



PATIENT

Noel Scheel

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

12 Years

WEIGHT

42.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. James Hombuckle
DVM

HOSPITAL NAME

Golden Isles Animal
Hospital

REFERRING VET

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DVM

INVOICE

14205

DATE

03/10/26

PRESENTING CLINICAL SIGNS

- sudden onset lethargy within 24 hours.
- diarrhea with blood.
- didn't want to eat or drink today.
- Pacing and whining since this morning 3/10/2026

Abnormal PE/Chem/CBC/UA Results: RBC 7.00 5.65 - 8.87 HCT 42.6 37.3 - 61.7 HGB 14.6 13.1 - 20.5 MCV 60.9 61.6 - 73.5 MCH 20.9 21.2 - 25.9 MCHC 34.3 32.0 - 37.9 RDW 18.0 13.6 - 21.7 %RETIC 27.3 10.0 - 110.0 WBC 13.17 5.05 - 16.76 %NEU 91.3 %LYM 3.5 %MONO 4.9 NEU 12.03 2.95 - 11.64 LYM 0.46 1.05 - 5.10 MONO 0.64 0.16 - 1.12 EOS 0.04 0.06 - 1.23 BASO 0.00 0.00 - 0.10 PLT 568 148 - 484 MPV 8.9 8.7 - 13.2 PDW 7.3 9.1 - 19.4 PCT 0.51 0.14 - 0.46 GLU 113 70 - 143 SDMA 14 0 - 14 CREA 1.2 0.5 - 1.8 BUN 28 7 - 27 BUN/CREA 23 TP 7.8 5.2 - 8.2 ALB 3.9 2.2 - 3.9 GLOB 3.8 2.5 - 4.5 ALB/GLOB 1.0 ALT 427 10 - 125 ALKP > 2000 23 - 212 GGT 28 0 - 11 TBIL 0.5 0.0 - 0.9 CHOL 329 110 - 320 AMYL 1148 500 - 1500 LIPA 424 200 - 1800 Na 153 144 - 160 K 4.5 3.5 - 5.8 Na/K 34 Cl 117 109 - 122 QPL 70 0 - 200 Osm Calc 309

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small 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, 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 measured 5.4 cm in length. The right kidney measured 5.3 cm in length. Normal color flow pattern was evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature in the left adrenal gland. The left adrenal gland measured 0.69 cm and 0.68 cm in width.

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

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 1.6 cm in width.

Liver



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Enlarged with rounded edges with a diffuse mottled echogenic and coarse appearance. Normal portal markings and a regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

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Gallbladder

Full gallbladder containing a moderate amount of nonadhered hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

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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.

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Pancreas

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.

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Free Abdomen

Normal mesenteric lymph nodes.

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No ascites evident.

A large intra-abdominal lipoma was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Gallbladder sediment.
- Intra-abdominal lipoma.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic. However, with the acute onset of clinical signs, acute hepatitis such as toxins, viral, bacterial and possibly leptospirosis should still be considered. The gallbladder sediment can be considered an incidental finding. The lipoma can also be considered an incidental finding.

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Further assessment would be PCR/serology for leptospirosis and FNA cytology of the liver. A tru-cut or wedge biopsy of the liver may, however, be required for a final etiological diagnosis.

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Specific therapy would be dependent on an etiological diagnosis. Initial symptomatic management that could be considered would be fluid therapy, opioid analgesics and intestinal absorbance/protectants.

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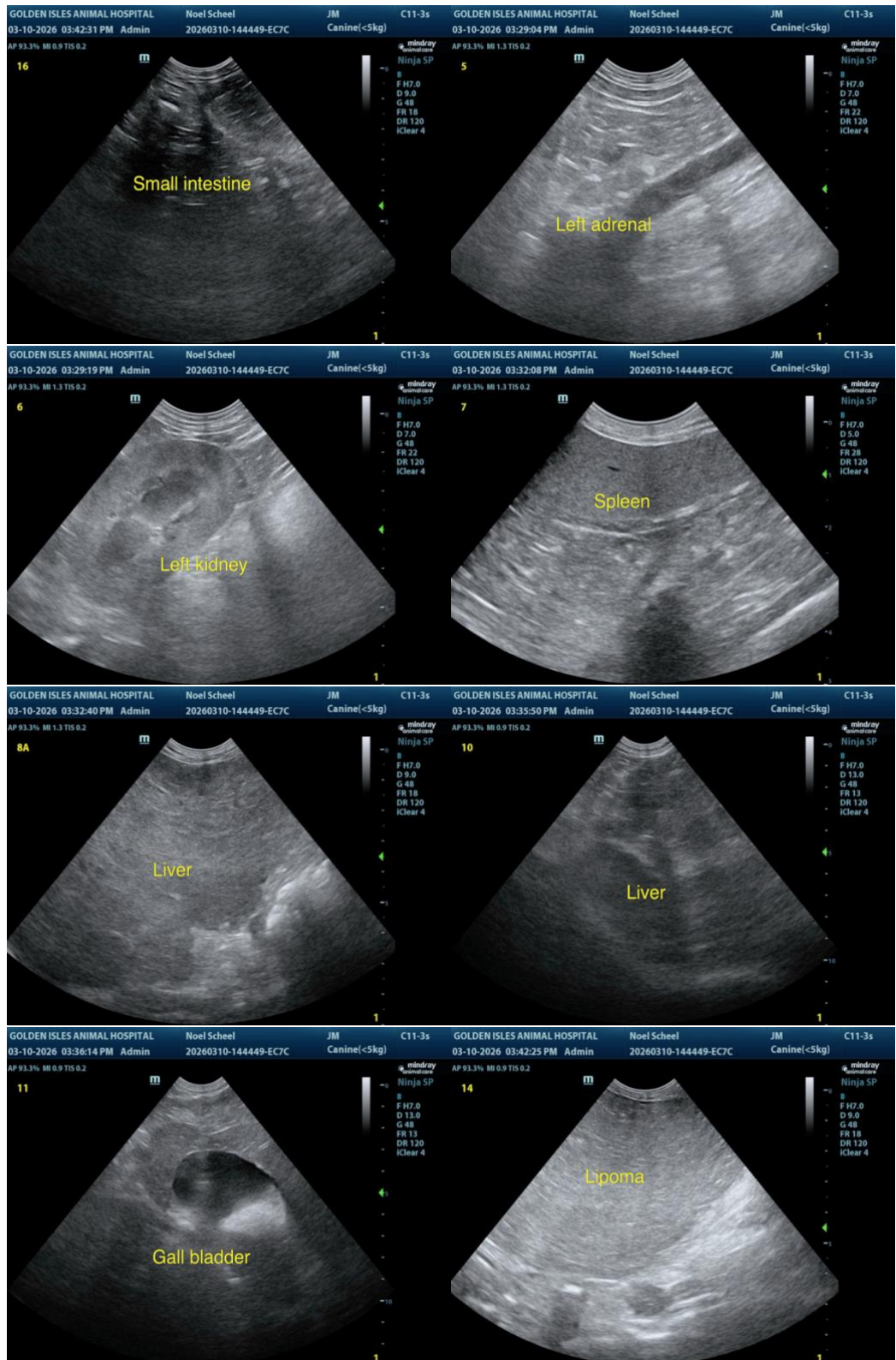
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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