



## PATIENT

Amy Hamilton

## SPECIES

Canine

## BREED

Mini Schnauzer

## SEX

Spayed Female

## AGE

13

## WEIGHT

8.15

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Laura Field

## HOSPITAL NAME

Westview Veterinary  
Hospital

## REFERRING VET

Dr. Laura Field

## INVOICE

12275

## DATE

11/14/25

## PRESENTING CLINICAL SIGNS

Presented after a few days of lethargy, vomiting. on urinary so kibble, has hx of stones. Had a dental last month, pre dental labs showed elevated liver enzymes.

Abnormal PE/Chem/CBC/UA Results: PE- potbellied, otherwise naf besides some lenticular change  
CBC mpv high 13 (8-13) pct high 51 (14-46) CHEM ALT high 131 (10-125) (was 132 in oct) ALP high 1552 (23-212) (was 1680) lip high 3349 (200-1800) panc lipase high 900 (0-200) UA free catch, straw, clear usg 1.010 ph 6.5 pro 100mg/dl bld 10 ery/ul suspect Cushing's? pancreatitis? emerging gall bladder disease

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Full urinary bladder with a normal thickness and smooth appearance of the wall. A scant amount of floating hyperechogenic sediment was visualized within the lumen of the urinary bladder. 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. Normal color flow pattern was evident in both kidneys. The left kidney measured 4.5 cm in length. The right kidney measured 4.6 cm in length.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.45 cm in width. The right adrenal gland measured 0.40 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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.7 cm in width.

### Liver

Normal size, 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 moderate amount of nonadhered 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



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distension of the lumen. Small amount of ingesta present within the stomach, compatible with a recent meal. Fecal matter was present within the colon.

**Pancreas**

Normal size (left pancreas 0.60 cm in width) with a mottled echogenic appearance and a mildly irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**Free Abdomen**

Normal mesenteric lymph nodes.

No ascites evident.

**ULTRASONOGRAPHIC FINDINGS**

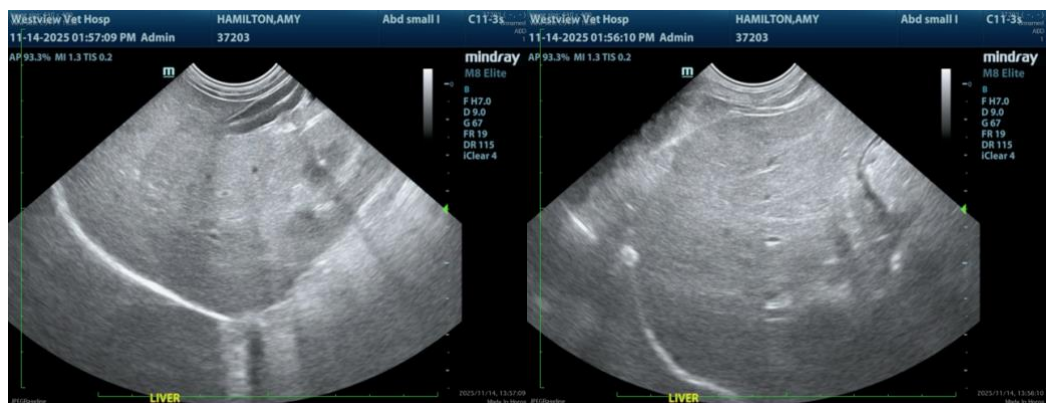
- Hepatopathy.
- Gallbladder sediment.
- Chronic pancreatitis versus pancreatic fibrosis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Likely etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia highly unlikely 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, however, a tru-cut or wedge biopsy of the liver may be required for a final etiological diagnosis. With the presenting clinical signs, and elevated cPL, active pancreatitis would be a differential diagnosis.

Initial management would be flow therapy, correction of any electrolyte anomalies (as needed), antiemetics, analgesics and feeding small frequent meals of a low-fat intestinal type diet. Symptomatic management of the hepatopathy and the gallbladder sediment that could be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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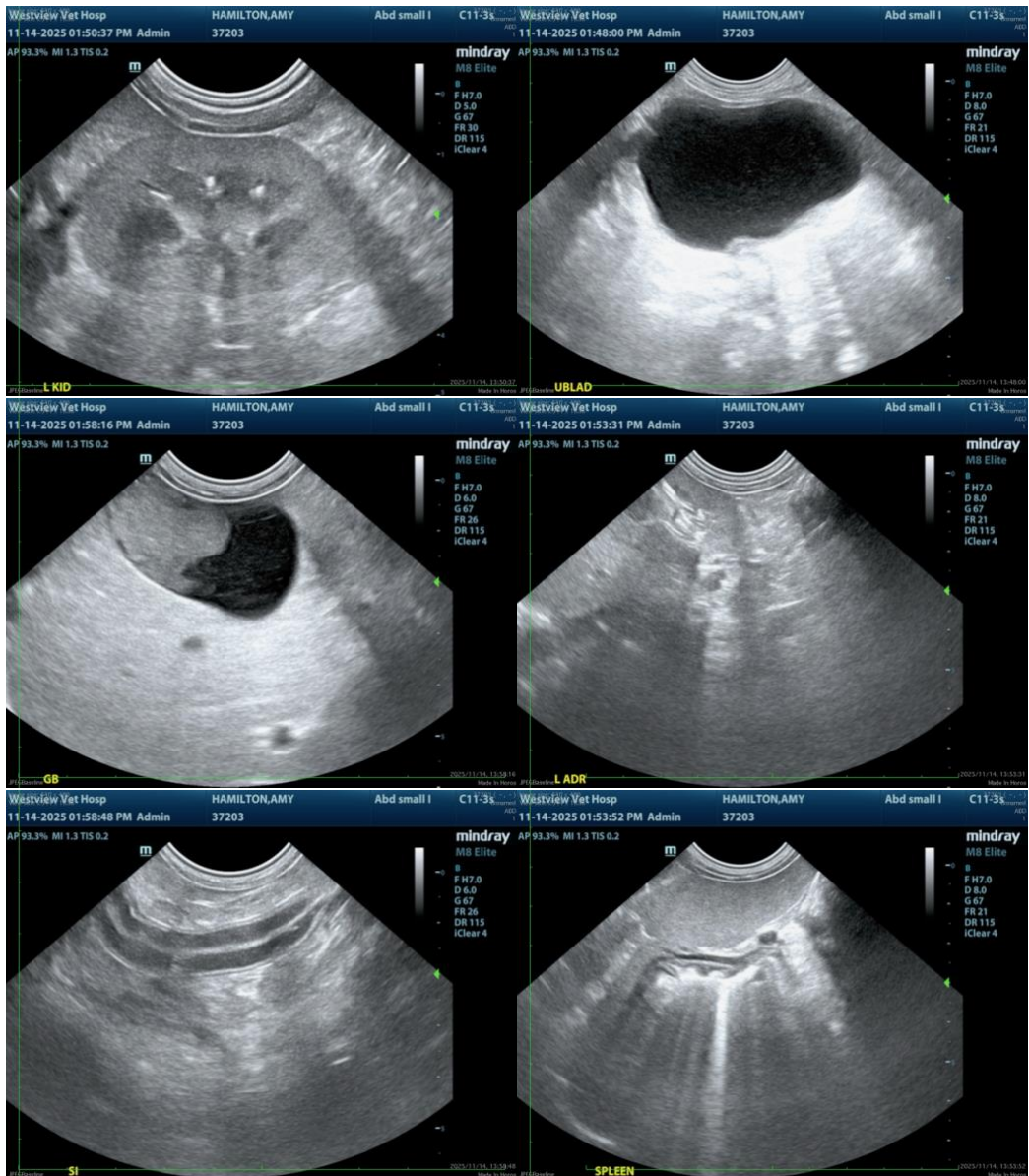
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)