



PATIENT

Koda McNeff

SPECIES

Canine

BREED

Malamute

SEX

Neutered male

AGE

11 years

WEIGHT

110.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Quinn Robinson, RVT

HOSPITAL NAME

Hess Ridge AH

REFERRING VET

Dr. Skarie

INVOICE

69243

DATE

12/2/25

PRESENTING CLINICAL SIGNS

History: -Primary concern is 10-lb weight loss and to evaluate for liver disease, pancreatitis, endocrinopathy (hypothyroidism/Cushing's), or intestinal disease. -3 year alopecia pattern has concern for possible Cushing's or hypothyroidism. T4 was low normal at 1.0 µg/dL. MSU panel is pending - Chronic ALT 324 U/L and ALP 192 U/L elevation -1 week of worsening liquid, malodorous diarrhea. Patient is on raw diet. Pancreatic lipase elevated - 246 U/L
Abnormal PE/Chem/CBC/UA Results: PE: Increased abdominal effort with respiration (no thoracic auscultation abnormalities). Marked generalized alopecia over flanks and on tail. 10-lb weight loss since prior visit. CBC: Hemoglobin 13.4 g/dL (↓), MCH 21.6 pg (↓), Reticulocyte Hb 21.9 pg (↓), Eosinophils 0.053 K/µL (↓), Platelets 552 K/µL (↑) Chem: ALT 324 U/L (↑), ALP 192 U/L (↑). Albumin 4.4 g/dL (↑), BUN 33 mg/dL (↑), Lipase 344 U/L (↑) Total T4 = 1.0 µg/dL (low-normal) Pancreatic lipase 246 U/L (↑)

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 8.9, right measured 9.2 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.

The prostate is small and hypoechogenic.

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 2.65 cm in length x 0.8 cm and 0.58 cm in width. The right adrenal gland was 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 3.0 cm in width.



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Liver

Normal size, with a diffuse increased echogenic and coarse appearance, normal 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.

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

- Hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Although the GI tract appears ultrasonographically normal, with the presenting clinical signs an underlying enteropathy such as parasitic enteritis, bacterial enteritis from the raw diet, dietary hypersensitivity and inflammatory bowel disease should still be considered.

Further assessment would be fecal analysis, fecal PCR for bacterial pathogens, cobalamin and folate assay, FNA cytology of the liver and endoscopy of the upper GI tract with biopsies.

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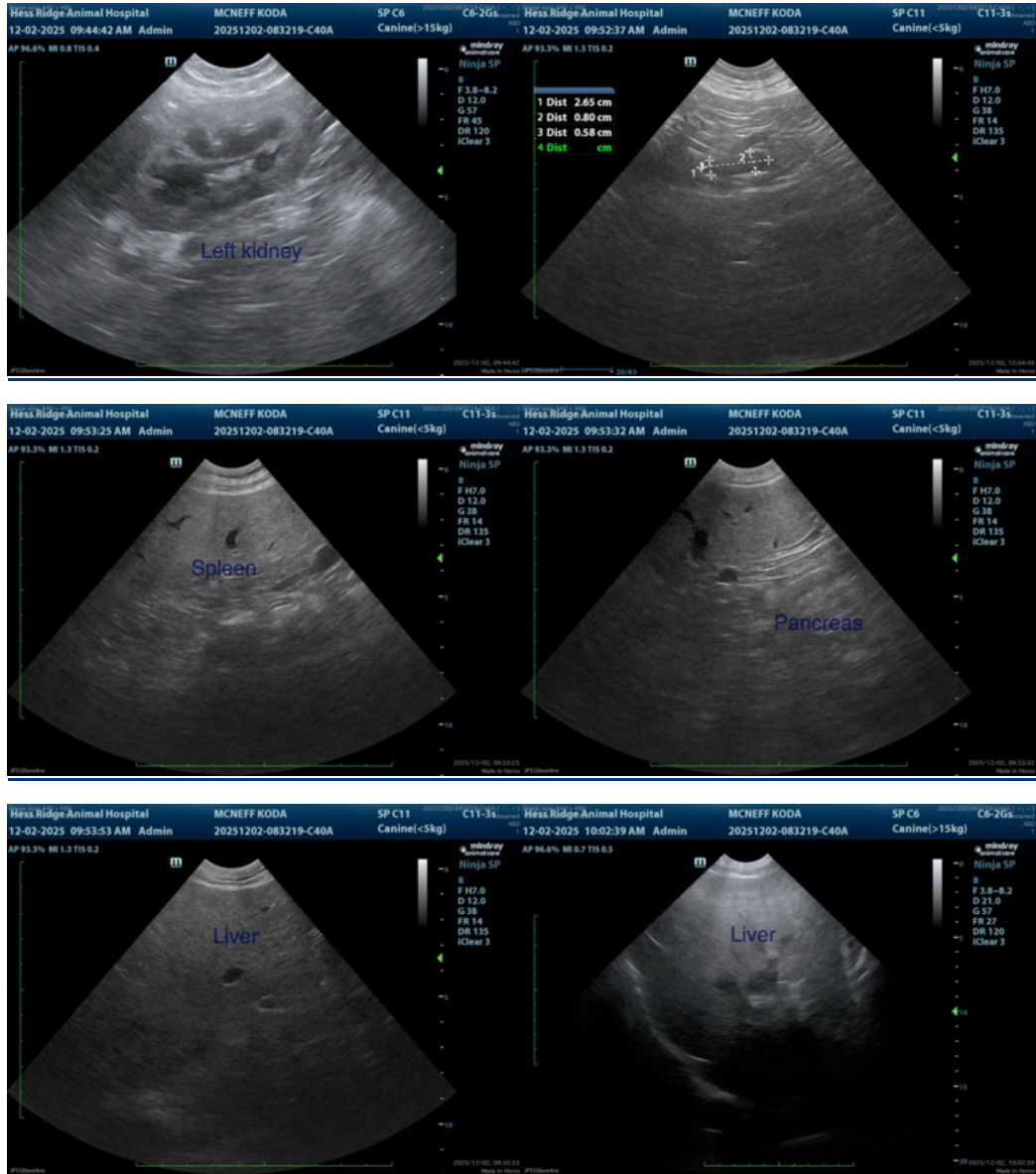
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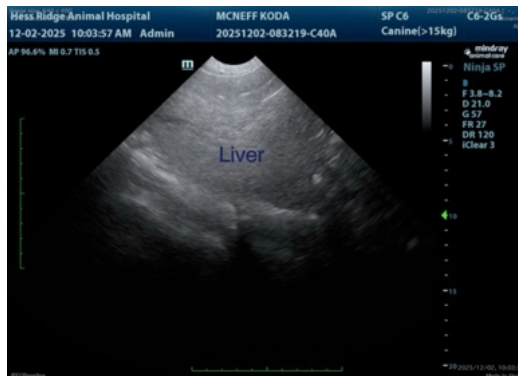
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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