



PATIENT

Pepper McGinley

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed female

AGE

13 years

WEIGHT

60.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Devon Papa CVT

HOSPITAL NAME

Valley Veterinary
Services

REFERRING VET

Dr. Nelson

INVOICE

69369

DATE

12/17/25

PRESENTING CLINICAL SIGNS

History: Presented for routine exam 11/5/25. Owners reported weight/muscle loss. Mild lymphadenopathy and hepatopathy noted. Started Denamarin and Metronidazole. Recheck liver values in 1mo; no change. Owners continued Denamarin and AUS was recommended.

Abnormal PE/Chem/CBC/UA Results: 11/5/25 PLT 519 (148-484) PDW 8.3 (9.1-19.4) PCT 0.55 (0.14-0.46) ALT 346 (10-125) ALKP 1805 (23-212) GGT 64 (0-11) CHOL 322 (110-320) 12/3/25 ALKP 1540 ALT 303 GGT 73 CHOL 402 Weight History 5/12/25: 66.6# 11/5/25: 61.7# 12/3/25: 61.9# 12/17/25: 60.6#

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A scant amount of floating, 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.

Normal renal size (left measured 7.0 cm, right measured 7.6 cm), increased echogenic appearance, some loss of cortico-medullary differentiation and normal 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 0.65 cm and 0.99 cm in width. The right adrenal gland measured 0.8 x 0.67 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. Focal, hypoechogenic parenchymal mass is noted in the body of the spleen measuring 2.0 x 2.4 cm in size. The spleen measures 1.8 cm in width.

Liver

Normal size with a diffuse, mottled echogenic, coarse and nodular appearance, decreased portal markings, and an irregular capsule. Nodules are diffuse, hypoechogenic and measured up to 0.8 x 1.0 cm in size. No masses are evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is small containing normal anechoic bile. 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 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

- Nodular hepatopathy.
- Splenic mass.
- Age related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the nodular hepatopathy would be nodular hyperplasia, granulomatous disease, chronic active hepatitis, chronic hepatitis, breed specific hepatopathy and possibly infiltrative neoplasia.

Etiologies for the splenic mass would be hematoma, granuloma and neoplasia with extramedullary hemopoiesis/nodular hyperplasia a less likely differential diagnosis.

Further assessment would be three view thoracic radiographs, echocardiography to evaluate the right atrium and right auricle and FNA cytology of the liver and possibly the splenic mass. 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 of the hepatopathy that can be considered would be the use of ursodiol with regular monitoring of liver enzyme activity. Splenectomy should be considered as it could be both diagnostic and therapeutic as well as allowing for a wedge biopsy of the liver.



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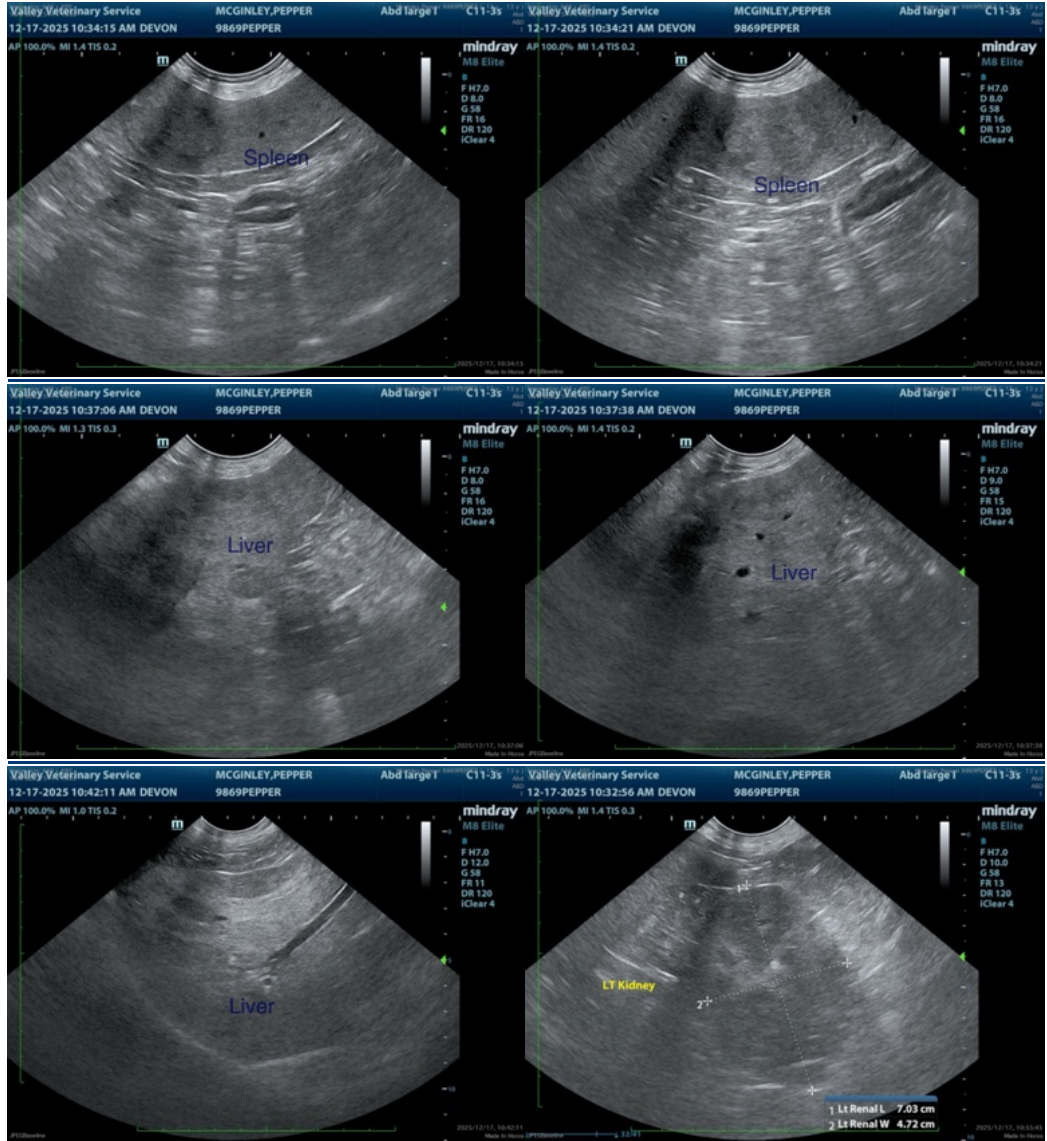
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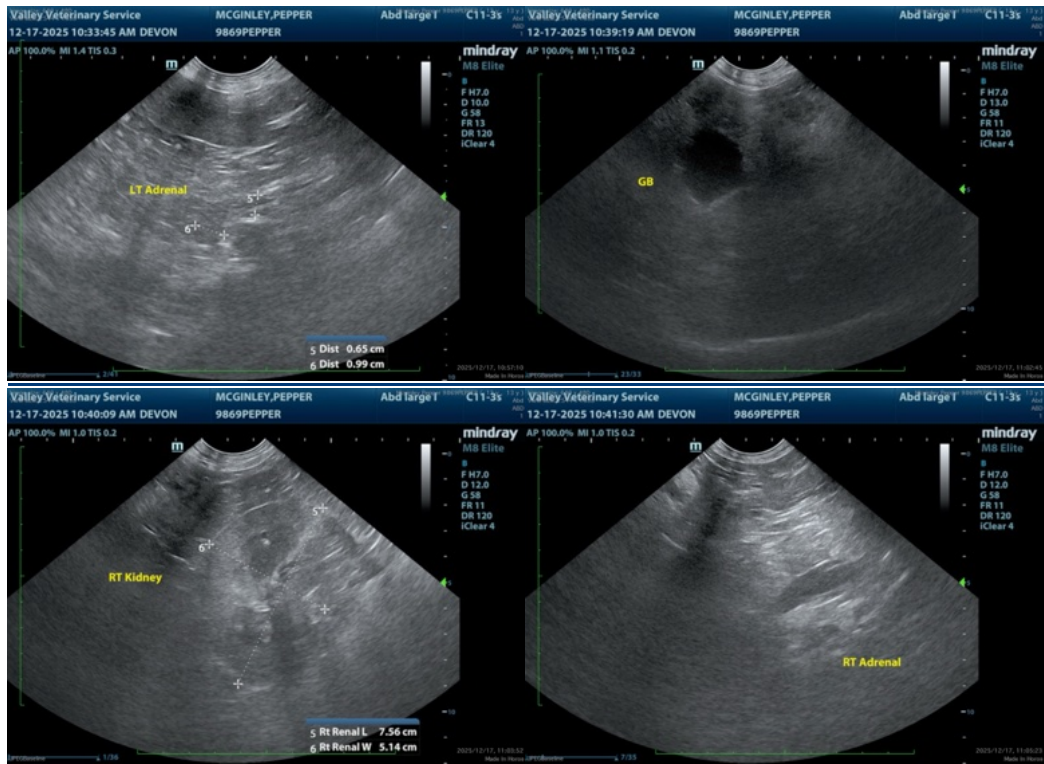
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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