



PATIENT

Luna Collins

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Spayed female

AGE

6 years

WEIGHT

54.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Leal

HOSPITAL NAME

Wellesley AH

REFERRING VET

Dr. Dean

INVOICE

68829

DATE

11/19/25

PRESENTING CLINICAL SIGNS

History: Pt presents for imaging following a three month rapid unintentional weight loss (8lbs) and an elevation in ALT. Pt presented on 11/17 for pollakuria and hematuria. UA showed hematuria, proteinuria, bilirubin and urobilinogen present. Acidic urine (pH 5). Radiographs revealed no crystals. Incidentally found mineralization of right iliopsoas insertion site at lesser trochanter. Pt started on Rimadyl. Pt currently on Simparica Trio. Labwork revealed a mild ALT elevation. Imaging was recommended. TXR and AUS performed today. Pt received butorphanol/dexmedetomidine for imaging due to exuberance. Problem List: Unintentional weight loss despite adequate caloric intake Elevated ALT Urinary signs Concern for chronic hepatitis vs copper storage vs infectious hepatitis vs other Abnormal PE/Chem/CBC/UA Results: PE: BCS 5/9, mild hooded vulva, otherwise no significant findings UA: USG >1.050, bilirubin 3mg/dL, urobilinogen 8mg/dL, protein 30mg/dL, RBC 10/hpf, WBC<1/hpf CBC: HCT 59%, remainder WNL Chem10: ALT 377 (H) - remainder WNL, ALP 33, Alb 3.5, Glob 3.6, Glu 84, BUN 16 4dx: negative TXR: No evidence of metastatic disease, mild spondylosis at T5-6, mild OA left elbow, normal cardiac silhouette AXR: no cystic calculi noted, unremarkable abdomen. Mineralization of right iliopsoas insertion site at lesser trochanter.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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 6.7 cm, right measured 7.1 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. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.79 cm in length x 0.64 cm and 0.42 cm in width. The right adrenal gland measured 1.7 cm in length x 0.48 cm and 0.34 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 2.8 cm in width.



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Liver

Normal size with a 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

The gallbladder is small 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.

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.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Etiologies for the urinary bladder sediment would be hematuria as per the patient's history and possibly bacterial cystitis.

Further assessment would be 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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Specific therapy would be dependent on an etiological diagnosis.

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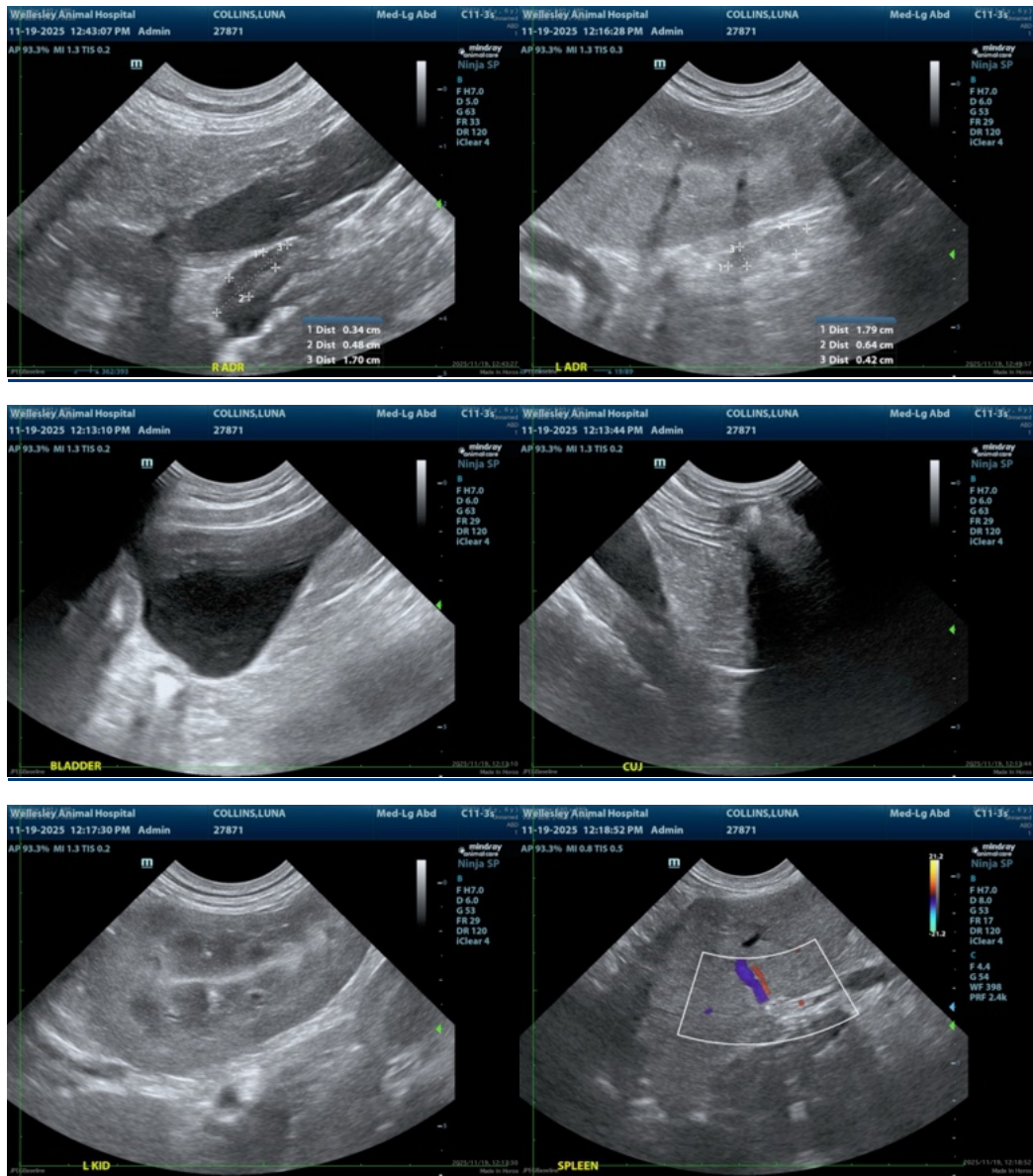
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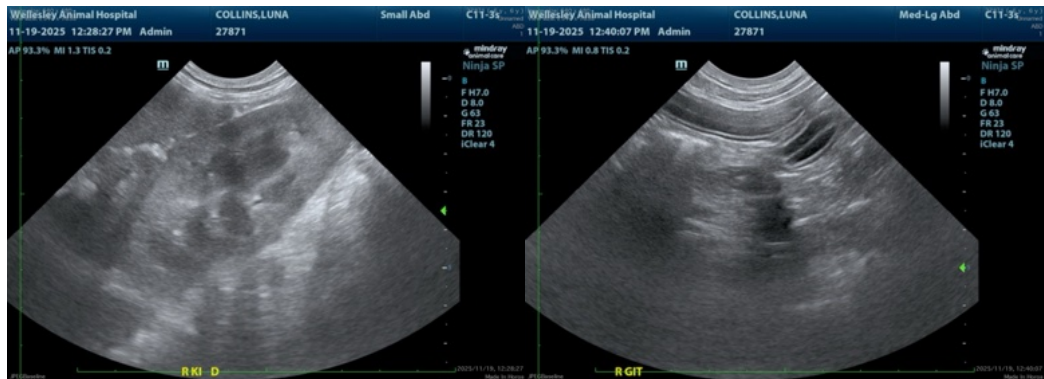
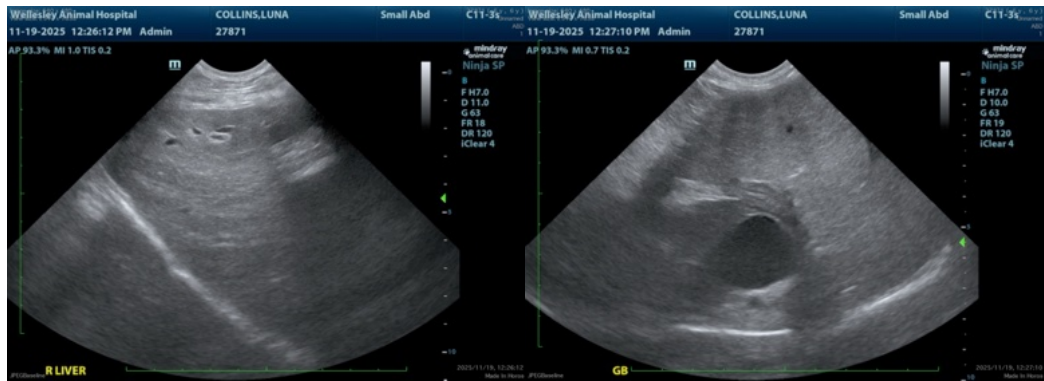
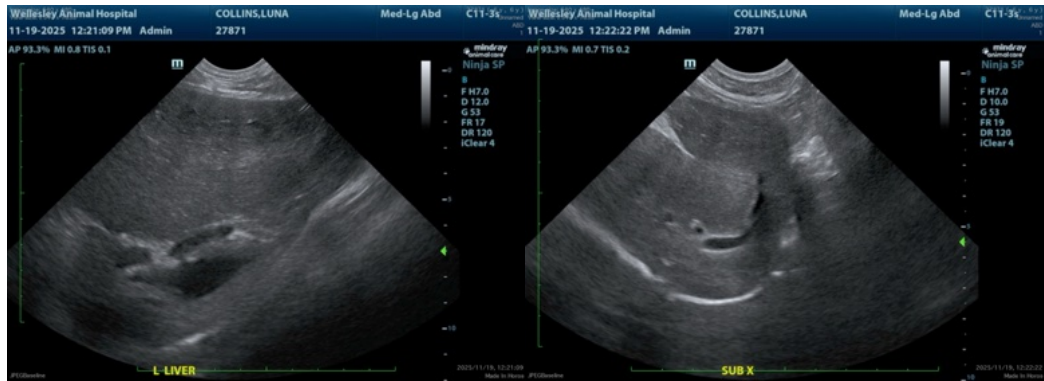
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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