



## PATIENT

Giuseppe LaVella

## SPECIES

Canine

## BREED

West Highland Terrier

## SEX

Neutered male

## AGE

12 years

## WEIGHT

21.2 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Hougentogler

## HOSPITAL NAME

K-Vet Animal Care

## REFERRING VET

Dr. Bouch

## INVOICE

71384

## DATE

2/9/26

## PRESENTING CLINICAL SIGNS

- History: vomiting; not eating; lethargic
- Sonographer's impressions for this exam: Small liver; thickened gallbladder wall; thickened duodenum
- Differential diagnoses you would like us to comment on: Liver failure; neoplasia; gallbladder mucocele; cholangiohepatitis
- Exam: lethargic; icteric

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment is noted.

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 5.4 cm, right measured 5.4 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 noted.

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 1.6 cm in length x 0.44 cm and 0.42 cm in width. The right adrenal gland measured 2.23 cm in length x 0.6 cm and 0.38 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 1.2 cm in width.

### *Liver*

The liver is small and irregular with a mottled echogenic and coarse appearance, decreased portal markings, and an irregular capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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## ***Gallbladder***

The gallbladder is small containing a moderate amount of non-adhered, hyperechogenic sediment. Thickened and hyperechogenic appearance of the wall. Normal size and appearance of the cystic and common bile ducts.

## ***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.
- Previous cholecystitis.
- Urinary bladder sediment.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the hepatopathy would be chronic hepatitis, chronic active hepatitis, cirrhosis and primary portal vein hyperplasia with secondary end stage hepatopathy.

The most likely etiology for the urinary bladder sediment would be incidental debris with crystalluria and bacterial cystitis an unlikely differential diagnosis.

Further assessment would be urinalysis, urine culture, pre and post prandial bile acids and FNA cytology of the liver.

A tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.



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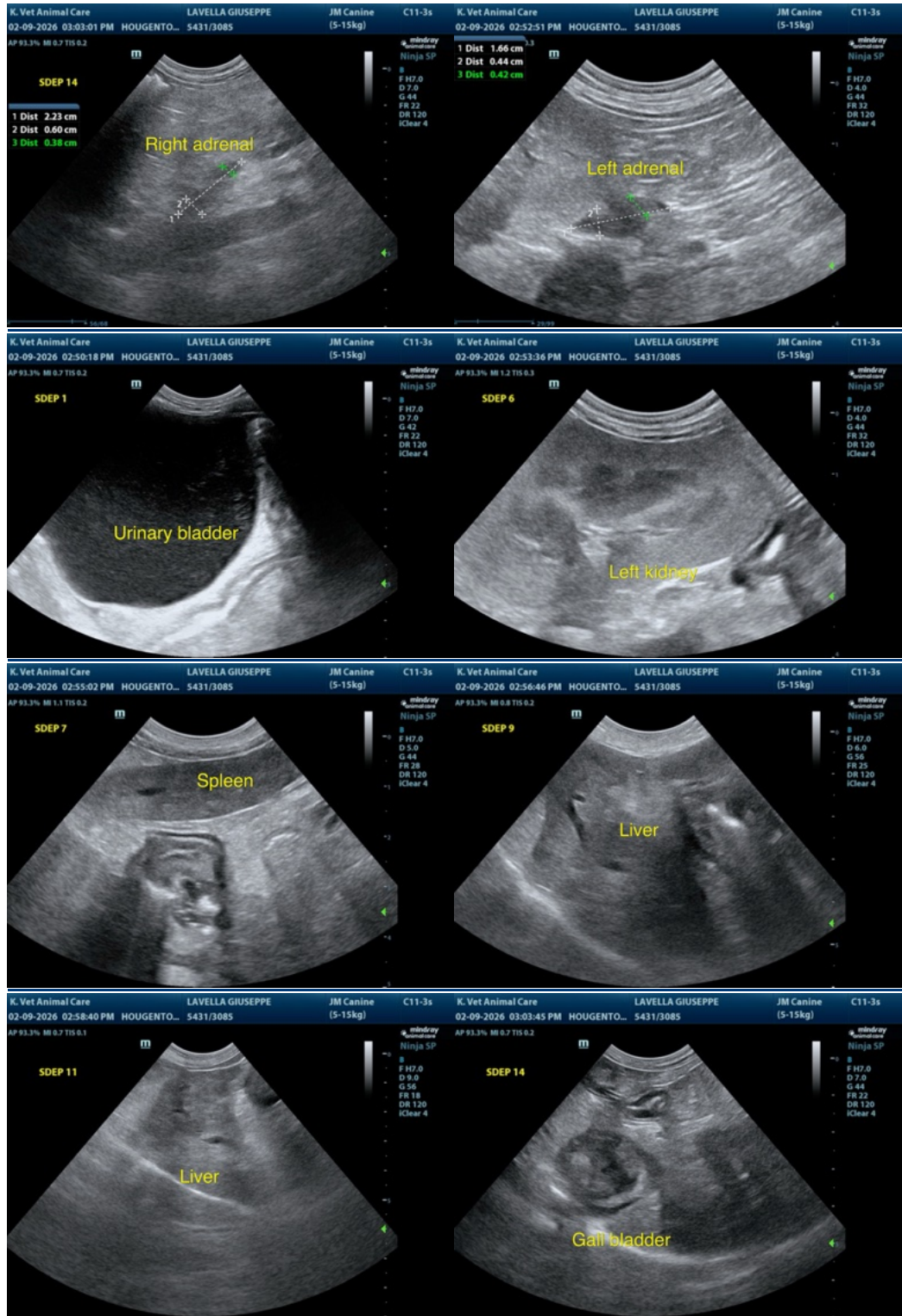
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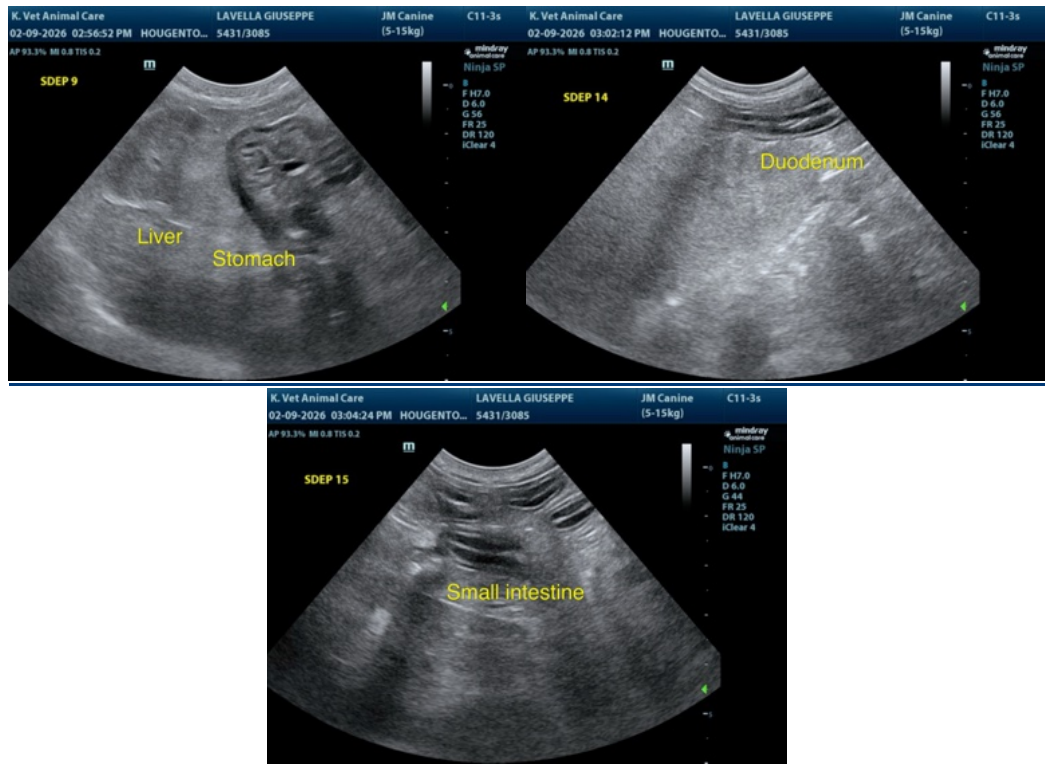
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)