



## PATIENT

Nova Kimball

## SPECIES

Canine

## BREED

French Bulldog

## SEX

Spayed female

## AGE

7 months

## WEIGHT

23 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Anshu Gupta

## HOSPITAL NAME

Liverpool Village AH

## REFERRING VET

Dr. McCoy

## INVOICE

69316

## DATE

12/16/25

## PRESENTING CLINICAL SIGNS

History: Presented for OVH and stenotic nares repair w/mildly elevated ALT 235. Still did surgery and recovered well. Did 1 month of Denamarin and 3 weeks metronidazole to go home. Rechecked ALT 1 month after ovh and higher at 343. Bile Acids pending.  
Abnormal PE/Chem/CBC/UA Results: Normal PE ALT 235 (11/06), 343 (12/08)

## 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 4.3 cm, right measured 4.7 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 0.39 cm and 0.37 cm in width. The right adrenal gland measured 0.43 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 1.8 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*

Normal size and ratio of the portal vein, caudal vena cava and aorta. The portal vein measured 0.5 cm in diameter, caudal vena cava measured 0.54 cm in diameter, aorta measured 0.57 cm in diameter.

The mesenteric lymph nodes are normal.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the progressive elevation of ALT activity.

Although the liver appears ultrasonographically normal, with the progressive elevation of ALT activity an underlying hepatopathy such as reactive hyperplasia, vacuolar and metabolic should still be considered with hepatitis and infiltrative neoplasia highly unlikely differential diagnosis.

Further assessment would be based on the pending bile acid results, but could include FNA cytology of the liver. A tru cut or wedge biopsy of the liver 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 the use of Ursodiol with regular monitoring of liver enzyme activity.



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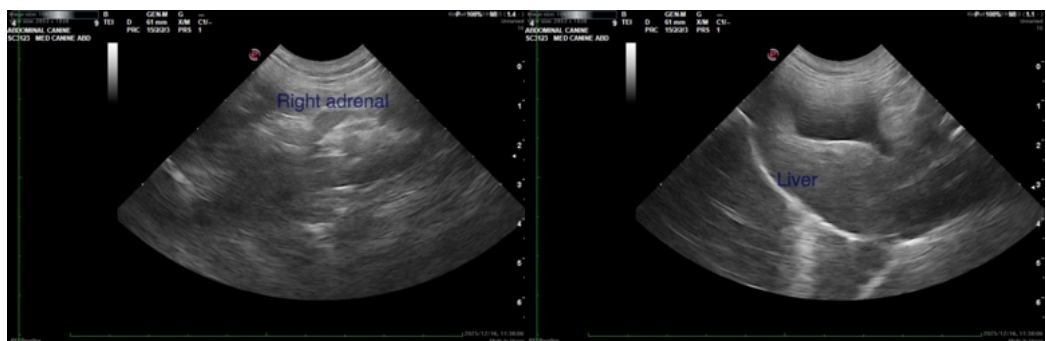
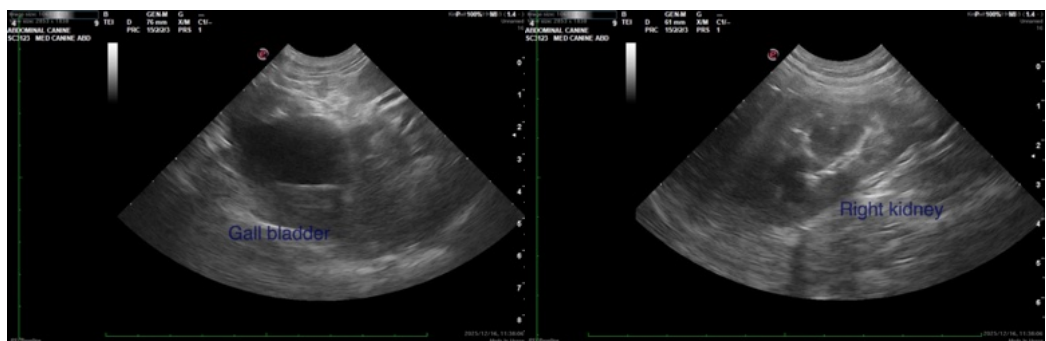
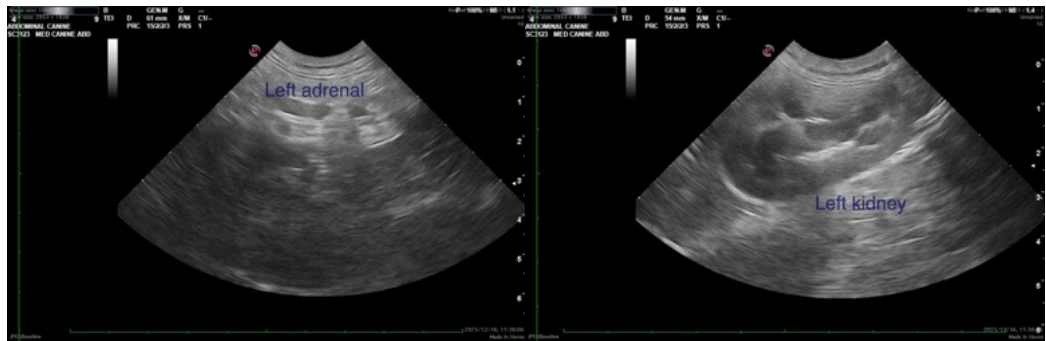
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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