



## PATIENT

Bella Eggers

## SPECIES

Canine

## BREED

Toy Poodle

## SEX

Spayed female

## AGE

1 year

## WEIGHT

9.2 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Striano Kaplan

## HOSPITAL NAME

Ramsey VH

## REFERRING VET

Dr. Striano Kaplan

## INVOICE

69175

## DATE

12/1/25

## PRESENTING CLINICAL SIGNS

History: Hx of elevated liver enzymes; Lepto PCR and protein C WNL Feb 2025, no resolution on Denamarin; pet doing well at home, no current meds at home  
Abnormal PE/Chem/CBC/UA Results: BG - 59, ALT 207; AST 60

## 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 4.0 cm, right measured 4.1 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.

### *Adrenal Glands*

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.22 cm in length x 0.37 cm and 0.42 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

### *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 1.3 cm in width.

### *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*

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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## ***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***

Focal, prominent mesenteric lymph node measuring 0.6 x 1.5 cm in size maintaining a normal shape and echogenic appearance. The rest of the mesenteric lymph nodes appear normal.

No ascites evident.

## **ULTRASONOGRAPHIC FINDINGS**

- Focal, mesenteric lymphadenomegaly.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology for the focal mesenteric lymphadenomegaly would be reactive hyperplasia with lymphadenitis and infiltrative neoplasia highly unlikely differential diagnosis.

On this ultrasound there is no obvious etiology for the elevated liver enzyme activity.

Although the liver appears ultrasonographically normal, with elevated liver enzyme activity an underlying hepatopathy such as reactive hyperplasia, vacuolar and metabolic should still be considered.

With the age and breed of animal, primary portal vein hypoplasia and a small portosystemic shunt would be a possible differential diagnosis.

Further assessment would be pre and post prandial bile acids and if significantly elevated then further assessment would be CT angiography and possibly a liver biopsy.

If the bile acids are not significantly elevated, 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.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered would be to continue with the current therapy and to add Ursodiol with regular monitoring of liver enzyme activity.



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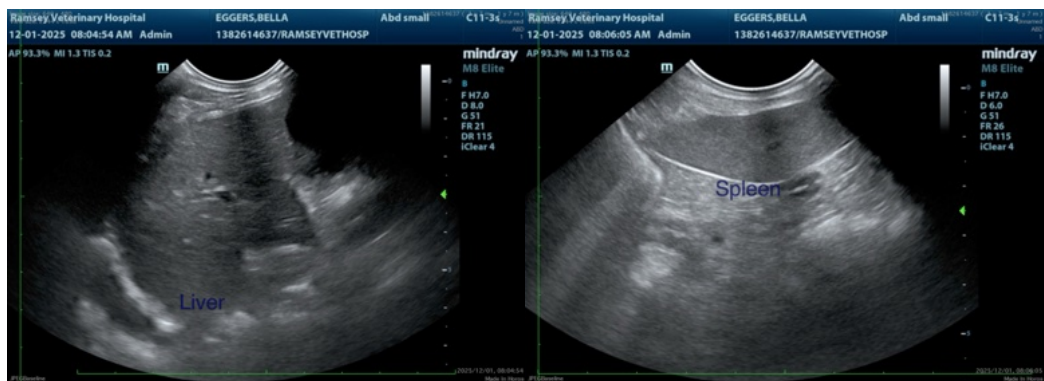
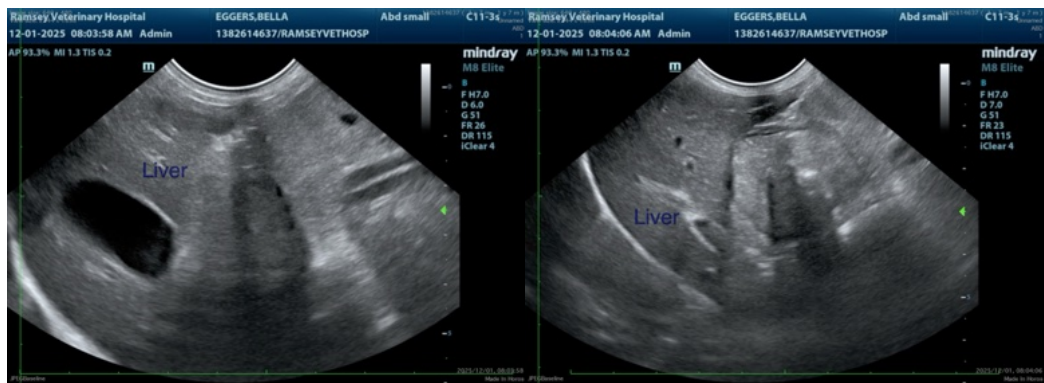
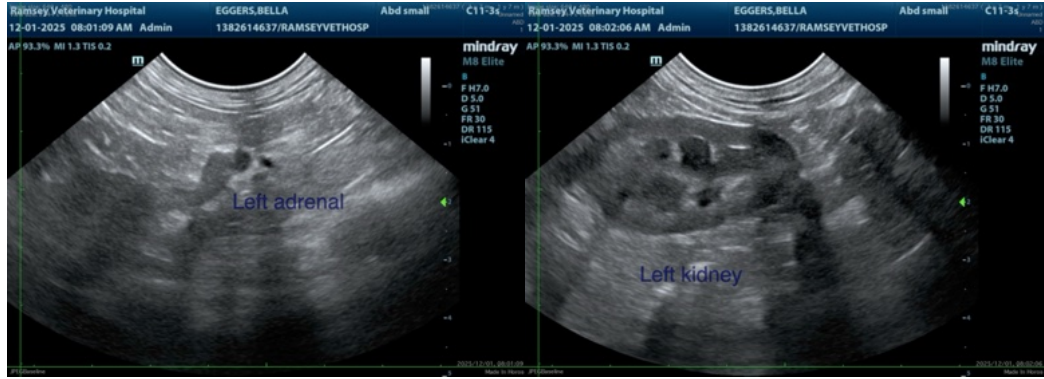
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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