



PATIENT

Elly Garrison

SPECIES

Canine

BREED

Labrador Cross

SEX

Spayed female

AGE

10 years

WEIGHT

59.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Stephanie Wehmer

HOSPITAL NAME

Evendale Blue Ash Pet
Hospital

REFERRING VET

Dr. Wehmer

INVOICE

71840

DATE

2/24/26

PRESENTING CLINICAL SIGNS

- History of chronic liver enzyme elevations since 8/10/23
- Rechecked liver values 10/21/24, 10/23/24, 10/25/24 and 11/4/24 due to glucosamine toxicity. Denamarin initiated on 10/25/24
- Seen through emergency on 11/9/24 for vomiting and inappetence - concerns for a possible FB. FB confirmed on 11/11/24 in the mid duodenum. surgery performed and patient needed an anastomosis in small intestine. Abd u/s and liver biopsies performed (biopsy results attached). u/s findings attached since too long to copy/paste
- 12/26/24 presented for diarrhea - pancreatitis in the past but was negative
- Presented 2/20/26 for one instance of vomiting and soft stool - CBC/Chem/UA/PLI performed in house. Liver values further elevated. No pancreatitis. Initiated supportive care with bland food, SQF and oral ondansetron. Took abd rads to r/o FB since owner was unable to say for sure whether she got into anything while staying at a family members house (see rads and rad report attached)
- 2/24/26 presented for u/s and owner noted liquid diarrhea since the weekend. Initiated propectalin in the interim. Current medications: Ondansetron and propectalin. Has not been on Denamarin since we last prescribed it
- Abnormal PE/Chem/CBC/UA Results: 8/9/23 ALT - 705 ALP - 78 AST - 110 GGT - 11 TP - 7.3 ALB - 3.3 GLOB - 4.0 ALB/GLOB - 0.8 ALT - 731 ALP - 280 GGT - 10 TBIL - 0.4 10/23/24 TP - 7.1 ALB - 3.6 GLOB - 3.5 ALB/GLOB - 1.0 ALT - 925 ALP - 297 GGT - 7 TBIL - <0.1 10/25/24 ALT - 755 ALP - 283 11/4/24 ALT - 786 ALP - 238 11/9/24 TP - 8.3 ALB - 3.8 GLOB - 4.5 ALB/GLOB - 0.8 ALT - 824 ALP - 286 TBIL - 0.4 2/20/26 TP - 7.4 ALB - 3.8 GLOB - 3.6 ALB/GLOB - 1.1 ALT - 1545 ALP - 429 GGT - 19 TBIL - 0.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 6.4 cm, right measured 6.8 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.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.53 cm in length x 1.08 cm and 0.53 cm in width. The right adrenal gland was not visualized.



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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 2.1 cm in width.

Liver

Normal size with a diffuse, mottled echogenic and coarse appearance, prominent portal markings, and an irregular 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. A small amount of fluid was present within the stomach. Fecal material was present in the colon.

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



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The likely etiologies for the hepatopathy would be chronic active hepatitis, breed specific hepatopathy and granulomatous disease.

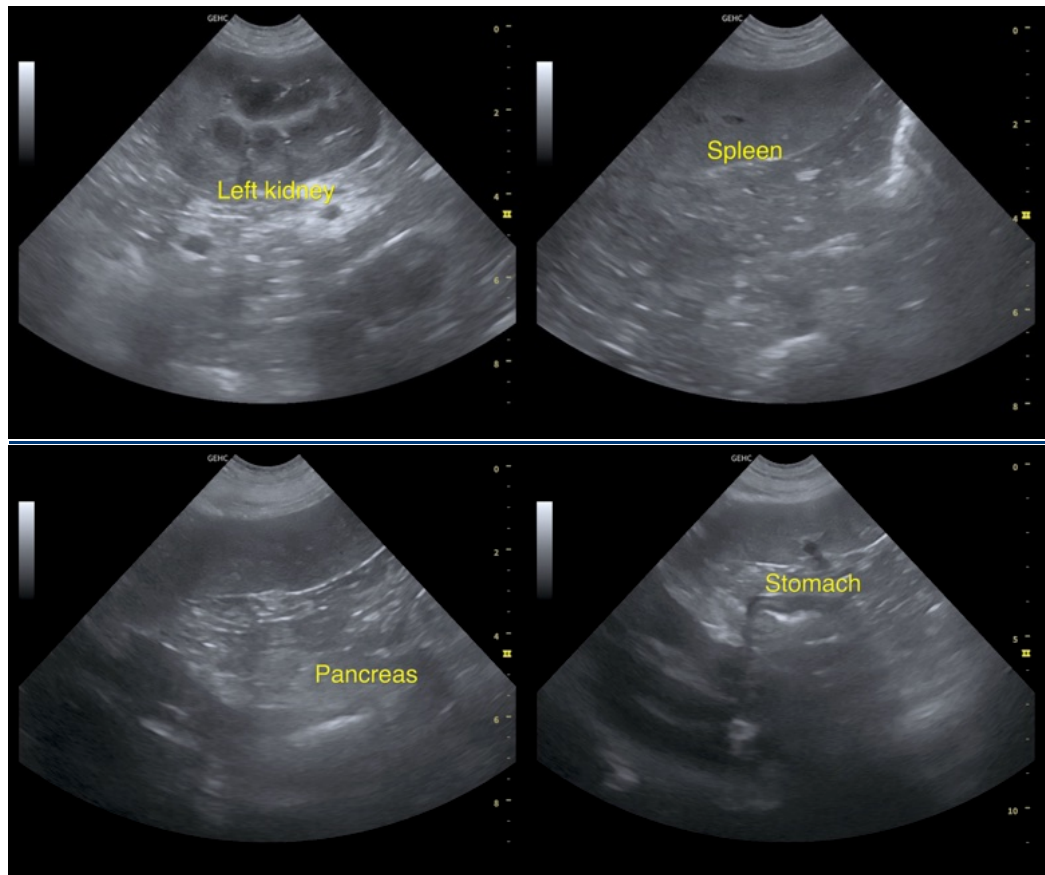
Neoplasia would be a less likely differential diagnosis.

On this ultrasound there is no obvious etiology for the presenting clinical signs and with the presenting clinical signs and the presence of fluid within the stomach, the most likely etiology would be acute, non-specific gastroenteritis such as dietary indiscretions, toxins, viral and parasites.

Further assessment of the hepatopathy would be FNA cytology. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Specific management of the hepatopathy would be dependent on an etiological diagnosis. Symptomatic management would be the use of Ursodiol with regular monitoring of liver enzyme activity.

Management of the acute gastroenteropathy would be feeding small frequent meals of a low fat intestinal diet, antiemetics as needed then intestinal absorbents/protectants.





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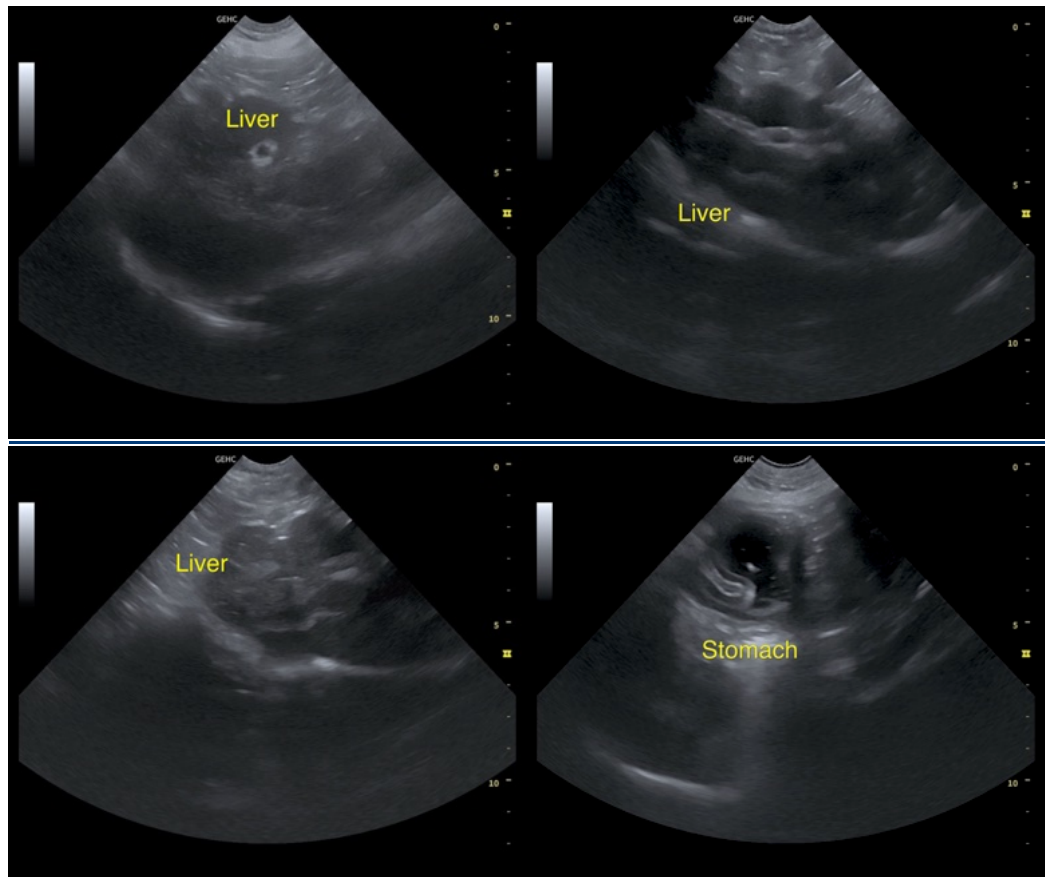
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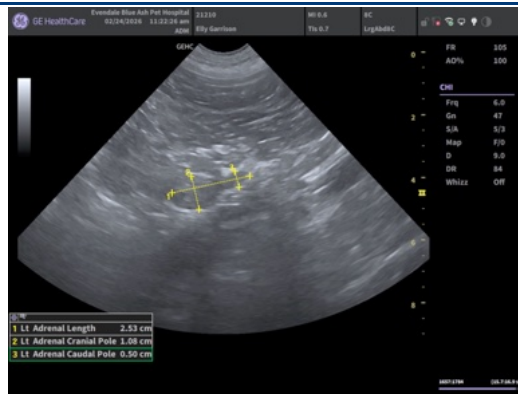
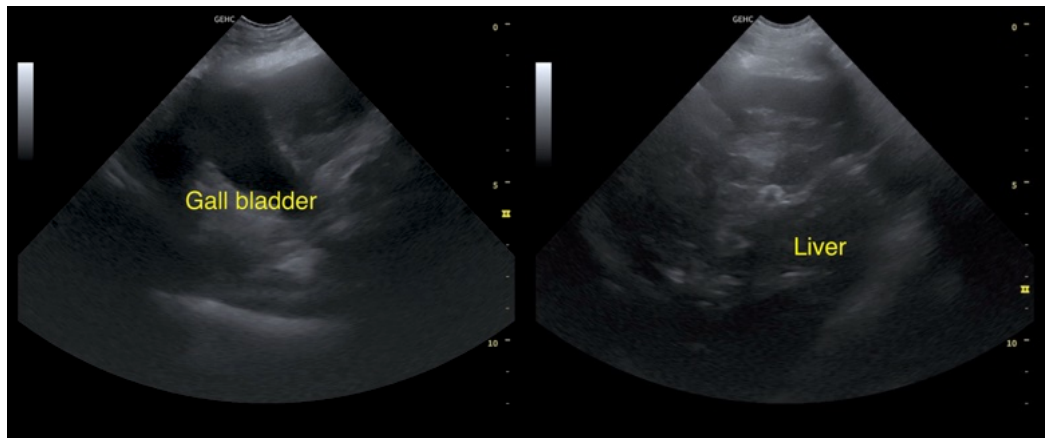
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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