



PATIENT

Ruxby LaBach

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

8 Years 1 Month

WEIGHT

16 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ryan Moreno

HOSPITAL NAME

Seven Fields
Veterinary Hospital

REFERRING VET

Dr. Ryan Moreno

INVOICE

71815

DATE

11/14/25

PRESENTING CLINICAL SIGNS

Recent Liver value elevations on pre-surgical BW. Has a small mass on RH that was going to remove. Doing well at home. Previously was on Rimadyl for pain back in 10/9/25. Have since Discontinue rimadyl with new liver value elevations.

Abnormal PE/Chem/CBC/UA Results: USG: 1.038 11/6/25: CBC: Plt (527) Chem: ALP (936), ALT (170), Cre (0.4) 9/15/25: CBC: WNL Chem: ALP (252), Cre (0.4)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full 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 kidney measures 4.2 cm. Right kidney measures 4.9 cm.

Reproductive System

Small, hypoechogenic prostate.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.37 cm and 0.55 cm in width. Right measures 0.52 cm and 0.68 cm in width.

Spleen

Normal size (1.2 cm in width) 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.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

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.



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Pancreas

Visible sections present 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

- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

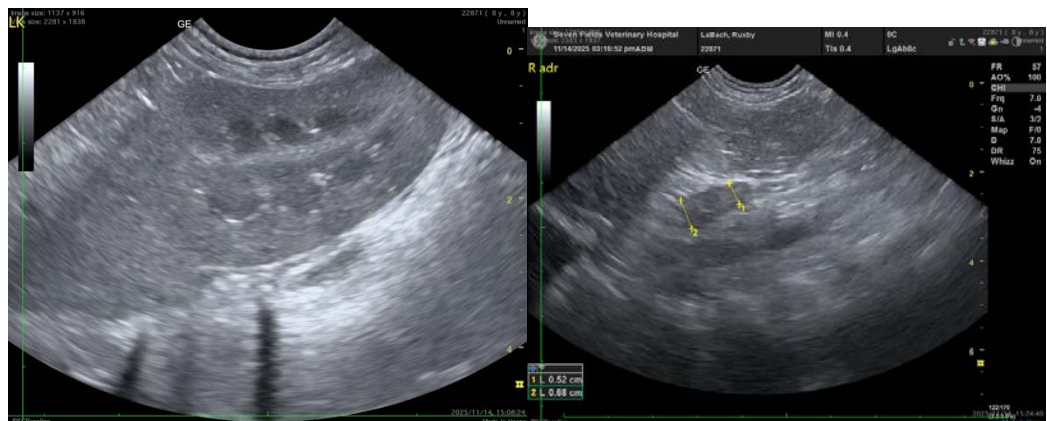
In essence, a normal ultrasound examination of the abdomen, as the gallbladder sediment can be considered an incidental finding. Although the liver appears ultrasonographically normal, with the progressive elevation of liver enzyme activity, an underlying hepatopathy such as reactive hyperplasia, vacuolar, and metabolic should still be considered.

Although the adrenal glands appear ultrasonographically normal, with the disproportionate increase in ALT and ALP activity and the thrombocytosis, emerging pituitary dependent Cushing's disease would be a differential diagnosis.

Further assessment of the hepatopathy would be FNA cytology. However, a tru-cut or wedge biopsy may be required for a final etiological diagnosis.

Further assessment of possible pituitary dependent Cushing's disease would be urine specific gravity and a urine cortisol to creatinine ratio, and if abnormal, then adrenal function testing (ACTH stimulation/LDDS test) would then be indicated.

Specific therapy would be dependent on an etiological diagnosis.





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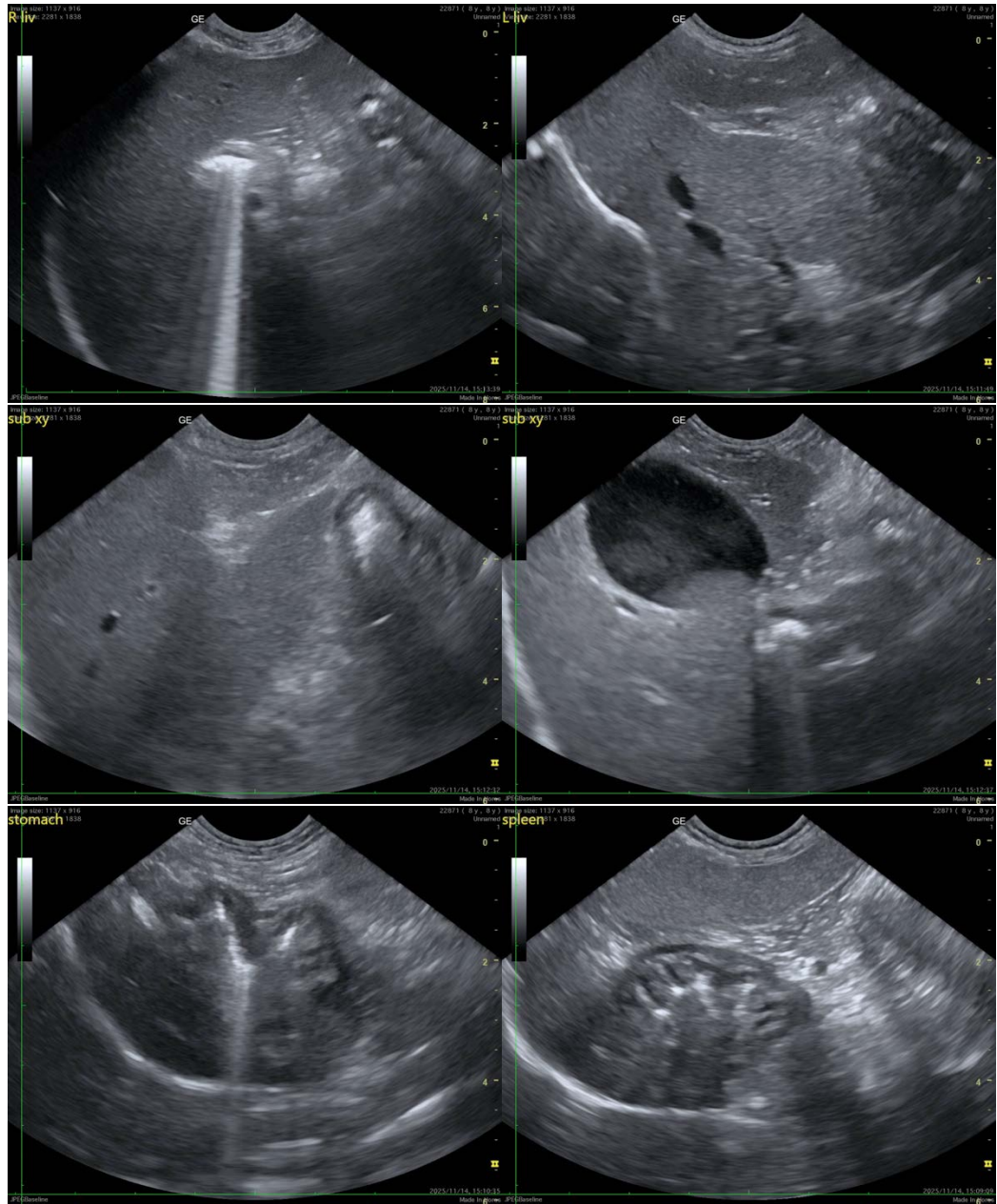
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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