



## PATIENT

Harbor Boslough

## SPECIES

Canine

## BREED

Lab Mix

## SEX

Spayed female

## AGE

12 years

## WEIGHT

40 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jocelyn Smith, CVT

## HOSPITAL NAME

Annville Cleona VA

## REFERRING VET

Dr. Keck

## INVOICE

70315

## DATE

1/20/26

## PRESENTING CLINICAL SIGNS

- Recent E. coli UTI being treated with Baytril for 2 days, then Harbor stopped eating and became lethargic for the last 2 days. Current MEDs are prednisone 10 mg SID for IBD, diet is Royal Canin Ultamino.
- Current medications: Enrofloxacin (Baytril) for urinary tract infection, Prednisone 10mg once daily for inflammatory bowel disease, - Psyllium husk fiber powder for stool consistency, Monthly cobalamin injections
- Dehydrated, tacky mm and poor skin turgor Bloodwork: ALT=724 and was 250 9/25/25. High ALK Phos likely due to the prednisone. Abdominal tension Gr 3 of 5 heart murmur

## 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 5.5 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. 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 0.6 cm and 0.66 cm in width. The right adrenal gland measured 0.62 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. Incidental myelolipoma is present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.8 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 a moderate amount of non-adhered, hyperechogenic sediment. 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***

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.
- Gallbladder sediment.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The likely etiology for the hepatopathy would be age related reactive hyperplasia, early nodular hyperplasia, vacuolar, metabolic and drug induced with hepatitis and infiltrative neoplasia a less likely differential diagnosis.

The gallbladder sediment is most likely an incidental finding.

On this ultrasound there is no obvious etiology for the presenting clinical signs which could be ascribed to the recent Baytril therapy.

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

Further specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the hepatopathy and the gallbladder sediment would be the use of Ursodiol with regular monitoring of liver enzyme activity.



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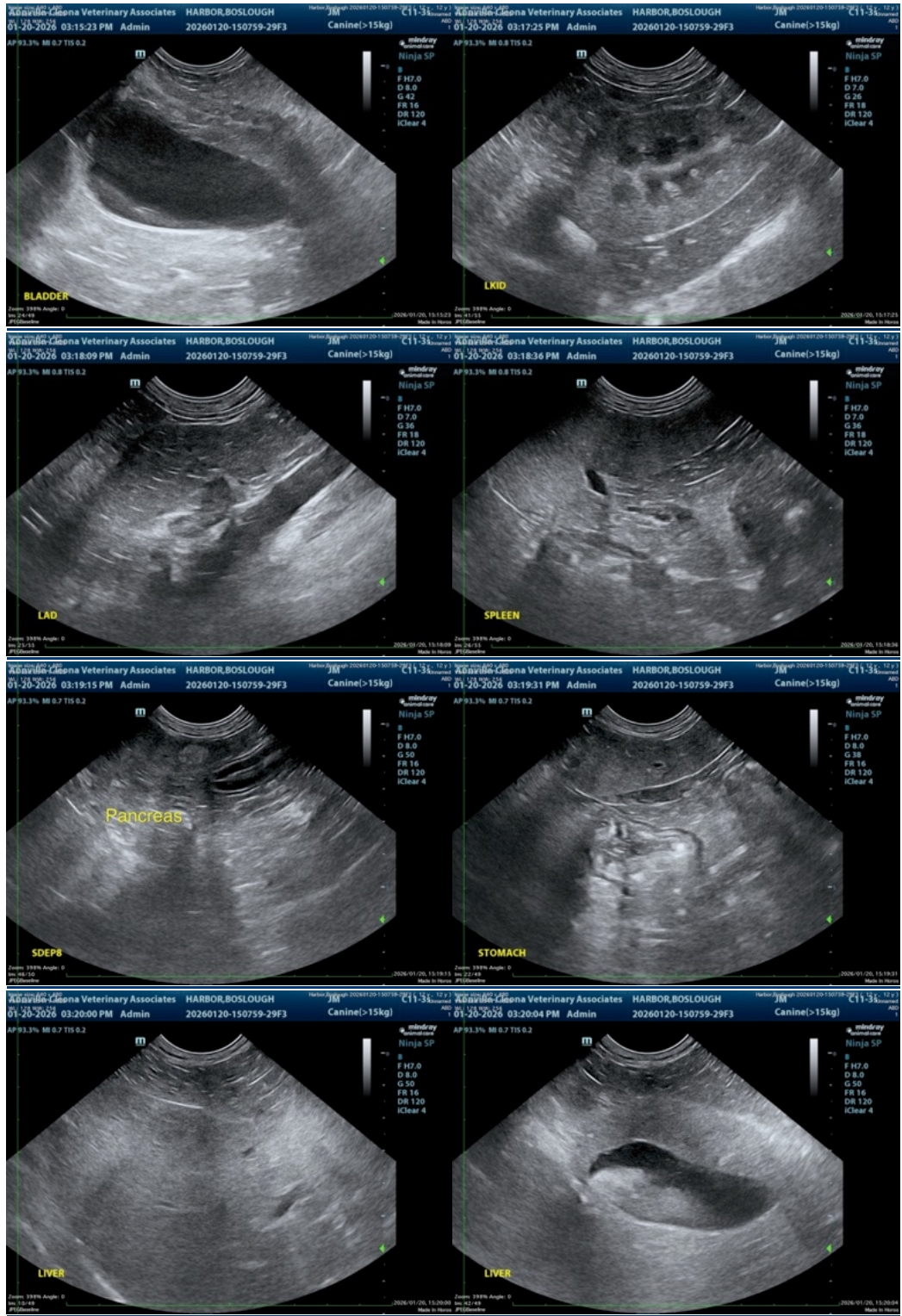
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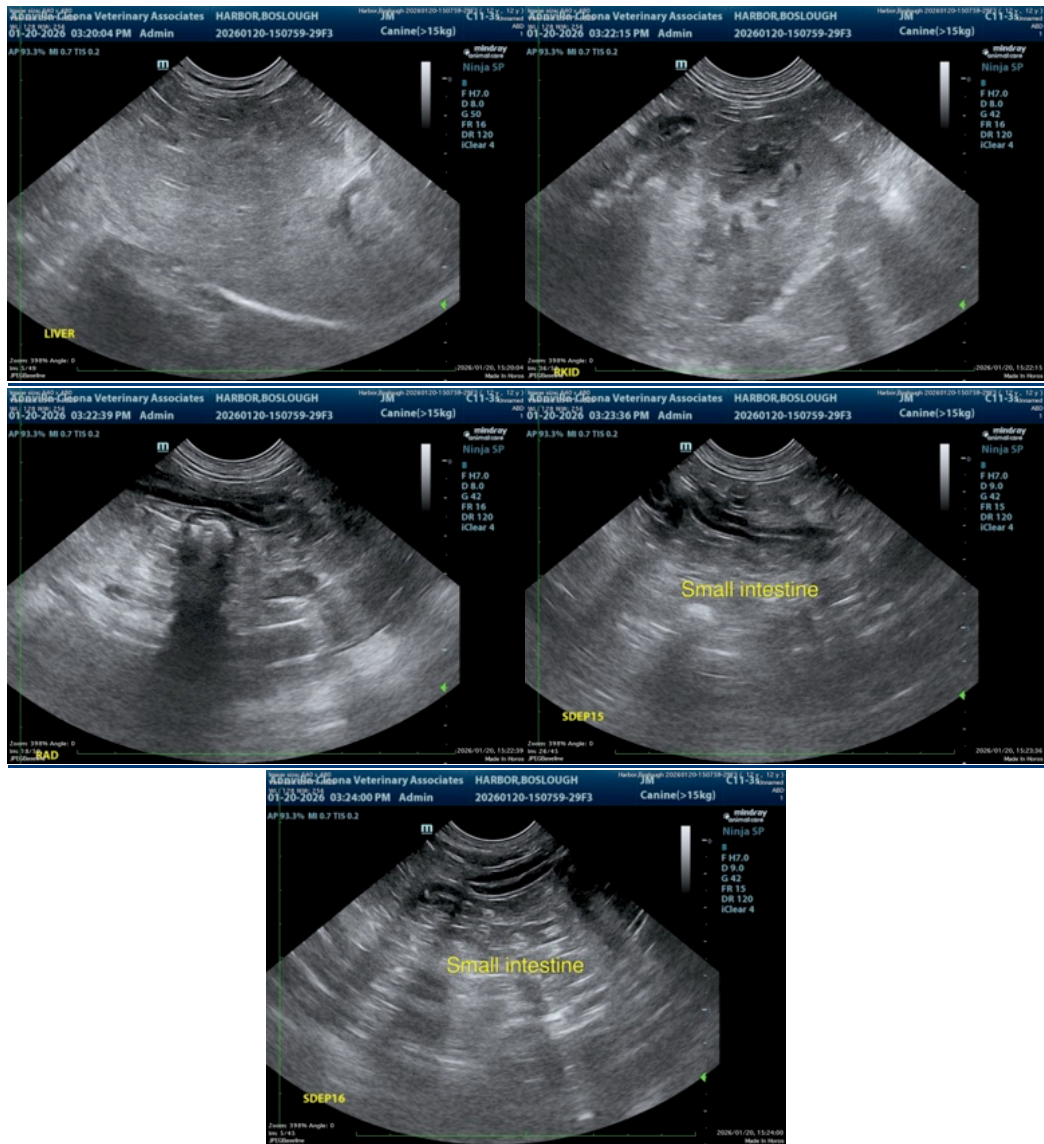
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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