



PATIENT

Jasper Stutz

SPECIES

Canine

BREED

Siberian Husky Mix

SEX

Neutered male

AGE

9 years

WEIGHT

66.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Service

REFERRING VET

Dr. Sood

INVOICE

71458

DATE

2/10/26

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: PU/PD ; LDDS inconclusive for Cushing's per owner
- The owner reports Jasper has been more mopey and less active than usual, though he has had more energy in the past few days. He has lost almost 10 lbs. He was previously overweight. The weight loss occurred after an increase in activity (running up and down stairs for 3 months during house renovations) and a diet change to Hill's Metabolic food. He has since been taken off that food and is now on a Fromm whitefish formula. The owner is unsure if it is grain-free.
- MEDICATIONS: Gabapentin 600 mg 1/2 PO SID - BID, Gabapentin and Trazadone as needed prior to appts (Fear Aggression at times)
- ALKP: High at 1778 U/L. - Lymphopenia: Lymphocytes 0.89 K/uL, likely from a stress leukogram. - No bacteria or active sediment on UA, but trace protein and USG 1.020

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. The bladder wall measured 0.3 cm. 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 7.6 cm, right measured 7.1 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. A small, incidental cortical cyst was noted in the caudal pole of the left kidney measuring 0.6 cm in size.

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 2.97 cm in length x 0.72 cm and 0.76 cm in width. The right adrenal gland measured 2.81 cm in length x 0.81 cm and 0.73 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 2.6 cm in width.



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Liver

Normal size with a patchy increase in echogenic 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 a moderate amount of adhered hyperechogenic sediment. 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.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Gallbladder sediment.

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 a highly unlikely differential diagnosis.



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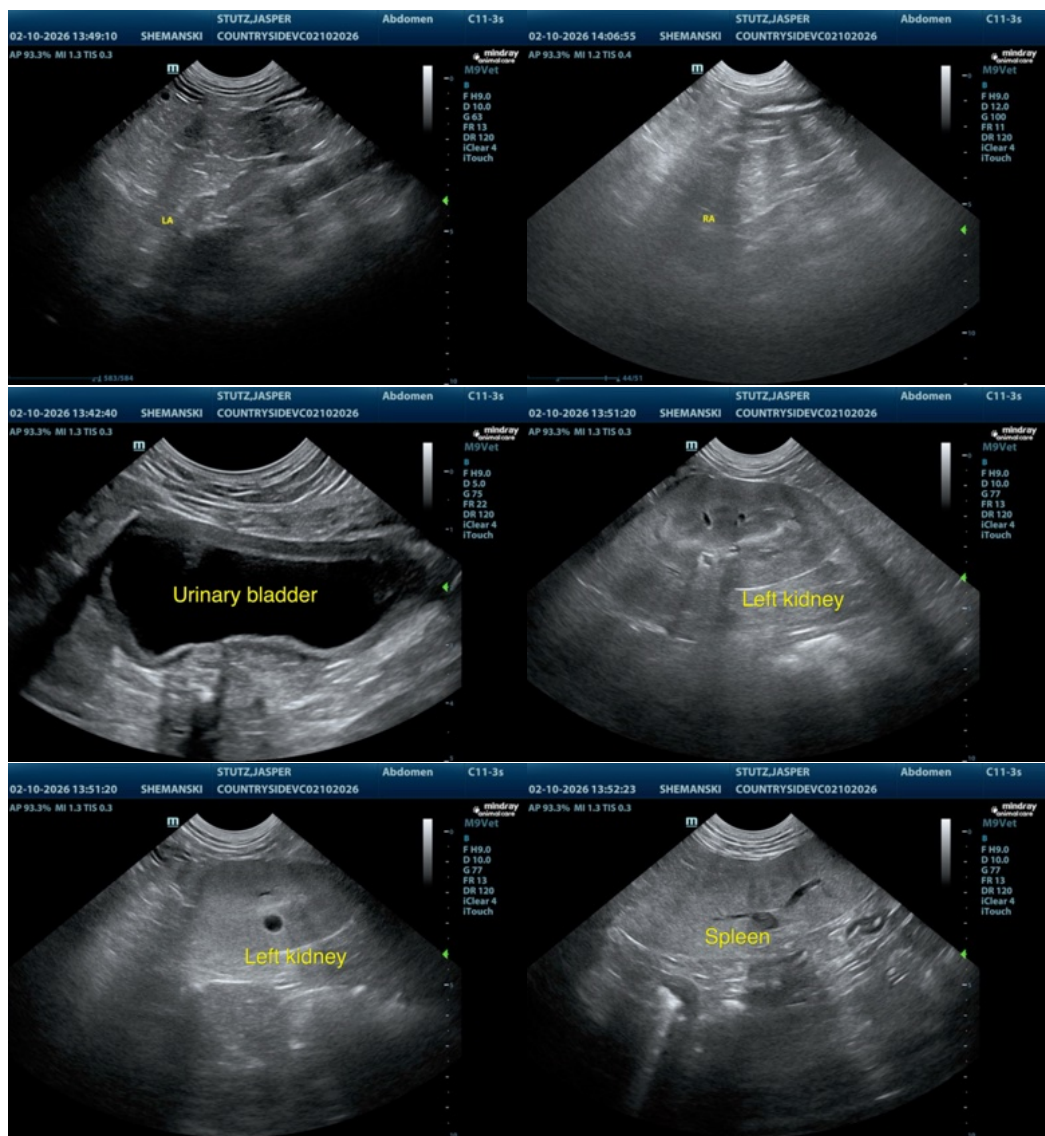
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Although the gallbladder sediment is most likely an incidental finding, monitoring for the development of a mucocele would be recommended.

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 could be considered for both the hepatopathy and the gallbladder sediment would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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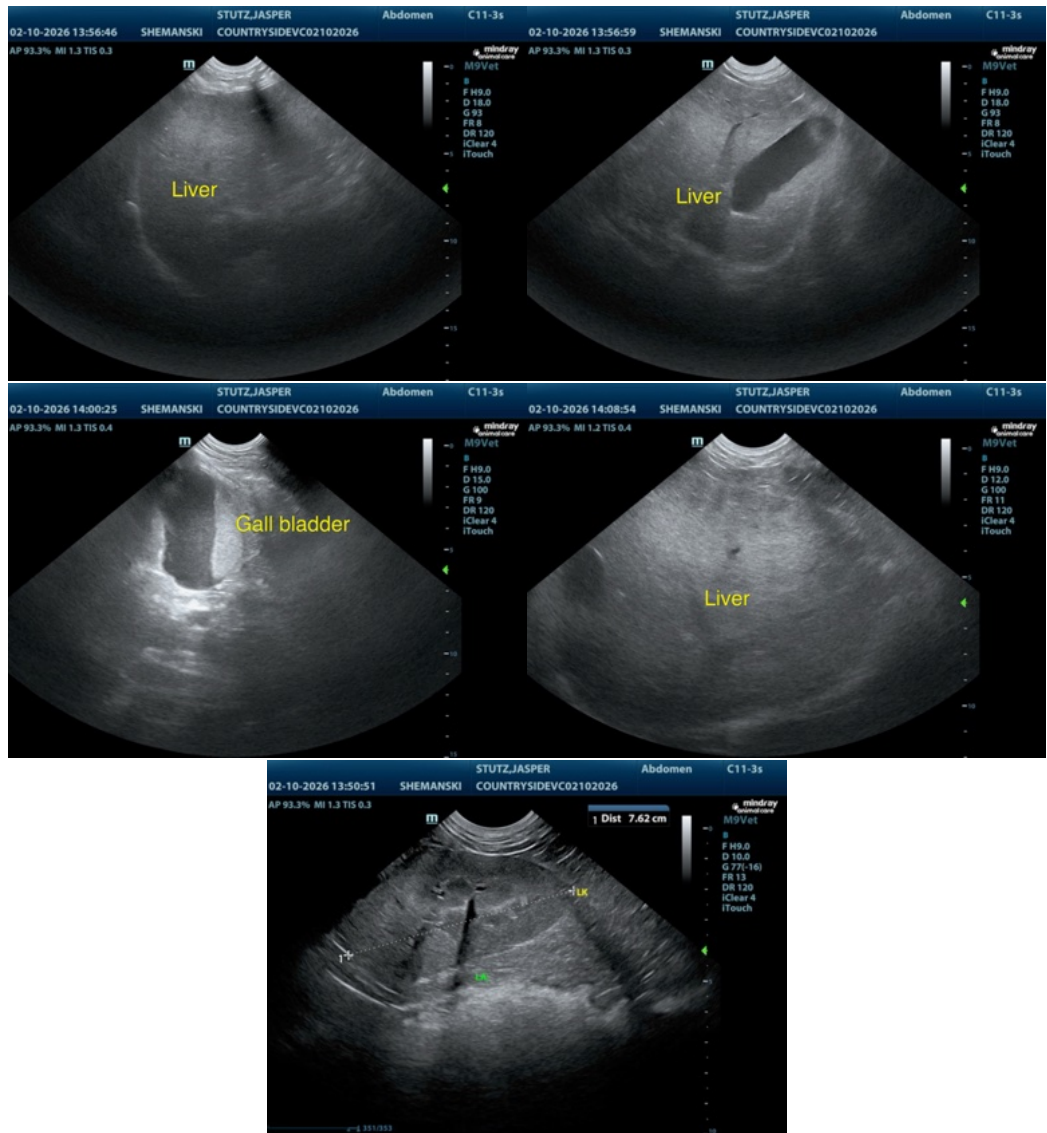
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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