



PATIENT

Madison Condon

SPECIES

Canine

BREED

Miniature Schnauzer
Mix

SEX

Spayed female

AGE

13 years

WEIGHT

31 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ruth Loomis

HOSPITAL NAME

Brookwood AC

REFERRING VET

Dr. Mountanos

INVOICE

69327

DATE

12/4/25

PRESENTING CLINICAL SIGNS

History: P overall clinically doing well Overweight LDDS testing was performed 11/13 and was normal

Abnormal PE/Chem/CBC/UA Results: Alkaline Phosphatase 1237 * 20.0 - 150.0 U/L HIGH H Alanine Aminotransferase 64 10.0 - 118.0 U/L Gamma-Glutamyl-Transferase < 5 * 0.0 - 7.0 U/L LOW < Bile Acid < 1 * 0.0 - 25.0 umol/L LOW < Total Bilirubin 0.4 0.1 - 0.6 mg/dL **Alkp doubled from August

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 4.9 cm, right measured 4.8 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. 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 0.48 cm in width. The right adrenal gland measured 0.49 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. Two, focal, hypoechogenic parenchymal nodules were noted. One was in the body of the spleen and measured 0.7 x 1.2 cm in size. The other was in the tail in of the spleen and measured 0.5 cm in size. The spleen measures 1.5 cm in width.

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.



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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

- Hepatopathy.
- Splenic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia an unlikely differential diagnosis.

The most likely etiology for the splenic nodules would be incidental reactive hyperplasia/extramedullary hemopoiesis with hematomas, granulomas and emerging neoplasia a less likely differential diagnosis.

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 for the hepatopathy would be the use of Ursodiol with regular monitoring of liver enzyme activity.

Ultrasound-monitoring of the splenic nodules would be recommended and if there is any progressive enlargement or bulging of the overlying capsule noted, then a splenectomy should be considered.



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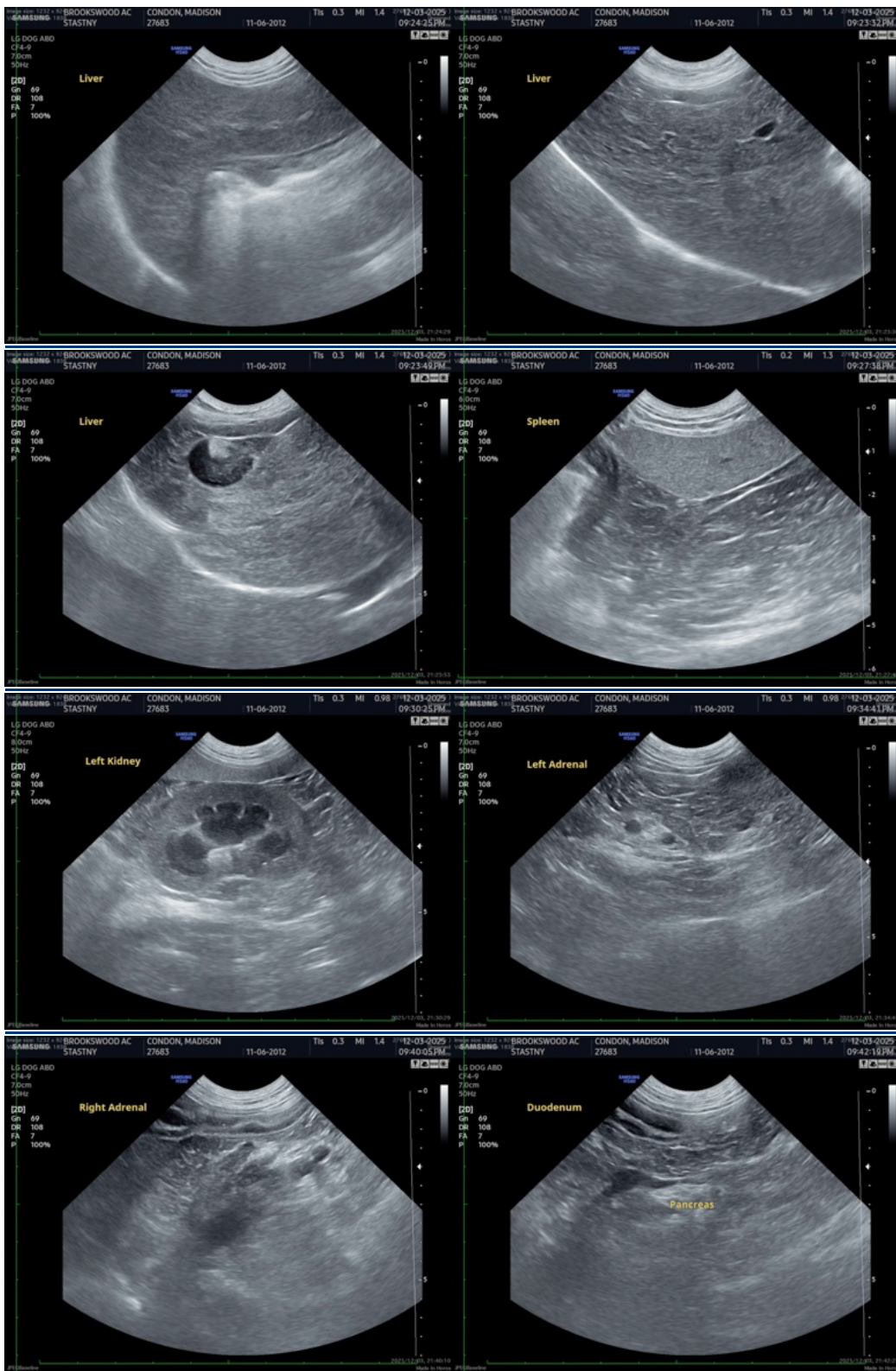
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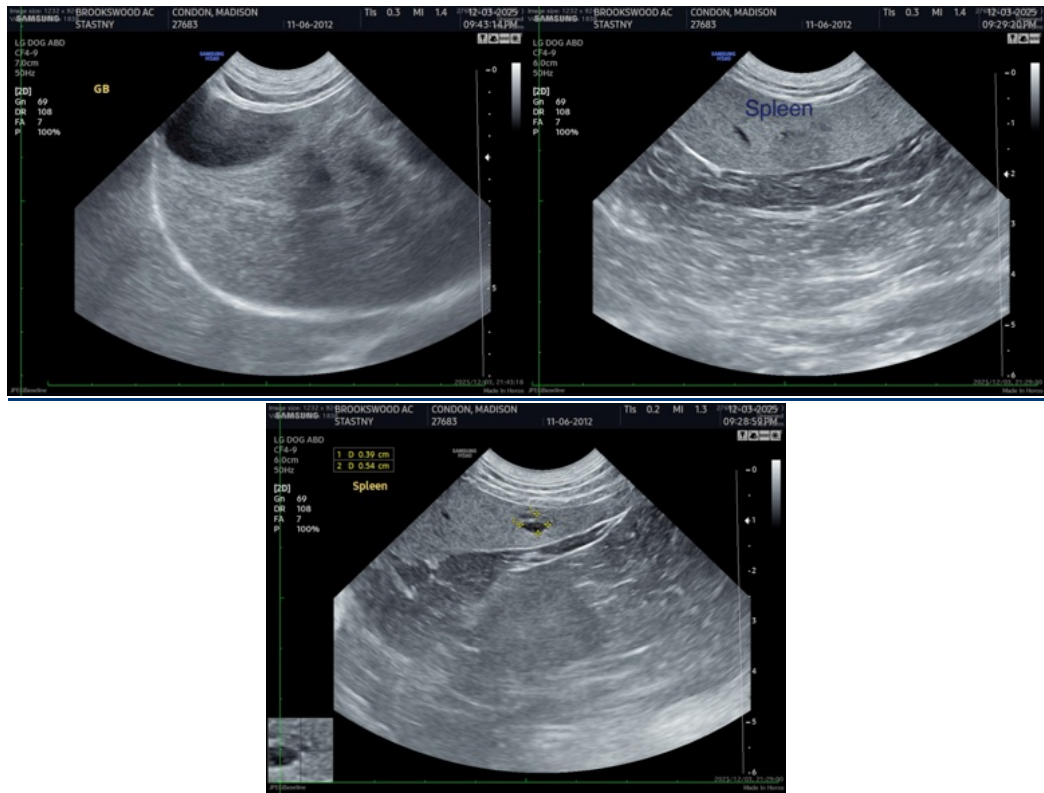
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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