



PATIENT

Koko Rosado

SPECIES

Canine

BREED

Pomeranian

SEX

Male

AGE

5 years

WEIGHT

6.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Vega

HOSPITAL NAME

Animalis Veterinary
Group

REFERRING VET

Dr. Vega

INVOICE

73458

DATE

3/12/26

PRESENTING CLINICAL SIGNS

- Patient presented on referral for an abdominal ultrasound due to chronically elevated liver values. Patient is BAR. No vomiting, diarrhea, or abdominal pain reported. Referral was requested in anticipation of a possible dental cleaning, and the doctor would like to determine whether the patient is an appropriate candidate for anesthesia.
- 3/5/25 CBC HGB 20.4 (12-18), HCT 63.73 (37-55), MCV 78 (60-77), MCH 25.1 (19.5-24.5) chem ALT 384 (10-125)

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 3.1 cm, right measured 2.9 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 size and appearance of the prostate measuring 1.5 x 1.6 cm in size.

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 0.35 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 measures 1.3 cm in width.

Liver

Normal size, echogenic appearance, 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. A small amount of fluid was noted in the stomach.

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

- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the elevated liver enzyme activity. Although the liver appears ultrasonographically normal, with the elevated liver enzyme activity, an underlying hepatopathy such as reactive hyperplasia, vacuolar and metabolic should still be considered. Hepatitis and infiltrative neoplasia would be highly unlikely differential diagnosis.

A reactive hepatopathy can be associated with dental disease.

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 Ursodiol with regular monitoring of liver enzyme activity.



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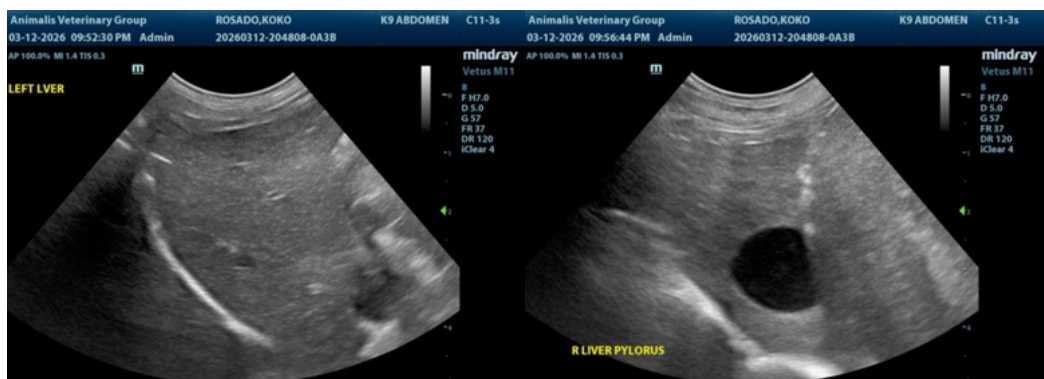
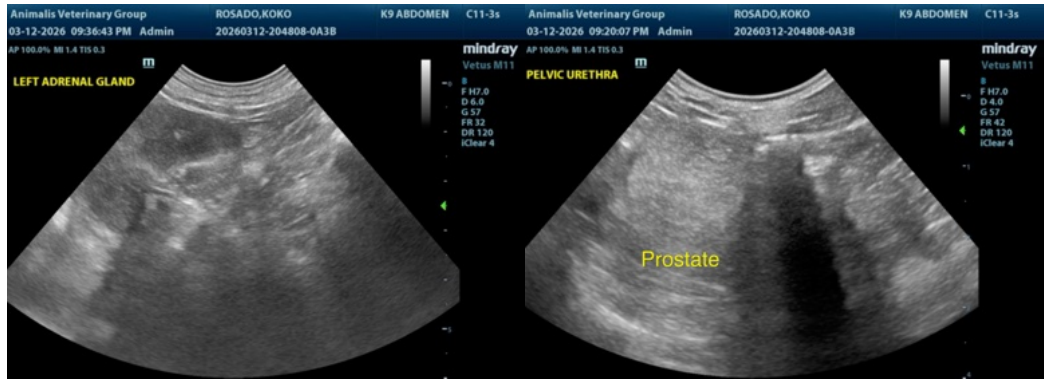
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com