



PATIENT

Jack Liu

SPECIES

Canine

BREED

Pitbull Mix

SEX

Neutered male

AGE

10 years

WEIGHT

69.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Robyn Lantz

HOSPITAL NAME

Eastgate VC

REFERRING VET

Dr. Moses

INVOICE

71074

DATE

1/29/26

PRESENTING CLINICAL SIGNS

On 12/4/25:

- Annual exam
- O reports no current health concerns.
- P is reportedly doing well, moving and grooming normally.
- He remains active and will sprint after squirrels.
- --Diet, treats--
- Hills Prescription Diet Metabolic + Mobility.
- --Medications/Preventatives/Supplements, etc.--
- Flea prevention.
- Joint supplement
- On exam:
- Gingival mass, left mandible
- Nasal hyperkeratosis
- Now currently also on Denamarin***

Abnormal PE/Chem/CBC/UA Results: ALP 1/8/2026 447 12/8/25 371 12/6/2024 226 12/30/23 176 **12/8/25 Specific Gravity 1.008 (LOW) 1.015-1.050 Rest of senior canine CBC/chem/T4/accuplex/fecal/urinalysis WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 6.1 cm, right measured 6.0 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

The left adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size. The right adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Right adrenal gland measured 0.77 cm and 0.74 cm in width.



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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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.3 cm in width.

Liver

Normal size with a mottled 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

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. Fecal material was 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.
- Gallbladder sediment.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely etiologies for the hepatopathy would be age related, reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia highly unlikely differential diagnosis.

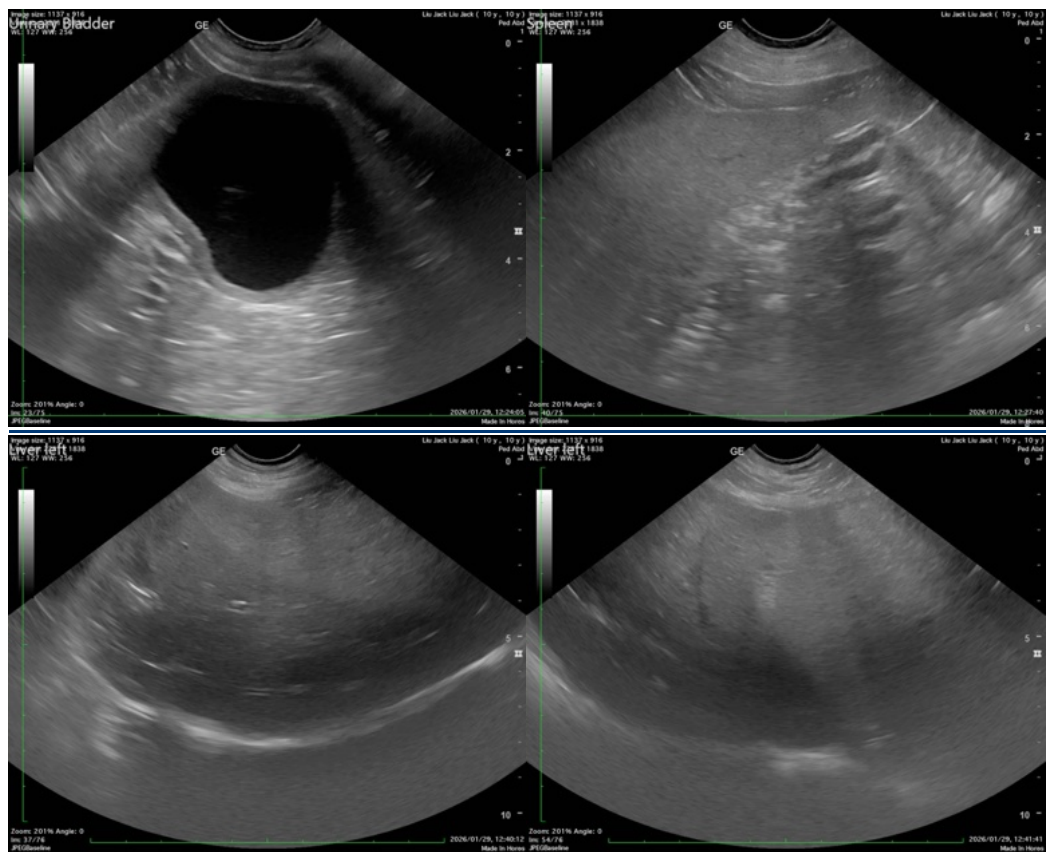
The gallbladder sediment is most likely an incidental finding.

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

Repeating the urine specific gravity on a first morning sample would also be recommended.

Specific therapy would be dependent on an etiological diagnosis.

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





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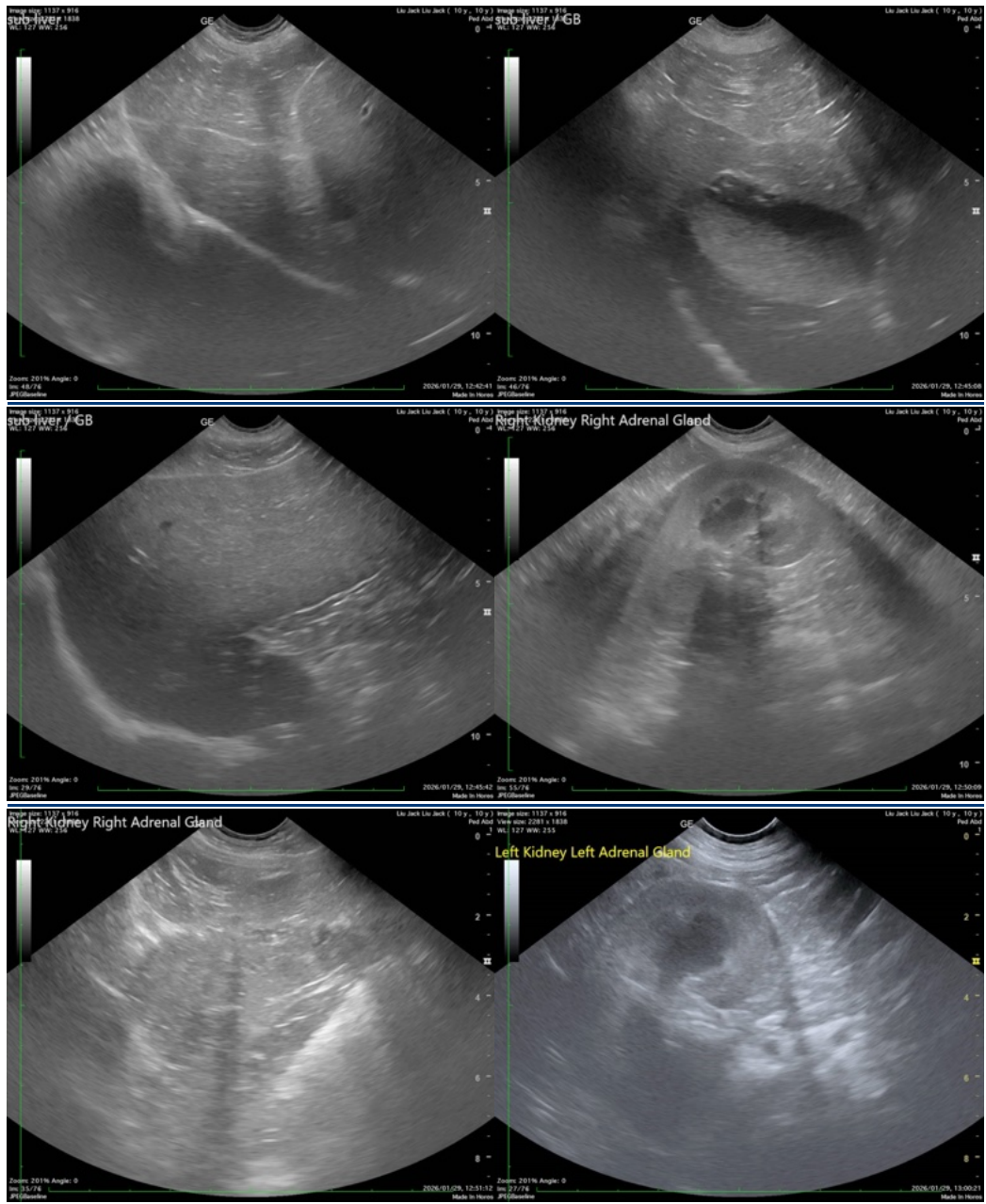
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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