



PATIENT

Jasper Ramirez

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

7 Years

WEIGHT

18.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Casper

HOSPITAL NAME

Hometown Animal
Hospital Florida

REFERRING VET

Dr. Gavin Casper

INVOICE

12399

DATE

11/21/25

PRESENTING CLINICAL SIGNS

Prolonged hx of elevated liver values that have continued to increase. Losing weight. Hx of allergic skin disease. Recently started Enrofloxacin and Denamarin. Current diet farmers dog. On prevention

Abnormal PE/Chem/CBC/UA Results: Underweight. Collarettes from allergic dermatitis. Bloodwork from 11/11/2025 revealed a significantly elevated Alanine Aminotransferase (ALT) of 1747 and an Alkaline Phosphatase (ALFOS) of 976. 05/2023 shows a previously elevated ALT of over 1000 and ALP >1800

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder with a normal thickness and smooth appearance of the wall. The urinary bladder contained a small amount of dependent 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.

The prostate was not visualized.

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. The left kidney measured 4.3 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.51 cm in width. The right adrenal gland measured 0.35 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 1.9 cm in width.

Liver

Normal size with a diffuse mottled echogenic and coarse appearance, prominent portal markings and an irregular capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

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



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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 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.

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Free Abdomen

Normal mesenteric lymph nodes.

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Small amount of ascites present.

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ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Ascites.
- Urinary bladder sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be nodular hyperplasia, chronic hepatitis, granulomatous disease with infiltrative neoplasia a less likely differential diagnosis. Reactive hyperplasia, vacuolar and metabolic hepatopathies would be unlikely differential diagnoses. The ascites can be described as secondary to the hepatopathy. The urinary bladder sediment is most likely an incidental finding.

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Further assessment would be pre- and post-prandial bile acids and FNA cytology of the liver. A tru-cut or wedge biopsy of the liver may, however, be required for a final etiological diagnosis.

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Specific therapy would be dependent on an etiological diagnosis. Symptomatic management that could be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.

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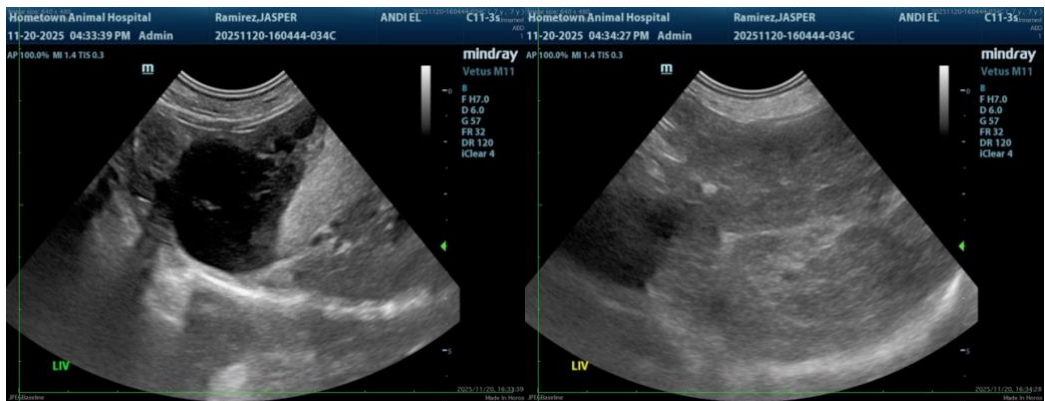
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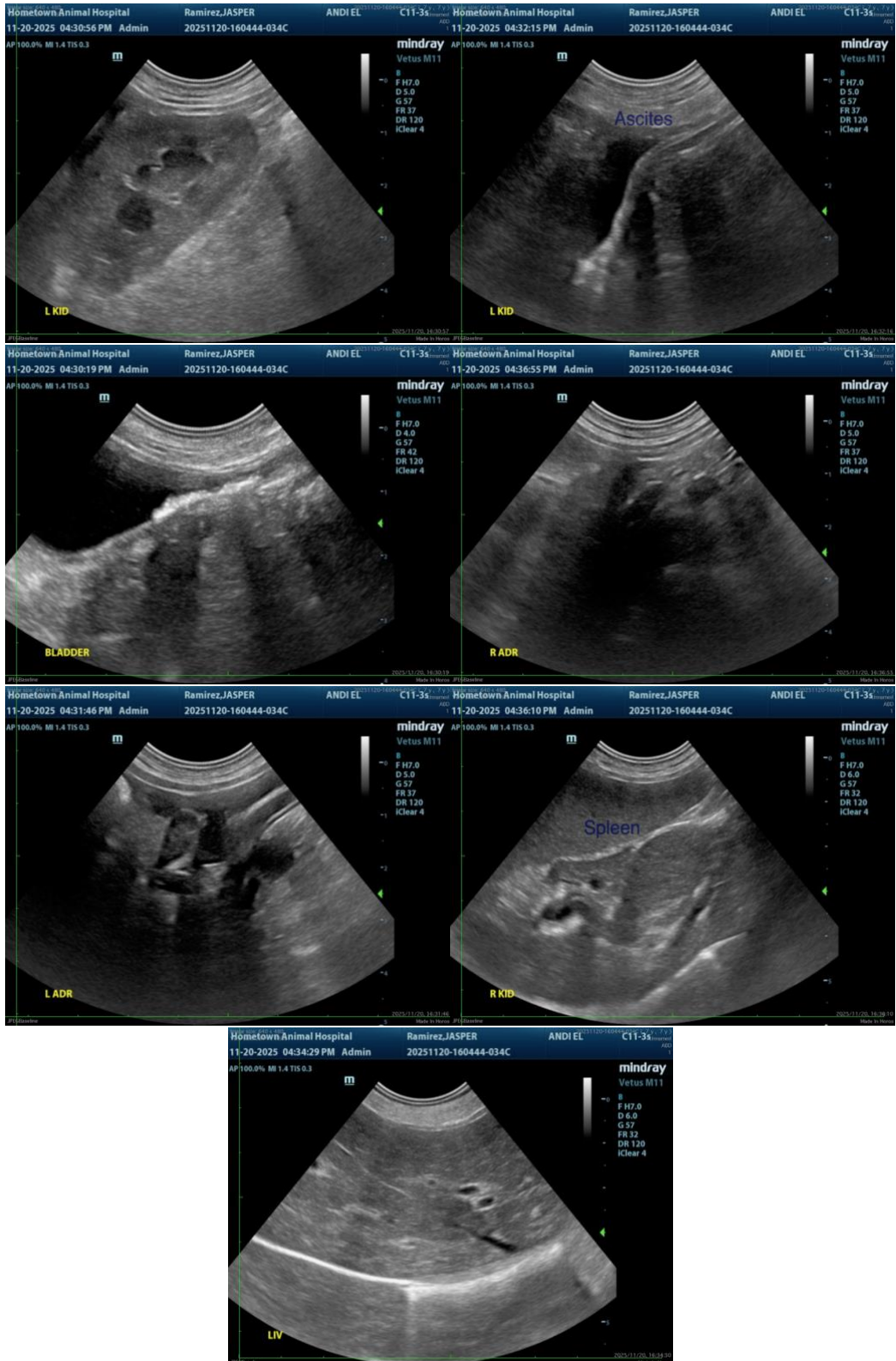
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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