



PATIENT

Ruby Coffey

SPECIES

Canine

BREED

Red Tick Coonhound

SEX

Spayed female

AGE

12 years

WEIGHT

50 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassie Talbot

HOSPITAL NAME

Mill Brook Animal
Clinic VBF

REFERRING VET

Dr. Pfannenstiel

INVOICE

71829

DATE

2/24/26

PRESENTING CLINICAL SIGNS

- Elevated liver enzymes on screening labs
- IDEXX Senior Profile (17/02/2026): CBC: Findings included a marked inflammatory leukogram, characterized by a neutrophilia (16,382/uL) and a monocytosis (1,252/uL). A significant thrombocytopenia was present (Platelets: 72 K/uL). RBC NSF Chemistry: There were marked elevations in liver enzymes: ALT (737 U/L), AST (377 U/L), and ALP (296 U/L). A mild hypokalemia (Potassium: 3.8 mmol/L) and an elevated TCO2 (28 mmol/L) were also noted. NSF other Endocrinology: The total T4 was 1.4 ug/dL, which is in the low-normal range. In-House Urinalysis (16/02/2026): Collection Method: Free Catch Urinalysis Results: The urine specific gravity was dilute at 1.015. The pH was 8.0. The urine sediment was inactive, with no evidence of bacteria, pyuria, or hematuria.

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 left renal size (5.5 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. The left kidney showed normal color flow pattern.

The right kidney is not clearly visualized, but appears to be of normal shape, size and appearance.

Adrenal Glands

The left adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size. The right adrenal gland is 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 1.7 cm.

Liver

Normal size with an increased echogenic appearance, normal 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.

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

The likely etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis a possible differential diagnosis and infiltrative neoplasia 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.

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



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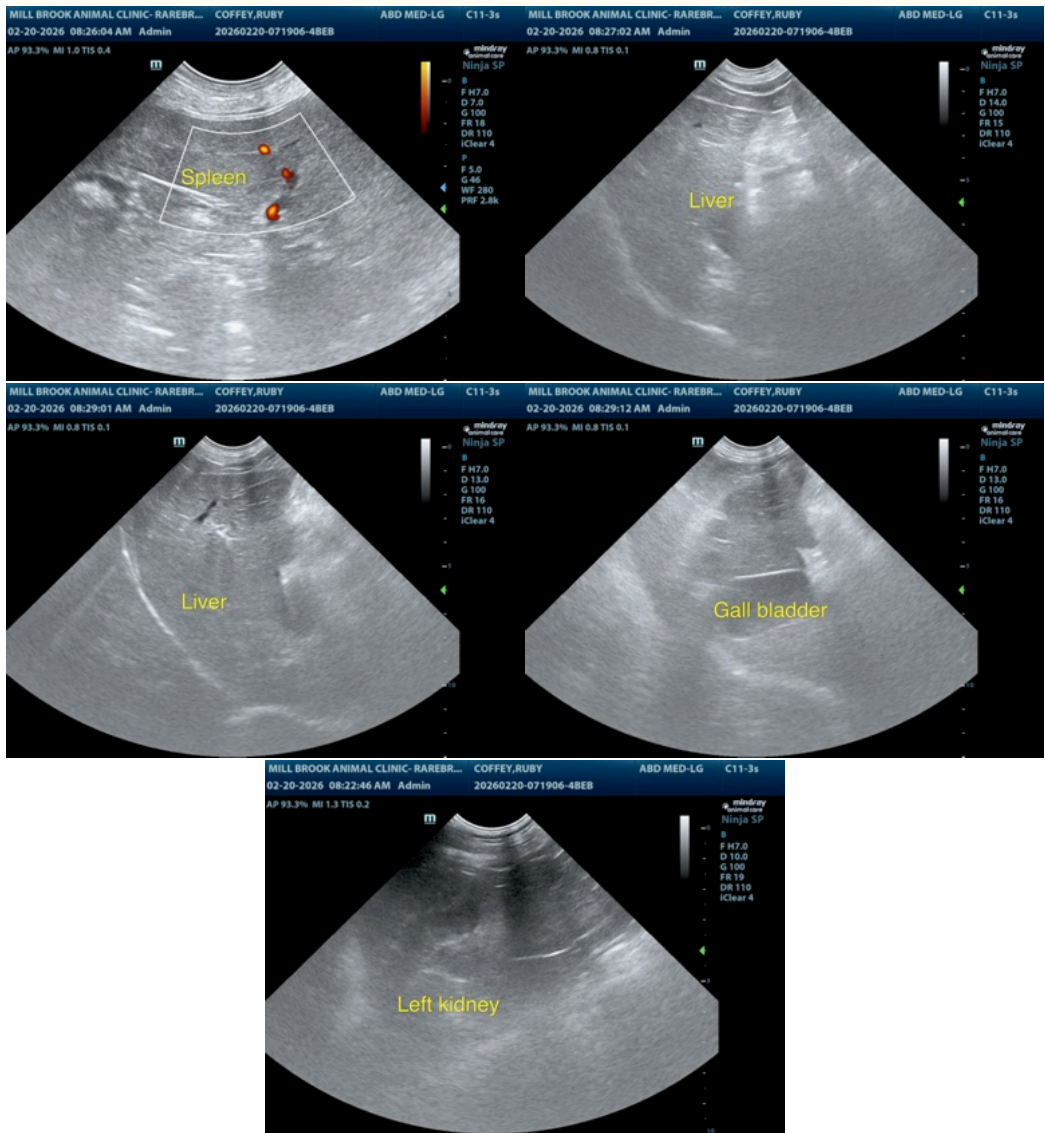
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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