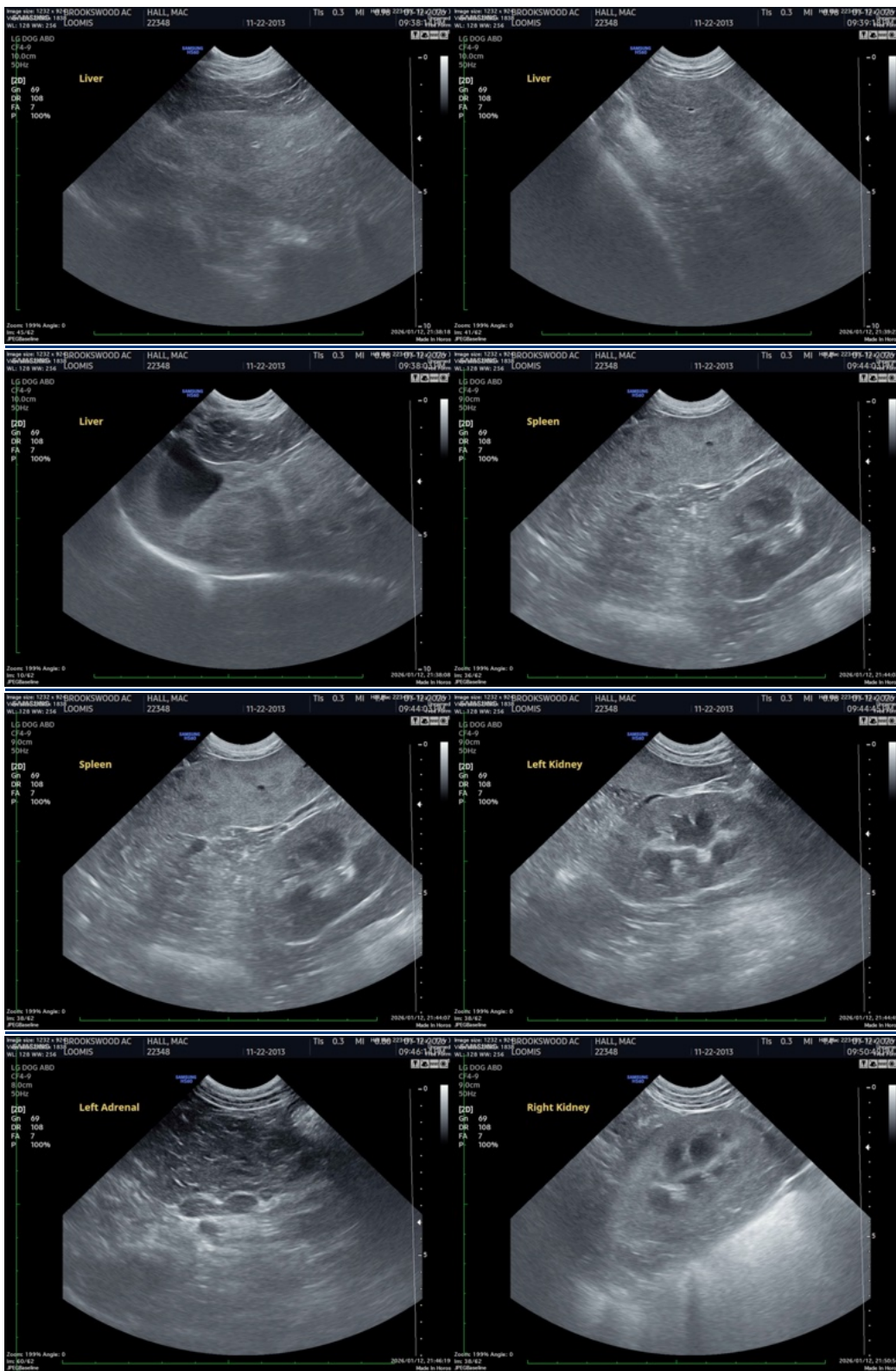
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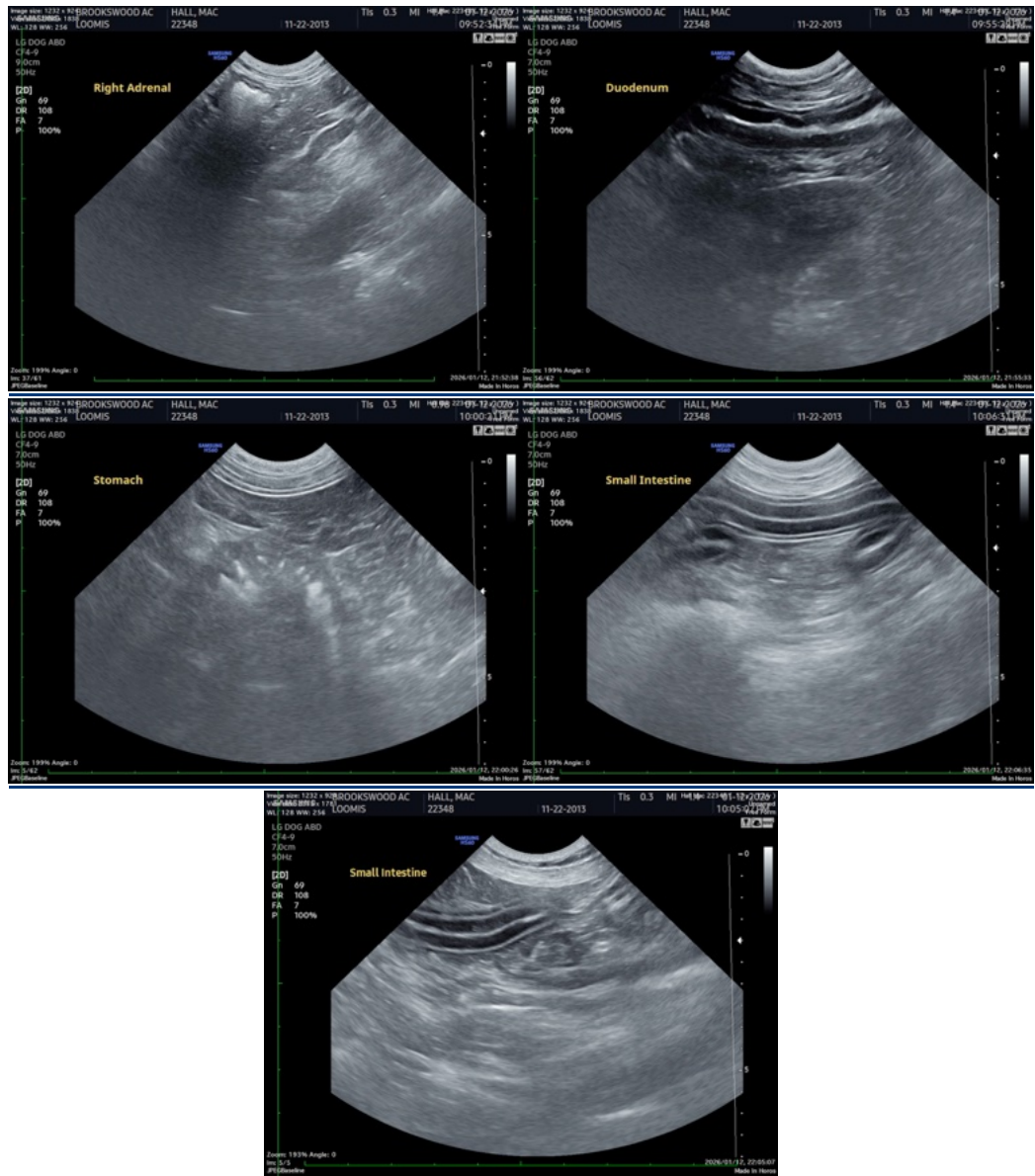
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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