



PATIENT

Beau Thompson

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered male

AGE

8 years

WEIGHT

36.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Emilia Monachino

HOSPITAL NAME

Finger Lake AH Vetcor

REFERRING VET

Dr. Kurtz

INVOICE

71459

DATE

2/10/26

PRESENTING CLINICAL SIGNS

- Mildly increased ALT since Jan 2025.
- Started Hills z/d low fat diet Aug 2025
- Labwork recheck 4 months after diet change - no improvement, now also has elevated ALP, CHOL, TGs, Amylase, Lipase and Spec cPL
- Patient is asymptomatic
- Previous history of regurgitation under anesthesia
- Other than dental disease, no significant findings on exam
- 12/16/25 - 4DX = NEG; Fecal = NEG; CBC - WNL; Chemistry - ALT 201 (18 - 121) U/L; ALK P 567 (5 - 160) U/L; Cholesterol 396 (131 - 345) mg/dL; Triglyceride 257 (20 - 150) mg/dL; Amylase 1,608 (337 - 1,469) U/L, Lipase > 1,800 (0 - 250) U/L, Chloride 103 (108 - 119) mmol/L, TCO2 (Bicarbonate) 28 (13 - 27) mmol/L; Spec cPL >2,000 (0 - 200) µg/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 5.5 cm, right measured 6.0 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. Normal color flow pattern is evident in both kidneys.

The prostate is small and hypoechogenic.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.06 cm in length x 0.83 cm and 0.64 cm in width. The right adrenal gland measured 3.29 cm in length x 0.83 cm and 0.58 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. Incidental myelolipoma is present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.4 cm in width.



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Liver

Normal size with a diffuse, mottled 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

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar, metabolic and possibly chronic hepatitis.

Infiltrative neoplasia would be an unlikely 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.



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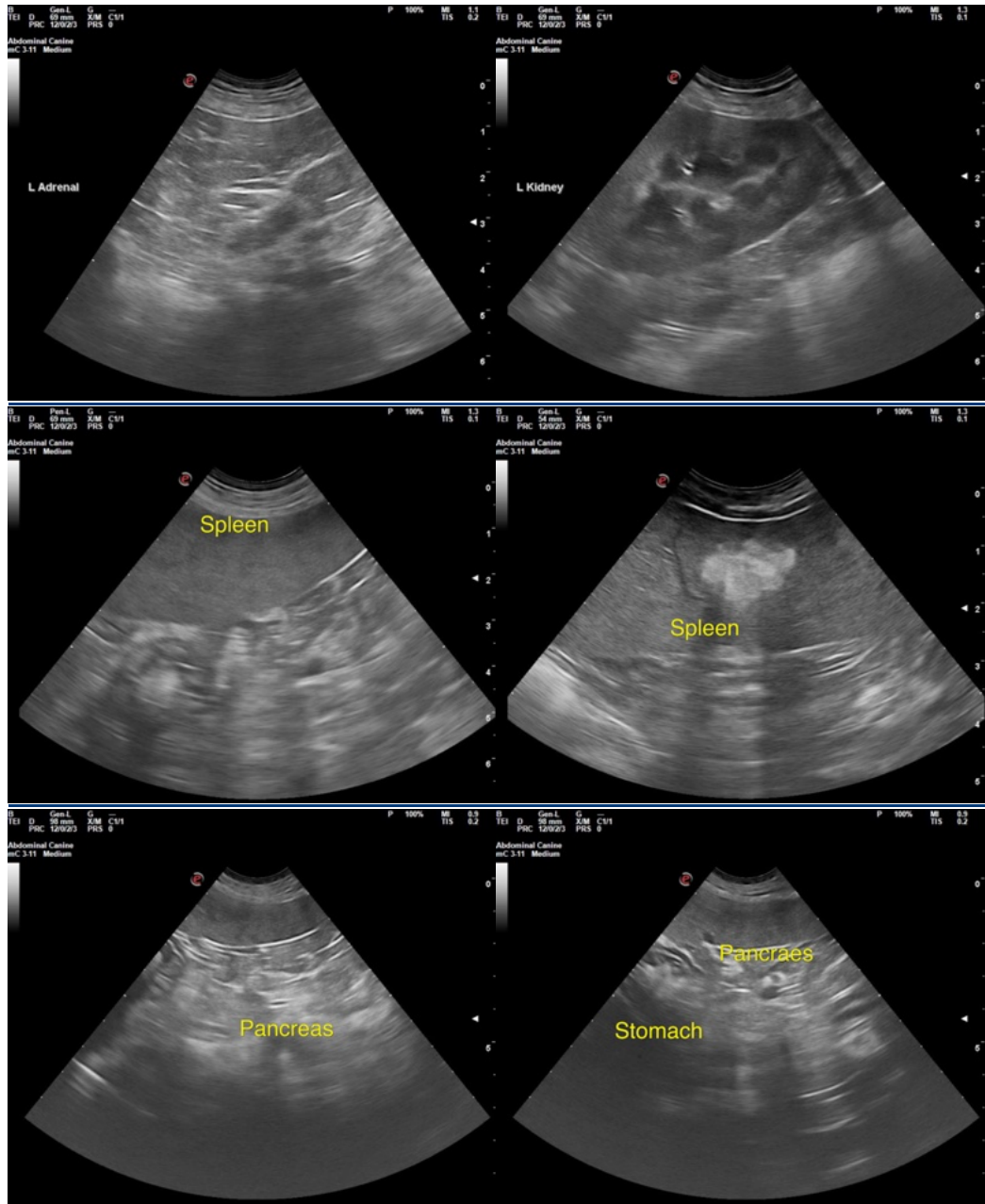
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Symptomatic management that can be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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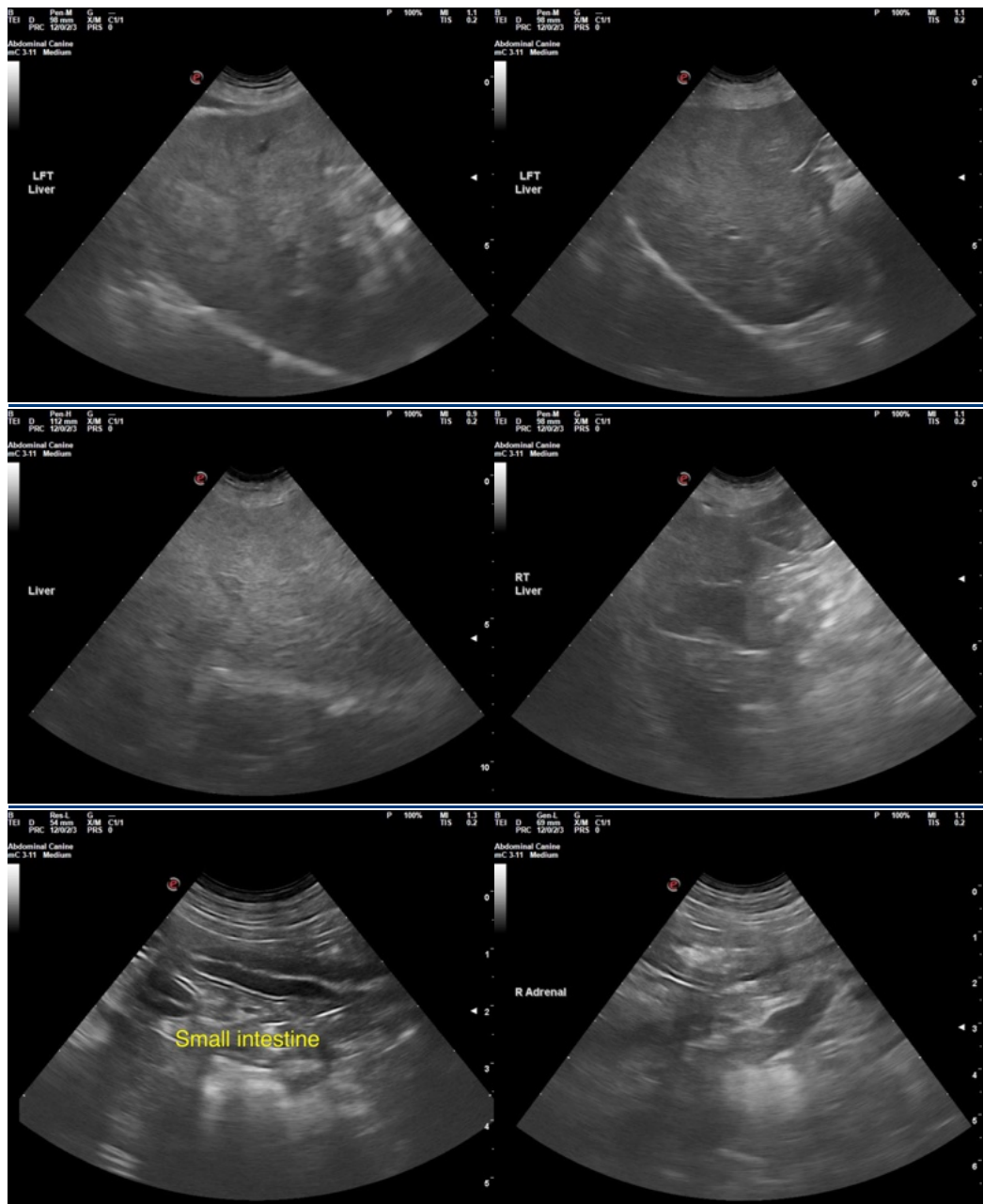
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com