



PATIENT

Hazel Holland

SPECIES

Canine

BREED

Schnauzer Mix

SEX

Spayed female

AGE

5 years

WEIGHT

82 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ashley McCaughan

HOSPITAL NAME

Marina Village
Veterinary &
Integrative Care

REFERRING VET

Dr. McCaughan

INVOICE

69618

DATE

12/12/25

PRESENTING CLINICAL SIGNS

History: Diagnosed with Meningoencephalomyelitis by MRI w/ Neurologist in Oct 2025. She has been on 40 mg prednisone since that time. Head tilt, ataxia persist. She presented recently for skin infection and abscess formation over her R elbow, likely due to skin trauma (infected bed sore). She plays in the ocean. At time of presentation she was hyporexic and febrile (102.2). She was started on 10 mg/kg Cefpodoxime while awaiting fluid culture (aerobic, anaerobic culture from abscess). 3 days later, when the abdominal ultrasound was performed, her steroid dose had been reduced to 20 mg/day and she was eating well. No further fever.

Abnormal PE/Chem/CBC/UA Results: Blood work showed elevated liver and gallbladder values and CBC (anemia, non regen). CBC - Hct 26.3; RBC 3.25, Hb 9.3, RDW 11.2, WBC (18,000), Neutrophil (12.4), Monocytes (2.72). Chem - ALT 286, APL >2000, GGT 73. Abdominal ultrasound for concerns of pancreatitis. Patient is going back on an ultra-low fat diet, but at the time, was not on a prescription low fat diet.

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 6.4 cm, right measured 6.8 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 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 2.6 cm in width.

Liver

Normal size with a diffuse increased echogenic appearance, normal portal markings, and regular curvilinear capsule. No nodules or masses 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. A small amount of ingesta is present in the stomach compatible with a recent meal.

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.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatopathy would be secondary to the chronic cortisone therapy. With reactive hyperplasia, vacuolar and metabolic differential diagnosis hepatitis and infiltrative neoplasia would be highly unlikely differential diagnosis.

The gallbladder sediment can be considered an incidental finding.

Further assessment that can be considered would be FNA cytology of the liver. Ideal management of the cortisone induced hepatopathy would be to taper the medication off, but needs to be correlated with the initial presenting clinical signs of meningitis.

Symptomatic management that can be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.



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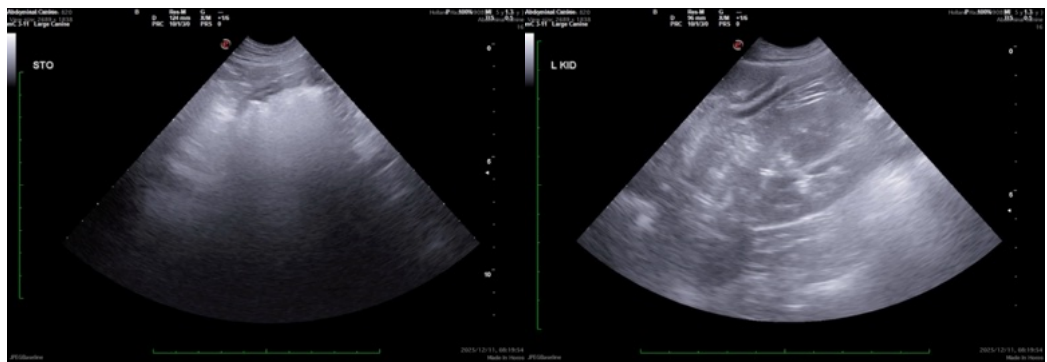
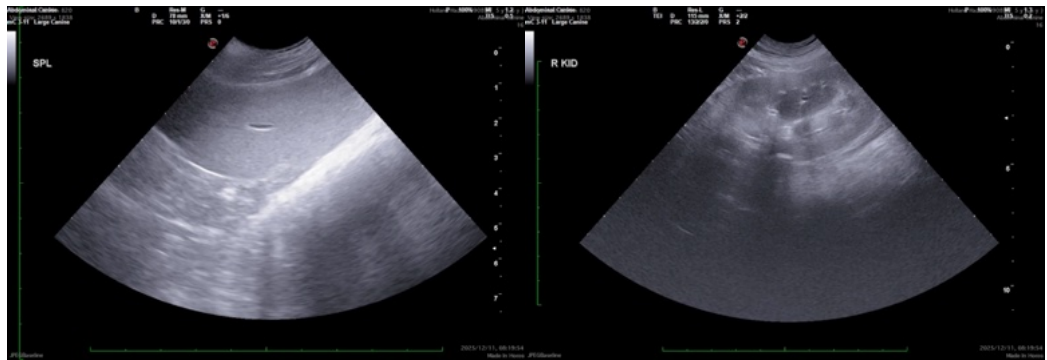
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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