



PATIENT

Ace Ranuro

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

13yr

WEIGHT

67lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Striano-Kaplan

HOSPITAL NAME

Ramsey Veterinary
Hospital

REFERRING VET

Dr. Striano-Kaplan

INVOICE

23877

DATE

02/13/2026

PRESENTING CLINICAL SIGNS

- intermittent D+ x 3 weeks, lost 8lbs since 8/11/25--unintentional
- hepatic diet/OM diet/senior
- Suspected mild OA
- Chronic elevation in LE
- hypoalbuminemia
- Mild proteinuria
- Liver Bx on 9/11/23 @ BP - - Liver Biopsy:
- DIAGNOSIS: Liver: Multifocal aberrant microvasculature with biliary hyperplasia, portal vein hypoplasia, mild to moderate vacuolar degeneration, portal fibrosis, lipogranulomas, centrilobular to midzonal intracytoplasmic hepatocellular pigment accumulation and rare individual hepatocyte necrosis; see remarks.
 - Liver Copper FAAS: 922 ppm(dw)
- History of 10/7/21 - atypical perianal gland adenoma
- Abnormal PE/Chem/CBC/UA Results: Physical: muscle loss, cranial organomegaly Labs- Total Protein 4.8, Albumin 2.1, ALT 159, Lipase 908, Monocyte 901 UPC 0.9 BP 130 mmHg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder 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 with increased echogenic appearance, some loss of corticomedullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Large cortical cyst present in the left kidney, measuring ~ 1.7 x 2.1 cm in size.

The left kidney measured 6.3 cm in length.

The right kidney measured 6 cm in length.

Small hypoechogenic prostate.

Adrenal Glands

Left not clearly visualized but appears to be of normal shape, echogenic appearance and size, the right gland 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 2.4 cm in width.

Incidental myelolipoma present.



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Liver

Normal size, increased echogenic appearance, prominent portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

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

Normal size and echogenic appearance. 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
- Age-related renal changes vs early chronic kidney disease
- Left-sided renal cyst

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy would be consistent with the patient's previous diagnosis. The renal cyst can be considered an incidental finding. Although the GI tract appears ultrasonographically normal with the presenting clinical signs and hypoproteinemia an underlying enteropathy such as parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease needs to be considered. Further assessment would be fecal analysis, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

Further specific therapy will be dependent on an etiological diagnosis.



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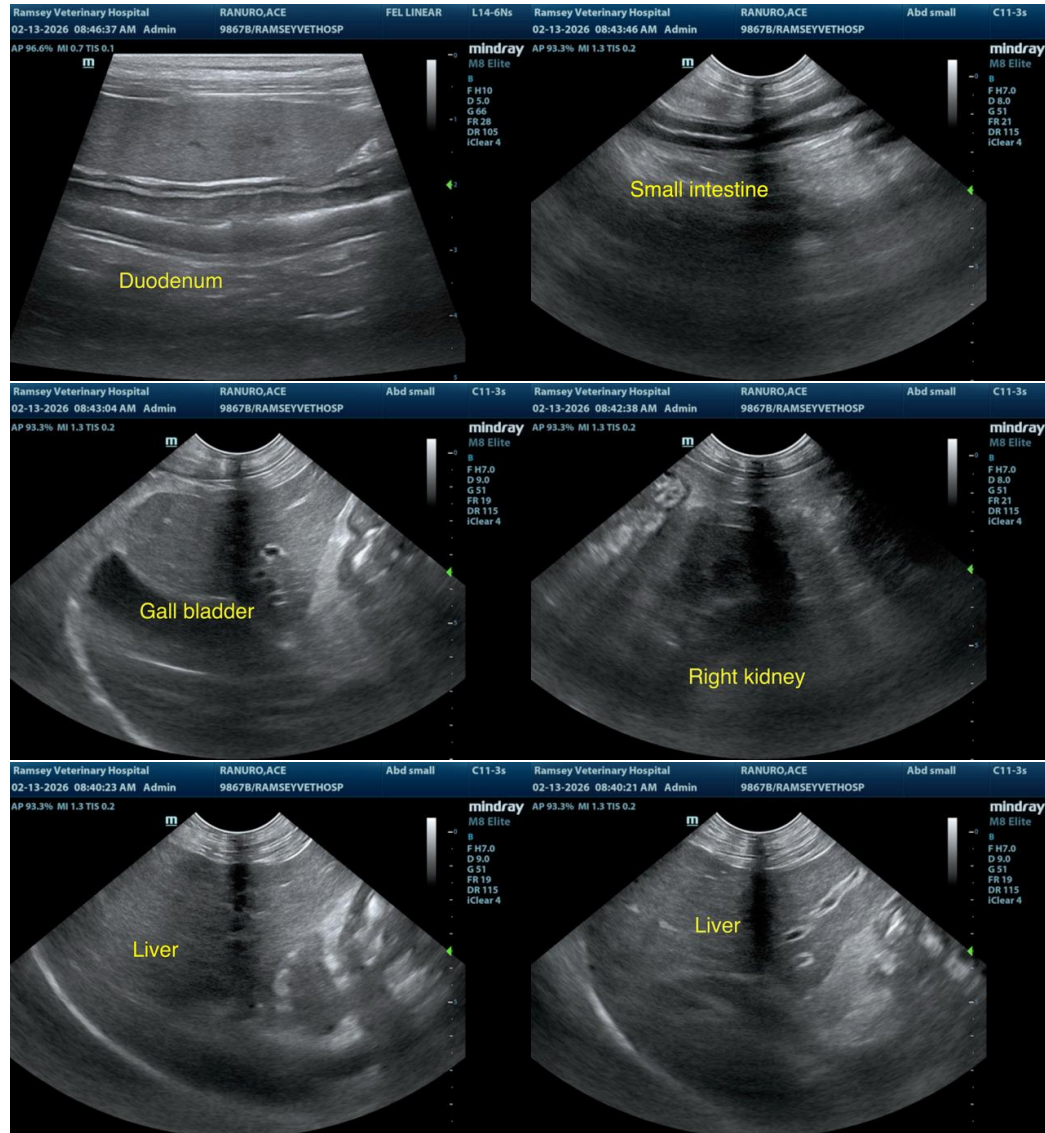
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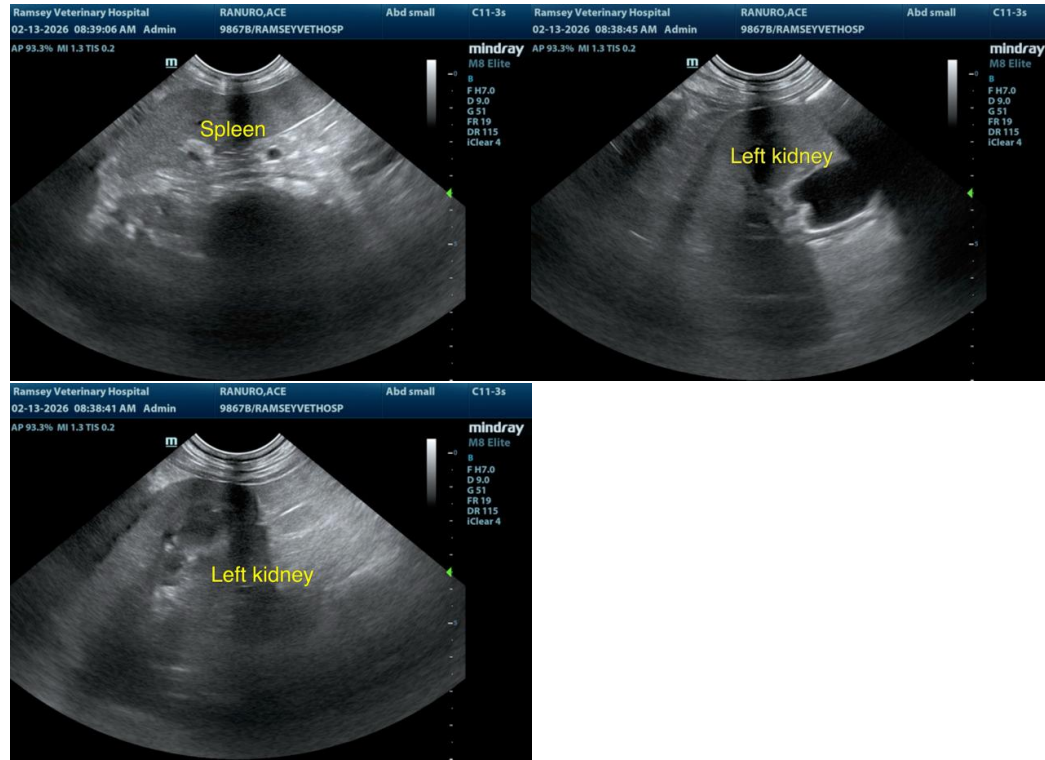
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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