



PATIENT

Grace Whitfield

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

13 Years

WEIGHT

18 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Ashley Gardner-Sorice,
DVM

INVOICE

72474

DATE

1/26/26

PRESENTING CLINICAL SIGNS

Investigating BUN and ALP elevation prior to dental procedure as requested by dental specialist.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder 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, 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 measures 3.9 cm. Right measures 4.6 cm. Normal color flow pattern evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 2.04 cm in length x 0.47 cm and 0.59 cm in width. Right measures 1.61 cm in length x 0.47 cm and 0.86 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. A small, focal, non-vascularized, hypoechogenic parenchymal nodule is noted measuring approximately 0.50 cm in the tail of the spleen. The spleen measures 1.2 cm in width. Incidental myelolipomas are present.

Liver

Normal size, with a diffuse increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. A few parenchymal hyperechogenic nodules are noted, measuring up to 0.70 cm in size. No 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.



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Pancreas

Visible section presents normal size and echogenic appearance. 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 and hepatic nodules.
- Splenic nodule.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

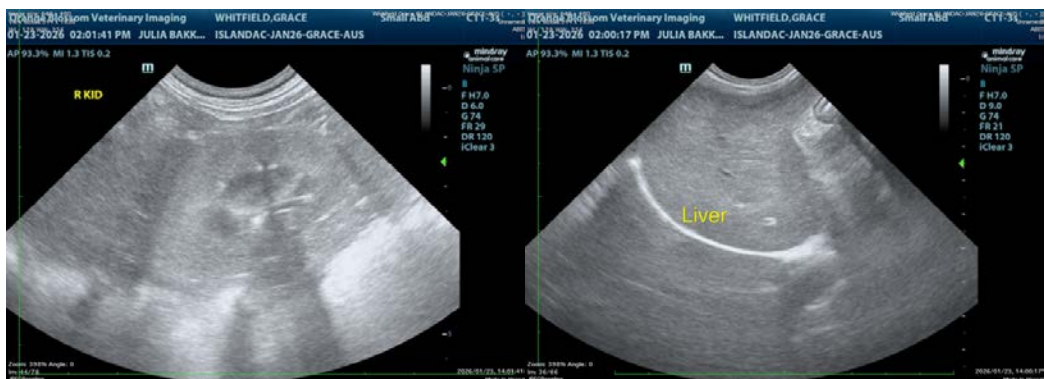
The most likely etiology for the hepatic nodules would be incidental nodular hyperplasia.

The most likely etiology for the splenic nodule would be reactive hyperplasia/extramedullary hematopoiesis, with hematoma, granuloma, and emerging neoplasia being less likely differential diagnoses.

Although the gallbladder sediment is most likely an incidental finding, monitoring for the development of a mucocele would be recommended. Further assessment that could be considered would be FNA cytology of the liver and the hepatic nodules. However, a tru-cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

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





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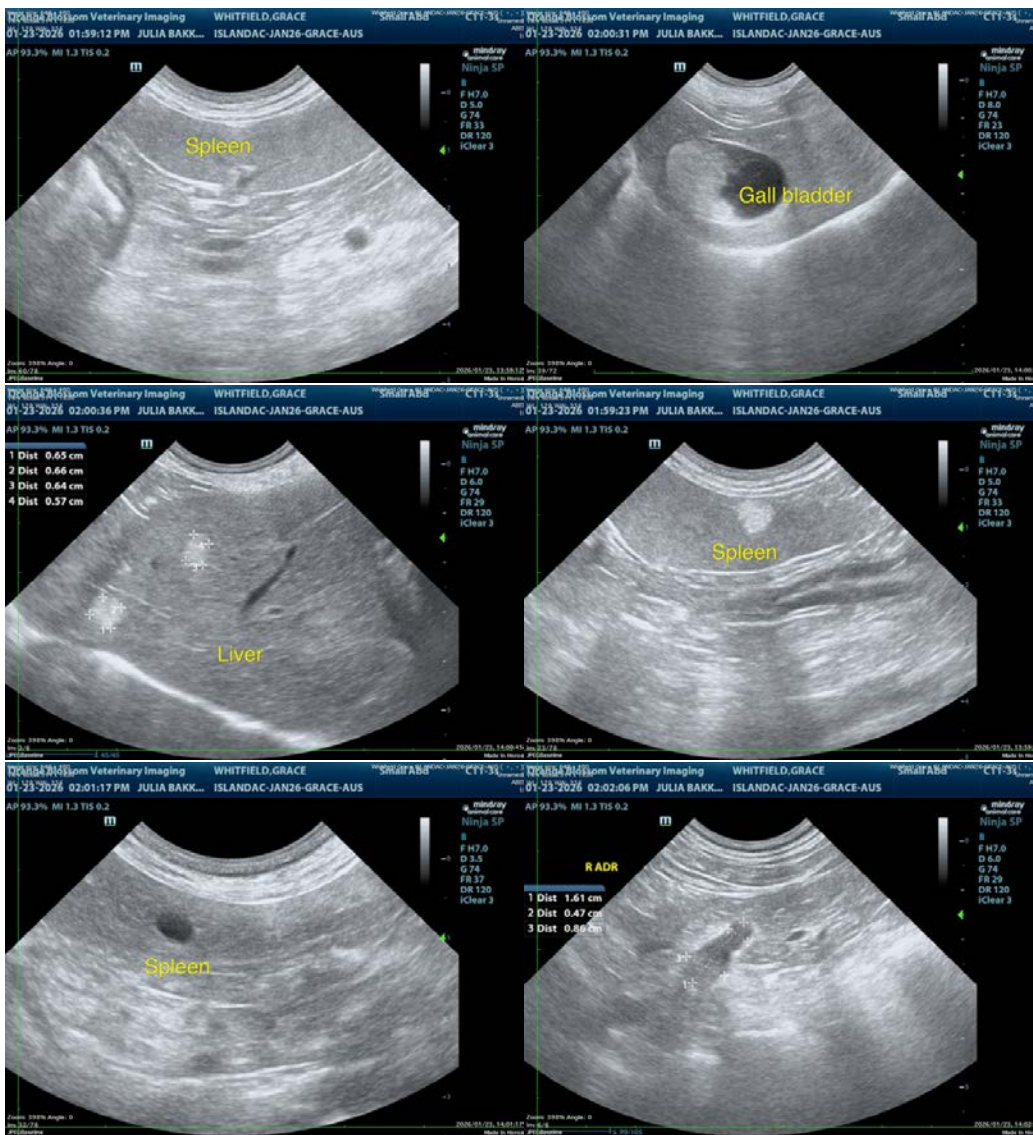
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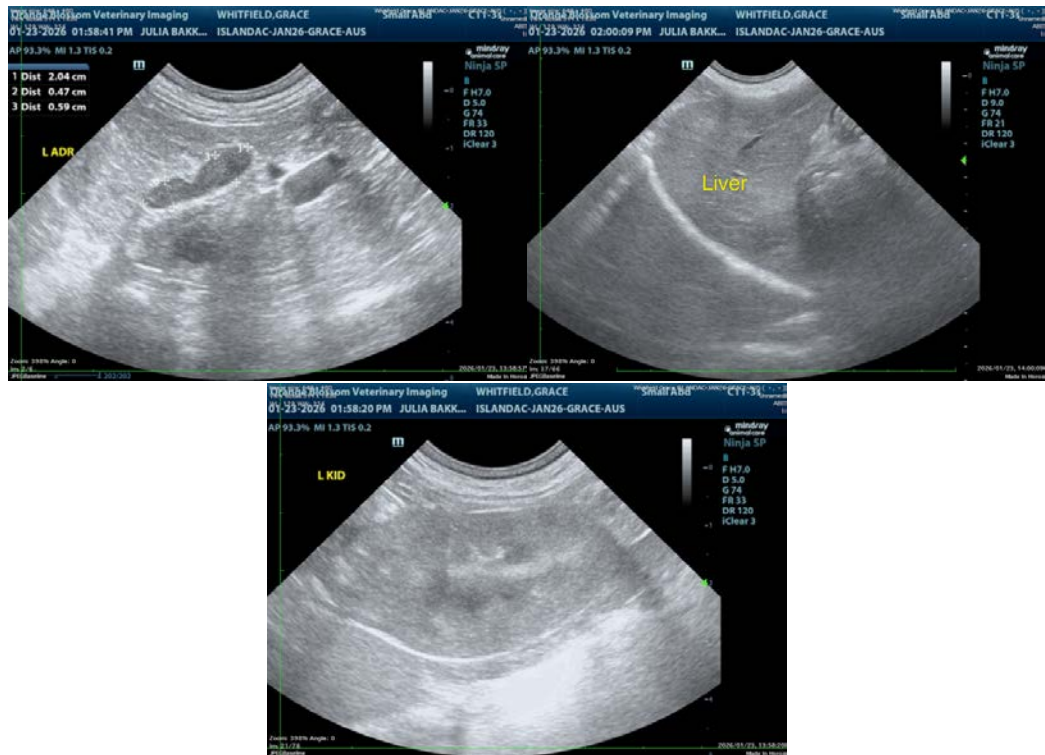
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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