



PATIENT

Talli Winter

SPECIES

Canine

BREED

Labrador Mix

SEX

Neutered male

AGE

10 years

WEIGHT

63.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ashley Bowers

HOSPITAL NAME

Bowling Green VC

REFERRING VET

Dr. Bowers

INVOICE

69021

DATE

11/25/25

PRESENTING CLINICAL SIGNS

History: Elevated liver enzymes noted originally on 5/21/25 with routine bloodwork. Started Denamarin. Persistent elevation so abd u/s performed on 6/26 that found suspected myelolipomas. Increased biliary sludge. Started ursodiol.
Abnormal PE/Chem/CBC/UA Results: Normal PE Chem: 6/23 - ALT 150, ALP 731 9/15 ALT 124 ALP 698 11/20 A:T 144 ALP 783

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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 6.1 cm, right measured 5.9 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.

The prostate is small and hypoechogenic.

Adrenal Glands

The adrenal glands are not visualized.

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 2.5 cm in width.

Liver

Normal size with a diffuse, increased echogenic and coarse appearance, prominent portal markings, and regular curvilinear capsule. Focal, hyperechogenic parenchymal nodule in the left lobe measuring approximately 1.0 x 1.2 cm in size. No additional nodules or masses are evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing a moderate 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.

Pancreas

The pancreas was poorly visualized, but 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.
- Hepatic nodule.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The most likely etiology for the hepatic nodule would be incidental nodular hyperplasia with organized hematoma and granuloma differential diagnosis and neoplasia a highly unlikely differential diagnosis.

The gallbladder sediment is most likely an incidental finding.

With the progressive elevation of ALP activity, Cushing's disease needs to be considered. Initial further assessment would be urinalysis and urine cortisol to creatinine ratio and if abnormal then adrenal function testing (ACTH stimulation/LDDST) would then be indicated. If Cushing's disease has been excluded then further assessment would be FNA cytology of the liver. However, a tru cut or wedge biopsy 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 would be to continue with the current therapy.

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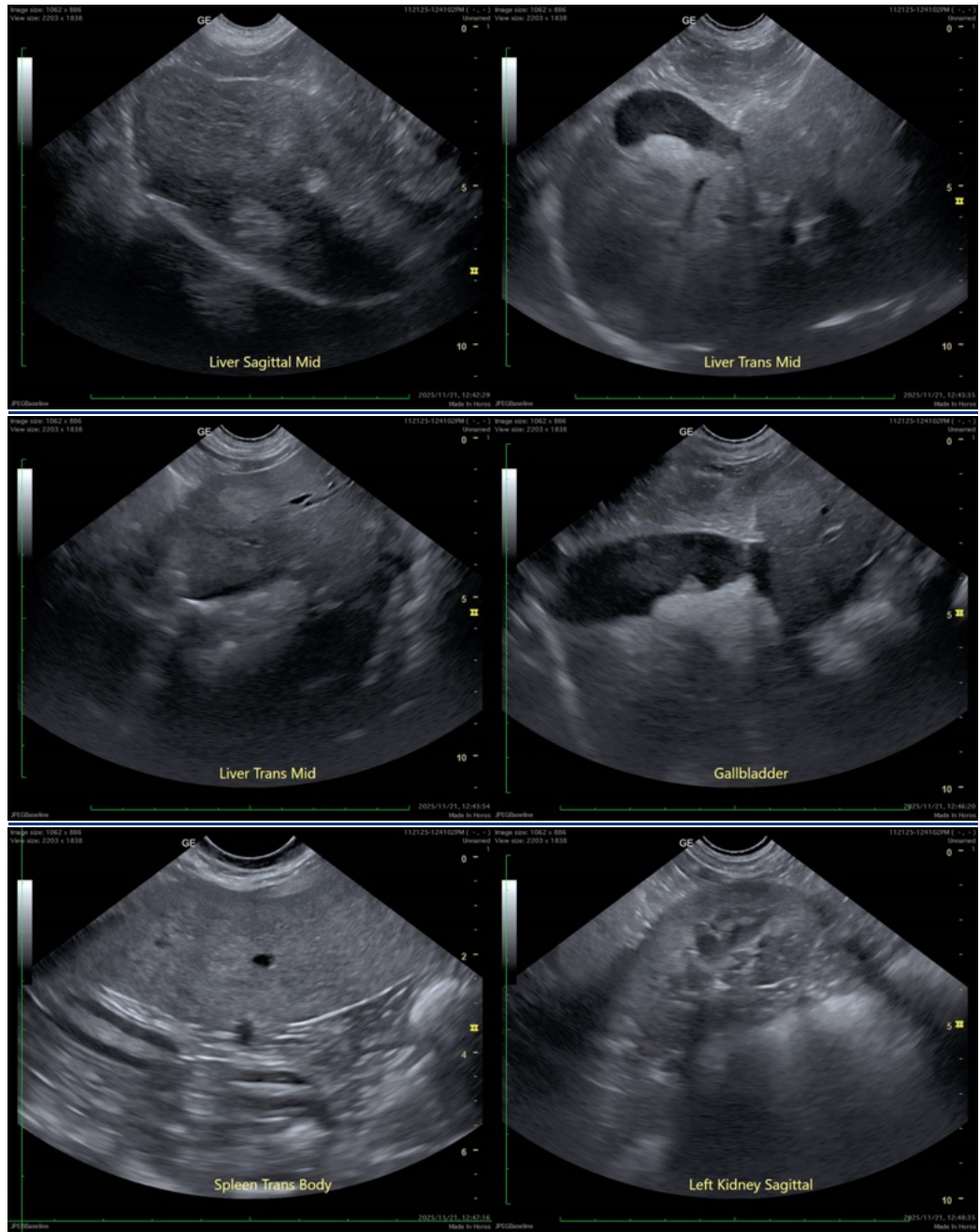
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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