



PATIENT

Chase Drumheller

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed female

AGE

12 years

WEIGHT

26 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Joan Gramazio

HOSPITAL NAME

Shohola VH

REFERRING VET

Dr. DeMeo

INVOICE

71050

DATE

1/29/26

PRESENTING CLINICAL SIGNS

- PLN on telmisartan 20mg SID
- History of proteinuria
- Labs elevated liver enzyme, doing fine otherwise
- ALT 223 (12-118) ALP 1702 (5-131) Tbil 0.5 (0.1-0.3) PLT 589 (170-400) UPC 3.4 (>0.5)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A moderate amount of floating, hyperechogenic sediment is noted.

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 4.8 cm, right measured 5.5 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.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.54 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Incidental myelolipoma is present. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.6 cm in width.

Liver

Normal size, echogenic appearance, 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 small 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. A small amount of ingesta and fluid present within the stomach compatible with a recent meal. Fecal material is present within 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

- Urinary bladder sediment
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely etiologies for the urinary bladder sediment would be incidental debris, crystalluria and possibly bacterial cystitis.

The gallbladder sediment can be considered an incidental finding.

Although the liver appears ultrasonographically normal, with the elevated liver enzyme activity an underlying hepatopathy such as reactive hyperplasia, vacuolar and metabolic should still be considered. Hepatitis and infiltrative neoplasia would be highly unlikely differential diagnosis.

The gallbladder sediment can be considered an incidental finding.

Further assessment would be full urinalysis (if not already done), possibly urine culture and FNA cytology of the liver.

A tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis.



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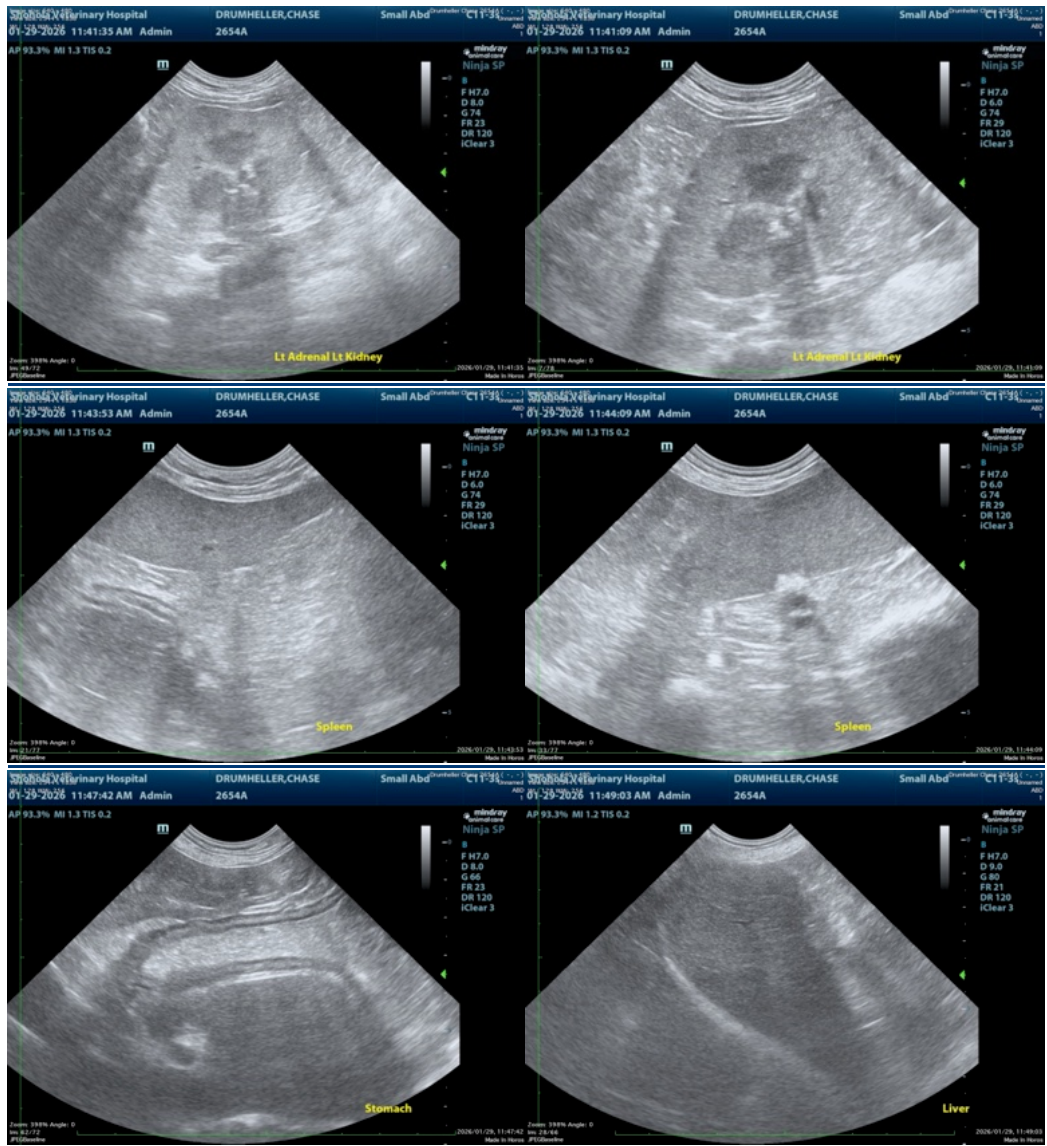
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Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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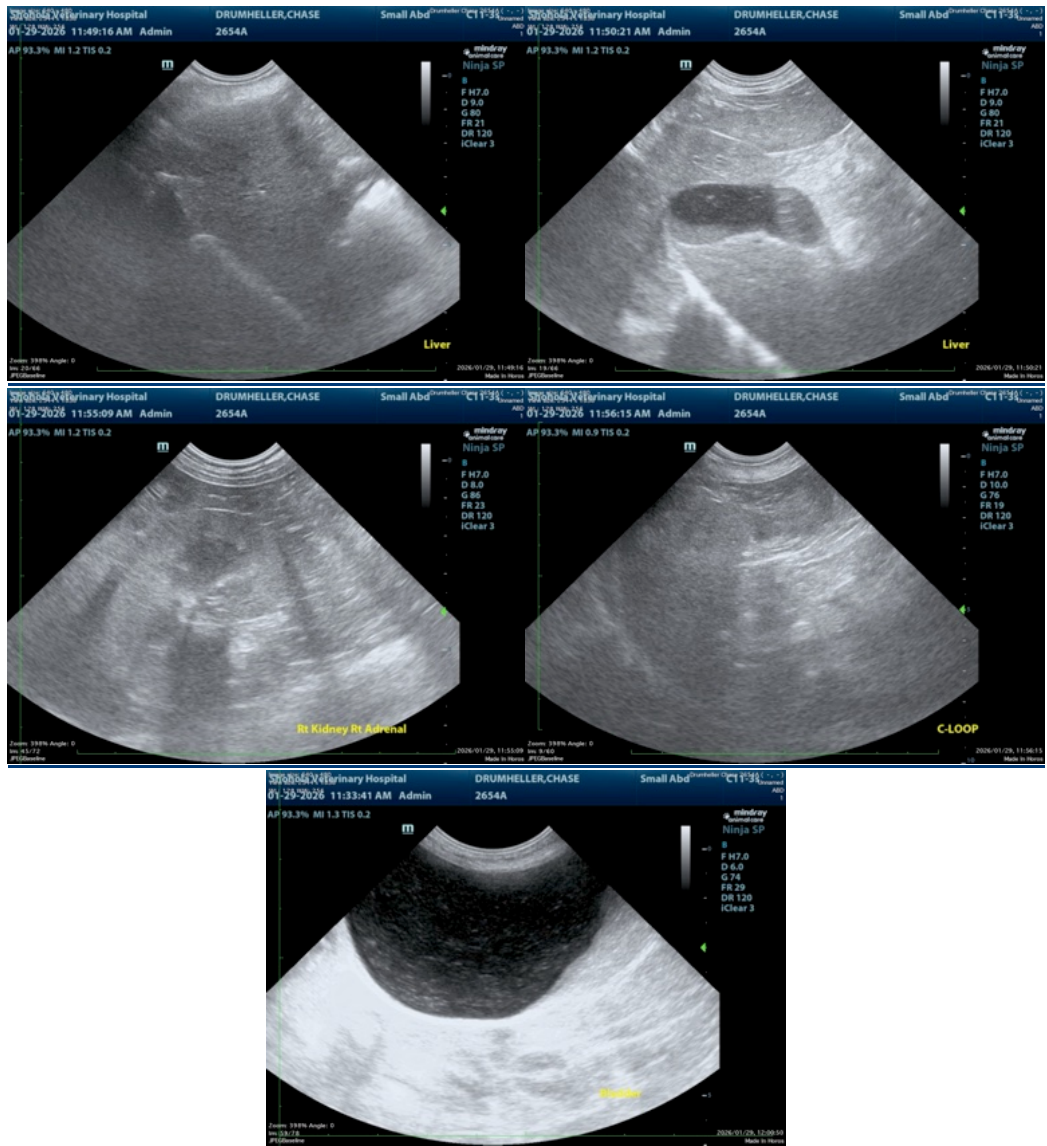
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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