



PATIENT

Jett West

SPECIES

Canine

BREED

Great Dane

SEX

Spayed female

AGE

5 years

WEIGHT

163.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Warner

HOSPITAL NAME

VT NH Vet Clinic

REFERRING VET

Dr. Warner

INVOICE

69393

DATE

12/8/25

PRESENTING CLINICAL SIGNS

History: Chronic wobbler's disease, very active dog with mild to moderate neuro deficits. Discomfort is controlled by prednisone use. Recently added gabapentin. Recurring GI issues this year. Giardia treatment in the fall, symptoms improved, then have recurred. Frequent UTI d/t steroid use Presented on Friday for vomiting and diarrhea Got meds/meal at 1:30am, no known dietary indiscretions and not prone to eating non-food items. Appetite is good but vomiting and diarrhea persist
Abnormal PE/Chem/CBC/UA Results: Cranial organomegaly d/t hepatomegaly (suspected) TODAY USG 1005, resolution of rods and pyuria, protein 30, blood 25 ery/uL 12/4 - USG 1007 with active sediment (WBC 5/HPF and rods), protein 100mg/dL, blood 10 ery/uL - CBC WBC 21.30 (upper 16.76K/uL), Neutrophils 18.01 (upper 11.64 K/uL), monocyte 1.6 (upper 1.12 K/uL), eosinophils 0.02 (lower 0.06 K/uL) - Chemistry chloride 108 (lower 109 mmol/L), ALT 197 (upper 125 U/L), ALP >2K (upper 212 U/L), GGT 25 (upper 11 U/L), lipase 3830 (upper 1800 U/L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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 6.5 cm, right measured 7.0 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

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.18 cm in length x 0.51 and 0.69 cm in width. . The right adrenal gland measured 2.09 cm in length x 0.89 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 2.8 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.



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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. A large 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

- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the urinary bladder sediment would be bacterial cystitis as per the patient's history. On this ultrasound there is no obvious etiology for the presenting clinical signs or the severely elevated ALP activity.

The presenting clinical signs can most likely be attributed to non-specific gastroenteritis. Elevated ALP activity is most likely associated with the cortisone therapy.



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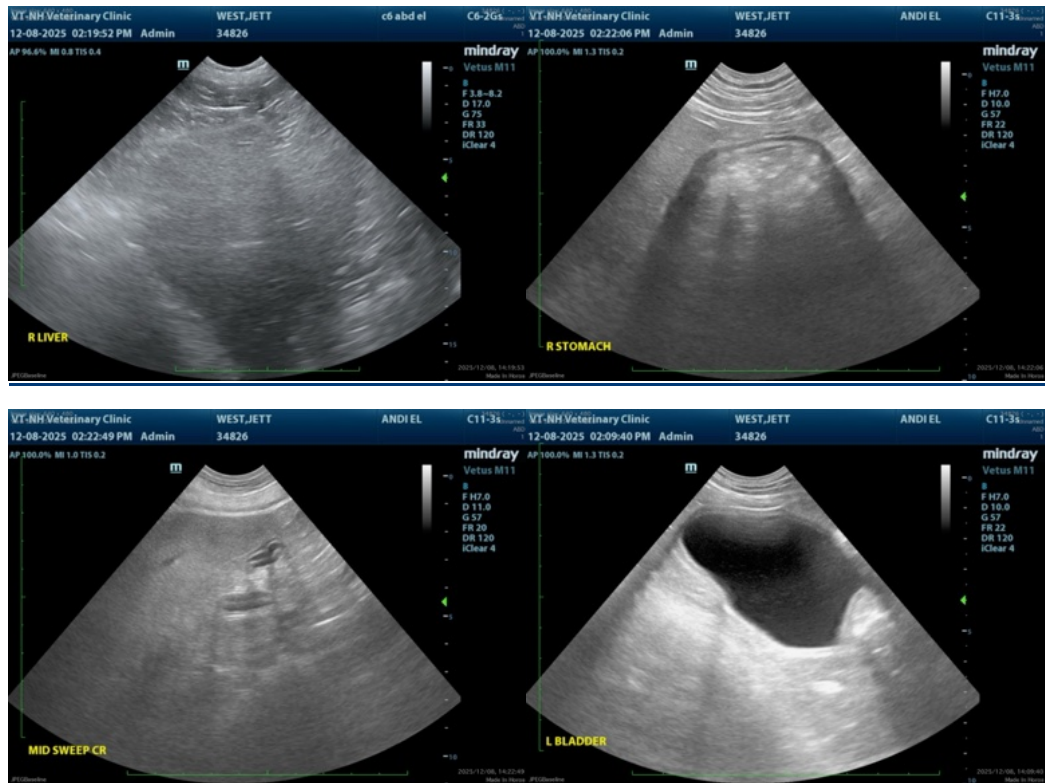
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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