



PATIENT

Willa McDonald

SPECIES

Canine

BREED

Papillon x

SEX

Spayed Female

AGE

11 Years

WEIGHT

6.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Petzoic Veterinary
Hospital

REFERRING VET

Dr. Poffenroth

INVOICE

72419

DATE

1/23/26

PRESENTING CLINICAL SIGNS

Abnormal bloodwork results on pre-surgical screening. AUS to further investigate liver abnormalities.

Abnormal PE/Chem/CBC/UA Results: Bloodwork: hemoconcentration (previous Bw also shows hemoconcentrations) PLT: low: manual check: Chem: Total protein and Albumin, Globulin are mild high ALT: 173 mild high Bilirubin-total: 41 UA: SPG: 1.032 Hematuria Protein present T4: 30

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder containing a moderate amount of floating hyperechogenic sediment, with a normal thickness and smooth appearance of the wall.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes, examples measured 0.30 cm x 0.60 cm and 0.40 cm x 1.3 cm. Ureters not visualized, which can be considered a normal finding.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measured 4.0 cm. Right kidney measured 4.2 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measured 0.42 cm and 0.48 cm in width. Right measured 0.52 cm and 0.45 cm in width.

Spleen

Normal size (1.4 cm in width) 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.

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.

Gallbladder

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. Moderate amount of ingesta present within the stomach, compatible with a recent meal. Fecal material present within the colon.



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Pancreas

Normal size (both left and right measuring 0.90 cm) with an increased echogenic appearance and an irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes, measuring up to 0.20 cm x 0.50 cm.

No ascites evident.

Normal size and ratio of the portal vein and the caudal vena cava (both 0.50 cm in diameter).

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Gallbladder sediment.
- Chronic pancreatitis versus pancreatic fibrosis.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, vacuolar and metabolic, with hepatitis and infiltrative neoplasia being unlikely differential diagnoses.

The gallbladder sediment is most likely an incidental finding. Etiologies for the urinary bladder sediment would be incidental debris, hematuria, and possibly bacterial cystitis.

Further assessment would be urinalysis, possibly urine culture, cPL/PSL assay, and FNA cytology of the liver. A tru-cut or wedge biopsy of the liver may, however, be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

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





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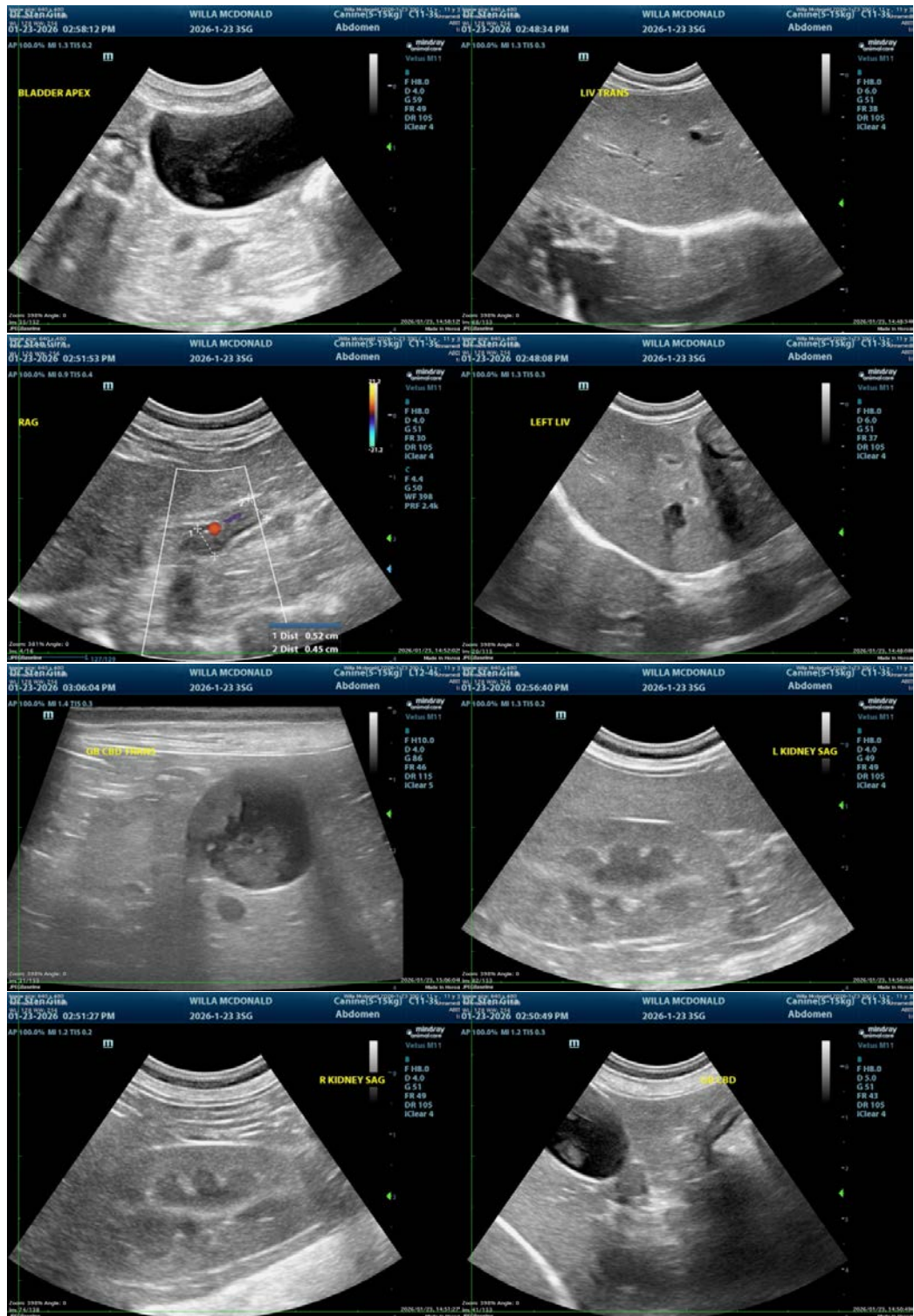
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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