



PATIENT

Mikey Conn

SPECIES

Canine

BREED

Cavalier King Charles

SEX

Neutered male

AGE

14 years

WEIGHT

11.44 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Johnson

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Johnson

INVOICE

71049

DATE

1/29/26

PRESENTING CLINICAL SIGNS

- 01/19/2026: P is a 14yr 3mo old MN mixed breed that originally presented for mild bleeding from the mouth of unknown origin. Per O, they noted a spot of blood on p's paw after coming home and were not sure where the blood was coming from. O suspected the bleeding came from P's mouth, but not officially confirmed. O brought P in for a dental consultation today.
- O states that overall P is doing well. Eating, drinking, defecating, and urinating within normal limits. No coughing, sneezing, vomiting, or diarrhea noted by owner. No known allergies to vaccines/ medication. P has no recent travel history.
- 1) 2-view thoracic radiographs- Sent to AIS
- 2) CBC, Chem, UA, T4- Sent to Antech
- 3) BP (doppler, #3 cuff, mmHg, LF)- 122, 114, 122, 120, 126
- Medications Rx for 01/29/2026- 1. Clindamycin (25mg/mL) suspension- 1.5mL po q 12 hours 2. Meloxicam (1.5mg/mL) Pre-filled syringes- Give 0.2mL po q 24hrs for pain and inflammation
- Assessment/Problem List:
 - 1. Grade 3/6 left sided murmur- R/O mitral valve endocardiosis vs DCM vs valve dysplasia vs congenital vs open
 - 2. Severe Dental Disease w/ concurrent Halitosis
- On 01/23/2026: No current anorexia, vomiting, diarrhea, coughing, or sneezing reported; patient eating Farmer's Dog diet and consuming all food and medication without issue.
- Initiated Pimobendan liquid 0.8 mL PO BID after bloodwork and xray results
- Thoracic radiographs revealed mild left-sided cardiomegaly and a prominent left atrium, consistent with mitral valve disease (suspected myxomatous mitral valve degeneration). Blood work showed hypoalbuminemia, hyperglobulinemia, increased liver enzymes, increased BUN, anemia, and leukocytosis consistent with inflammation. Anemia and hypoproteinemia raise concern for possible protein-losing enteropathy. Increased liver enzymes and BUN may be secondary to dehydration, dietary factors, or underlying disease.

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 3.5 cm, right measured 4.0 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation and normal pelvis and capsule. No infarcts, mineralization or renoliths evident.

The prostate is small and hypoechogenic.



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Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.35 cm and 0.38 cm in width. The right adrenal gland measured 0.39 cm and 0.35 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Multiple, incidental myelolipomas are 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 1.2 cm in width.

Liver

Normal size with a diffuse, 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 normal anechoic bile. 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 is 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.



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ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Age related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

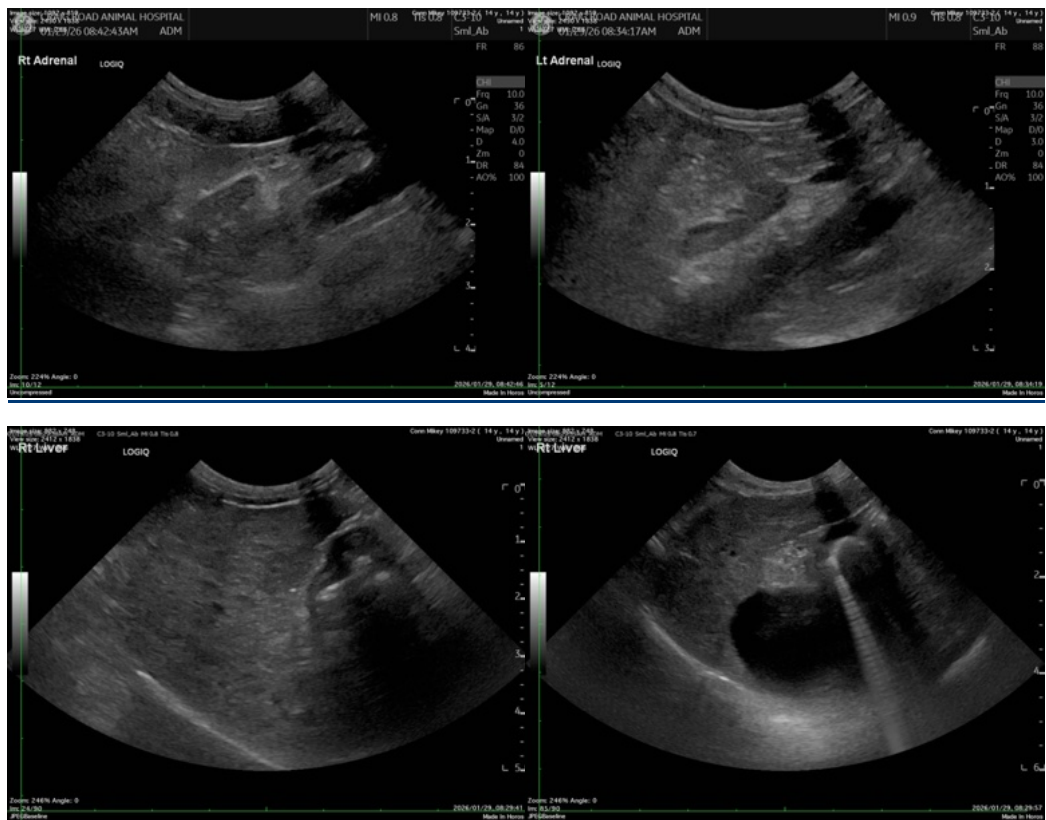
Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar, and metabolic with hepatitis and infiltrative neoplasia an unlikely differential diagnosis.

The dental disease could account for the blood work abnormalities.

Further assessment would be urinalysis and FNA cytology of the liver.

However, a tru cut or wedge biopsy may be required for final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.





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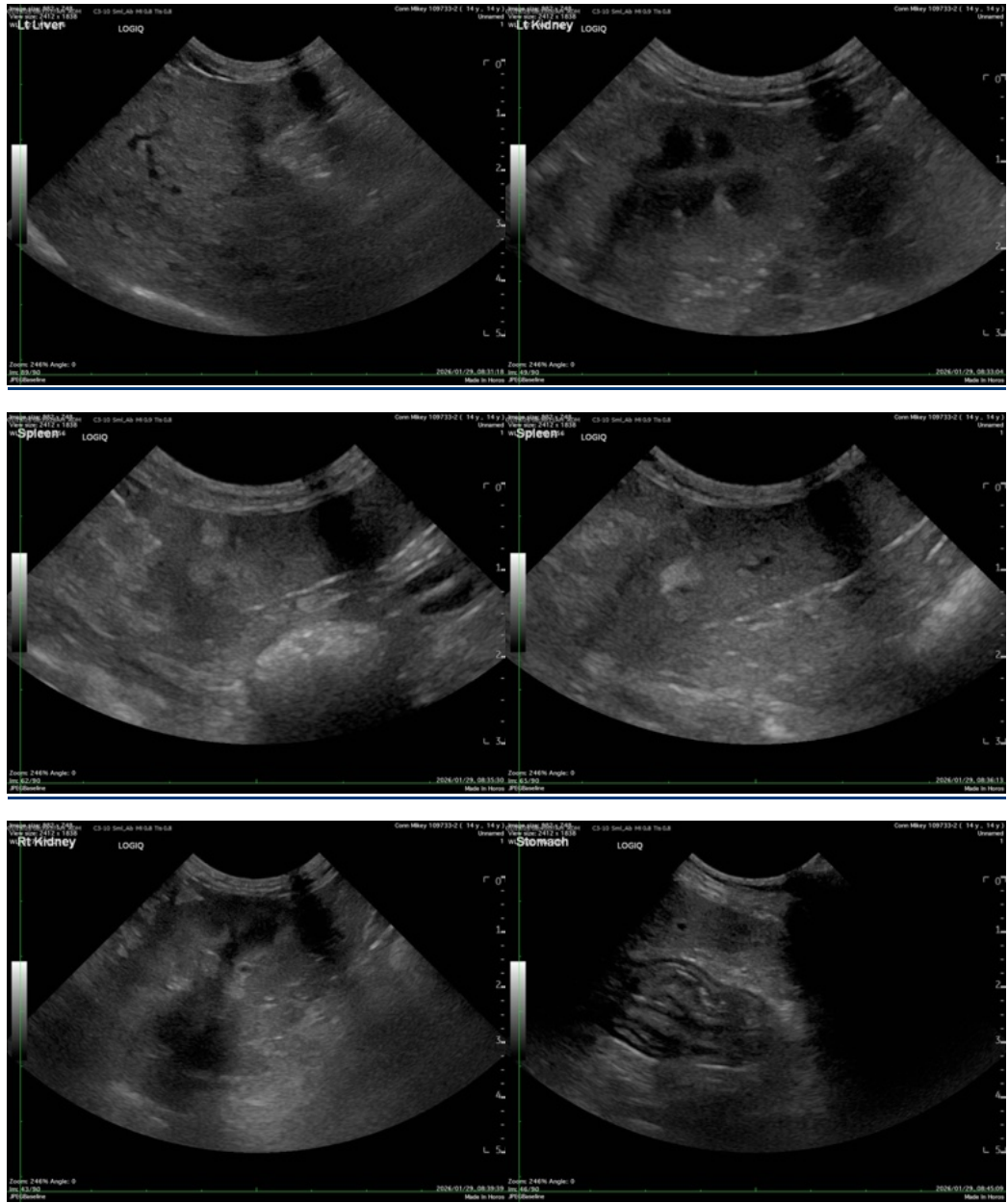
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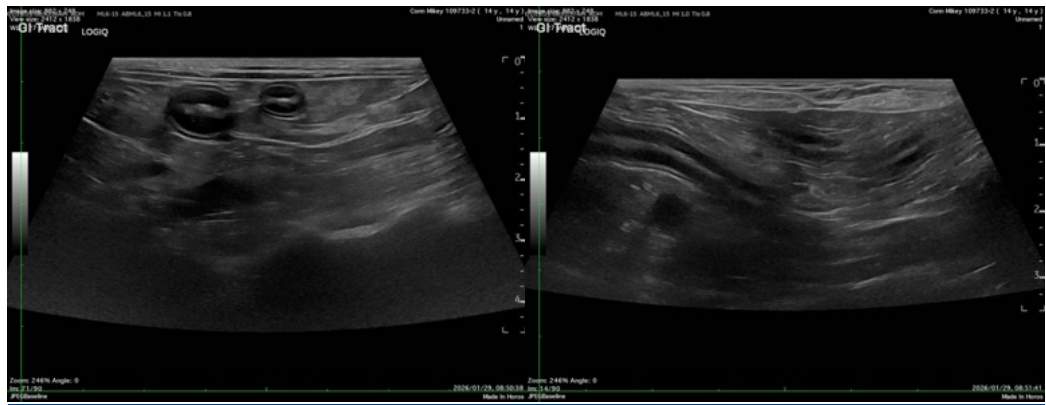
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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