



PATIENT

Choco Gold

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

9 Years 9 Months

WEIGHT

28.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Michele Pfannestiel

HOSPITAL NAME

Mill Brook Animal
Clinic VBF

REFERRING VET

Dr. Michele Pfannestiel

INVOICE

14316

DATE

03/13/26

PRESENTING CLINICAL SIGNS

- History of progressively elevated alkaline phosphatase (ALP).
- History of chronic pain and arthritis, which had been managed with carprofen and CBD.
- History of multiple cutaneous masses.
- History of struvite crystalluria.

Abnormal PE/Chem/CBC/UA Results: ALP 483; USG 1051 with 3+ protein, +1 bili, UPC 0.9; Liver palpates enlarged on PE

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full 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.

Small hypoechogenic prostate.

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 5.1 cm in length. The right kidney measured 5.6 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. The left adrenal gland measured 0.65 cm and 0.59 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 2.1 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.

Gallbladder



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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. Fecal material was present within the colon.

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Pancreas

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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.

Neutered Male

Free Abdomen

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Normal mesenteric lymph nodes.

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No ascites evident.

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ULTRASONOGRAPHIC FINDINGS

- Gallbladder sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder sediment is most likely an incidental finding. On this ultrasound there's no obvious etiology for the elevated ALP activity, although the liver appears ultrasonographically normal with the elevated ALP activity and underlying hepatopathy, such as reactive hyperplasia, vacuolar, metabolic and drug-induced should still be considered.

IMAGING PERFORMED BY

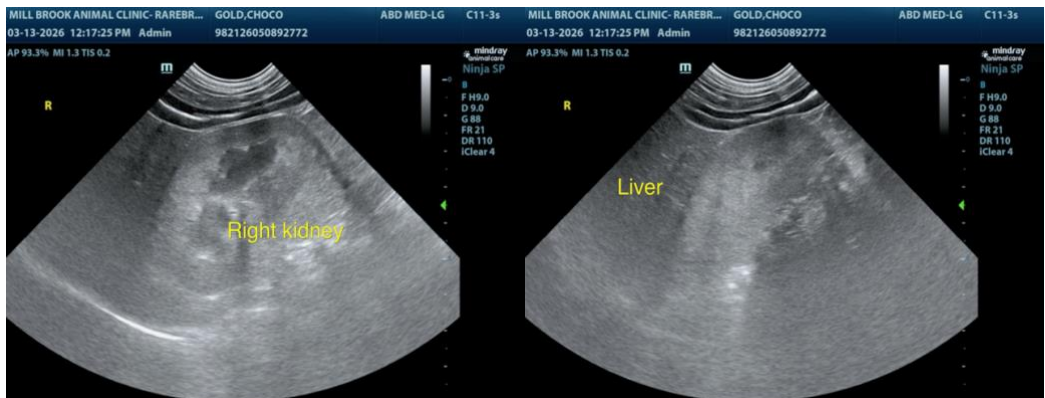
Further assessment that could be considered would be FNA cytology of the liver, however a tru-cut or wedge biopsy may be required for a final etiological diagnosis. UPC would also be recommended.

Dr. Michele Pfannestiel

Specific therapy would depend on an etiological diagnosis. Symptomatic management that could be considered would be the use of ursodiol with regular monitoring of liver enzyme activity.

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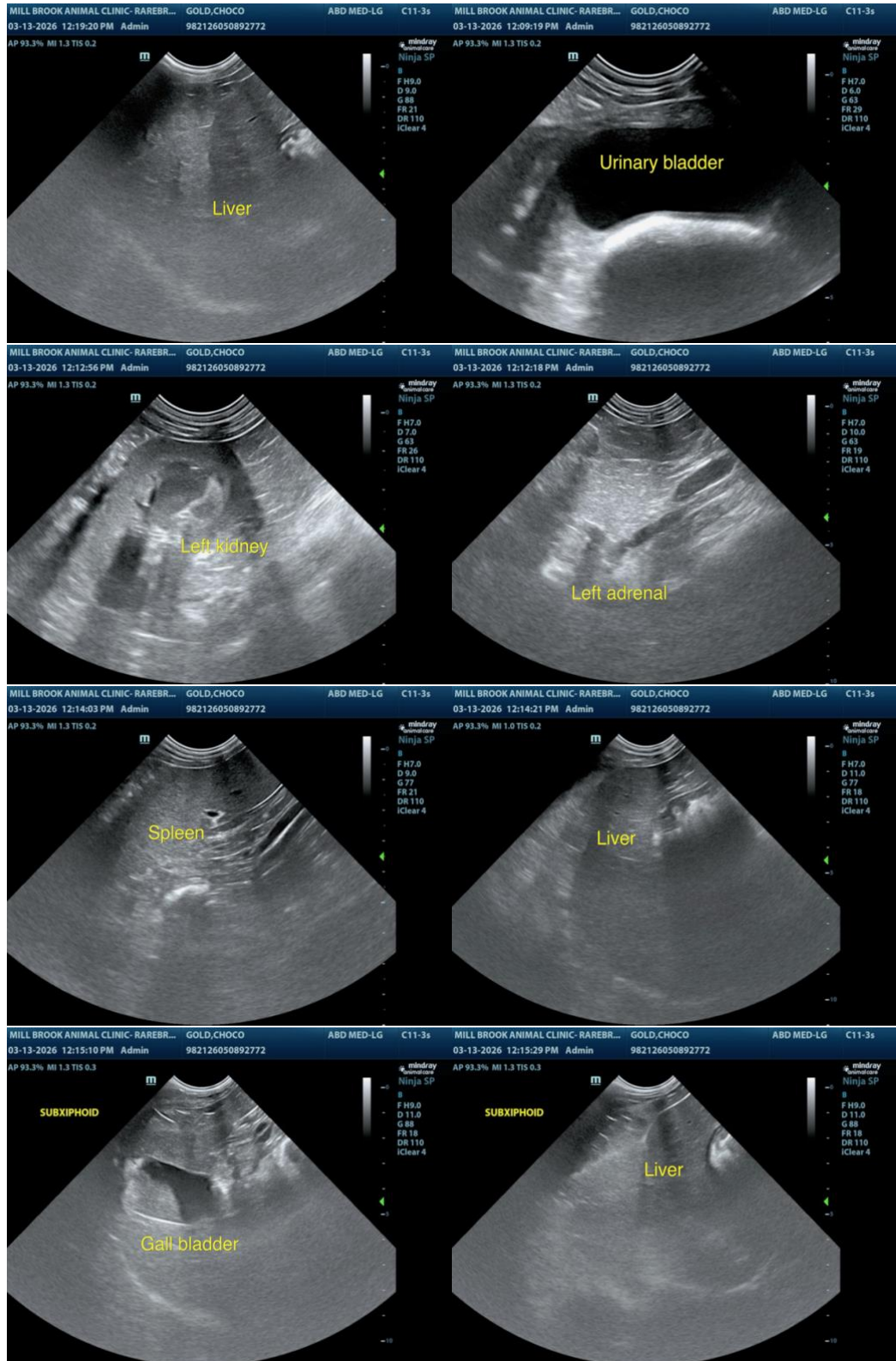
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com