



PATIENT

Johnny Cash Cox

SPECIES

Canine

BREED

Beagle Mix

SEX

Neutered male

AGE

9 years

WEIGHT

58.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Goodman

HOSPITAL NAME

Evendale Blue Ash Pet
Hospital

REFERRING VET

Dr. Goodman

INVOICE

73467

DATE

3/16/26

PRESENTING CLINICAL SIGNS

- Last abd u/s performed 4/21/25 and sent to Sonopath. Interpreted by Dr. Lindquist - liver aspirates recommended. O declined since he was not symptomatic and elected to monitor. Hx of elevated liver values
- Pursued COHAT on 5/19/25
- Hx of hypothyroidism managed with Thyro-tabs - currently receives 0.4mg BID since 10/9/25
- Hx of environmental allergies managed with Immunotherapy injections
- Presented 2/3/26 for diarrhea - initiated proviable forte and metronidazole. Had 2 days of somewhat normal stool and returned to diarrhea. Has continued and has not been responding to supportive care. Dewormed with Panacur - no change with stool.
- Started on Denamarin and Standard Process Hepatic Support on 2/20/26 - ALP and ALT did not response and actually increased after being on it for 3 weeks
- Sent out TAMU GI Panel on 2/13/26 - returned with low cobalamin. Initiated weekly B-12 injections on 3/6/26. Owner has not seen improvement with stool since starting
- Currently eating Hills i/d low fat dry and canned
- Abnormal PE/Chem/CBC/UA Results: 9/4/25 ALT: 167 ALP: 745 2/13/26 ALT: 264 ALP: 1254 3/6/26 ALT: 459 ALP: 1769

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 renal size (left measured 6.5 cm, right measured 7.0 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 prostate is small and hypoechogenic measuring 0.9 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.37 cm in length x 0.68 cm and 0.55 cm in width. The right adrenal gland measured 2.47 cm in length x 0.51 cm and 0.62 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.



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No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.4 cm in width.

Liver

Normal size with a diffuse, increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. A few, hypoechogenic parenchymal nodules measured up to 0.8 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.

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
- Hepatic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The most likely etiology for the hepatic nodules would be incidental nodular hyperplasia.



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Infiltrative neoplasia would be a highly unlikely differential diagnosis.

On this ultrasound there is no obvious etiology for the chronic diarrhea.

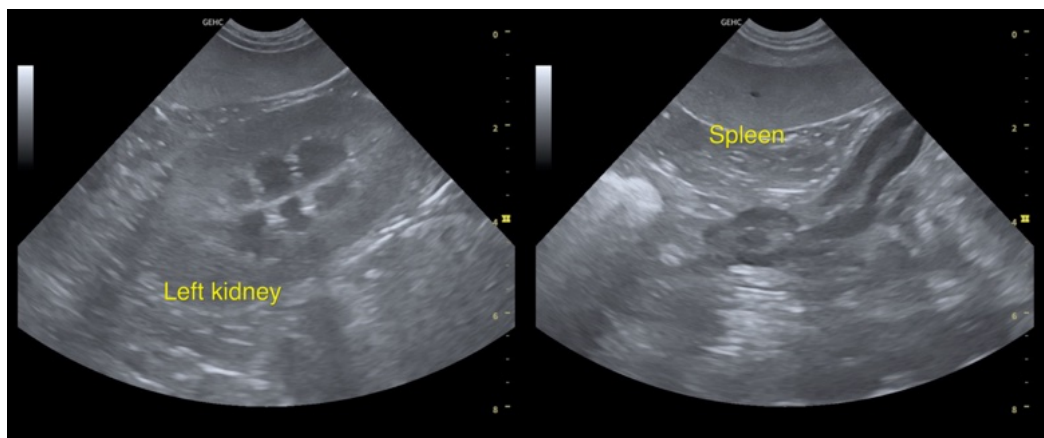
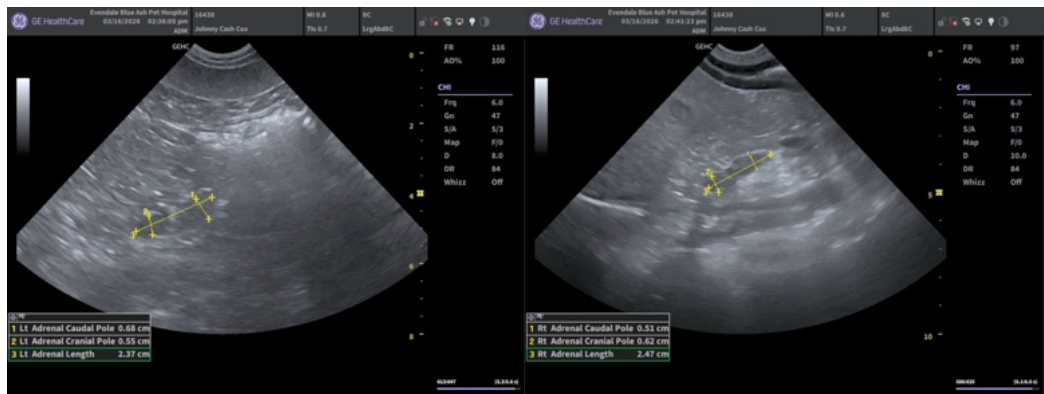
Although the GI tract appears ultrasonographically normal, with the chronic diarrhea an underlying enteropathy such as dietary hypersensitivity and inflammatory bowel disease should still be considered.

Further assessment would be FNA cytology of the liver and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the enteropathy would be feeding a novel protein/hypoallergenic diet, continuing with the cobalamin supplementation and possibly a course of Prednisolone.

Symptomatic management of the hepatopathy would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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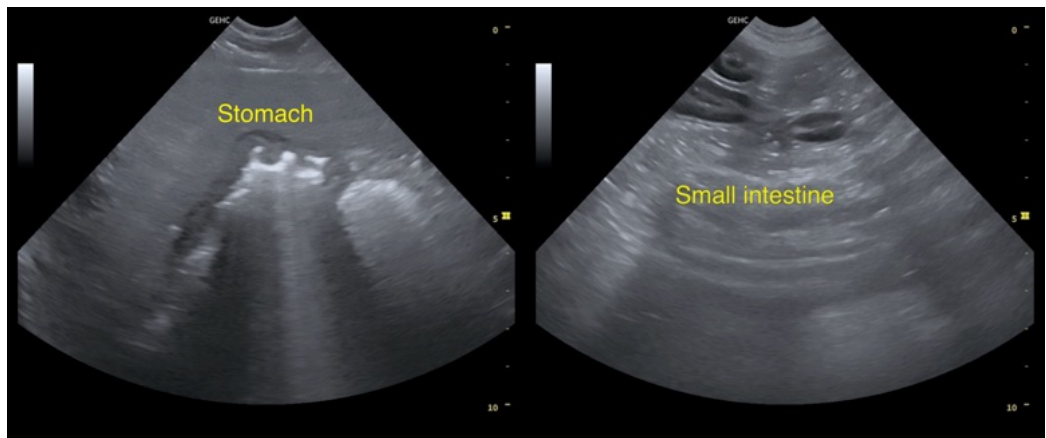
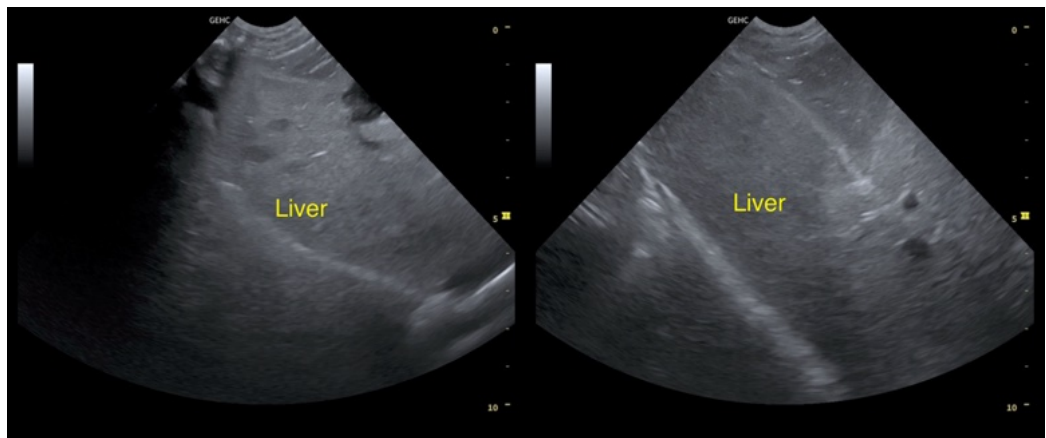
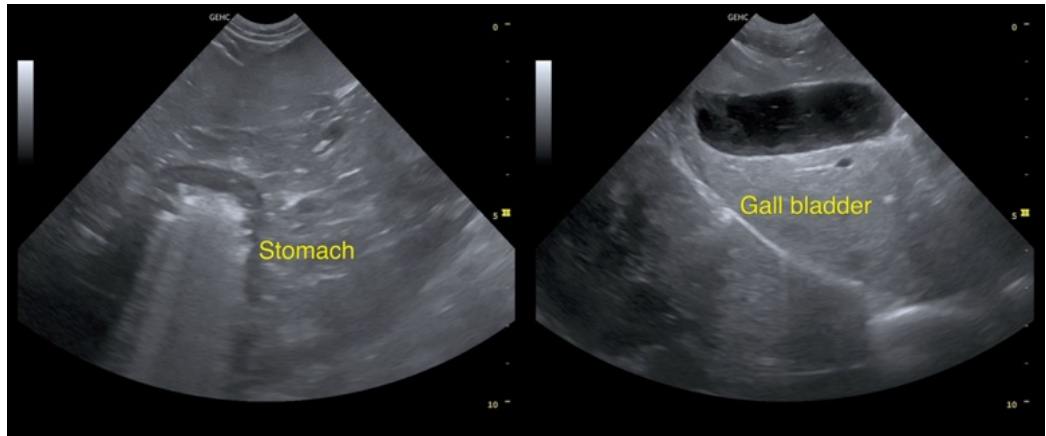
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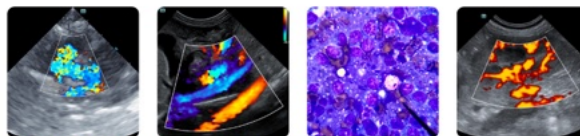
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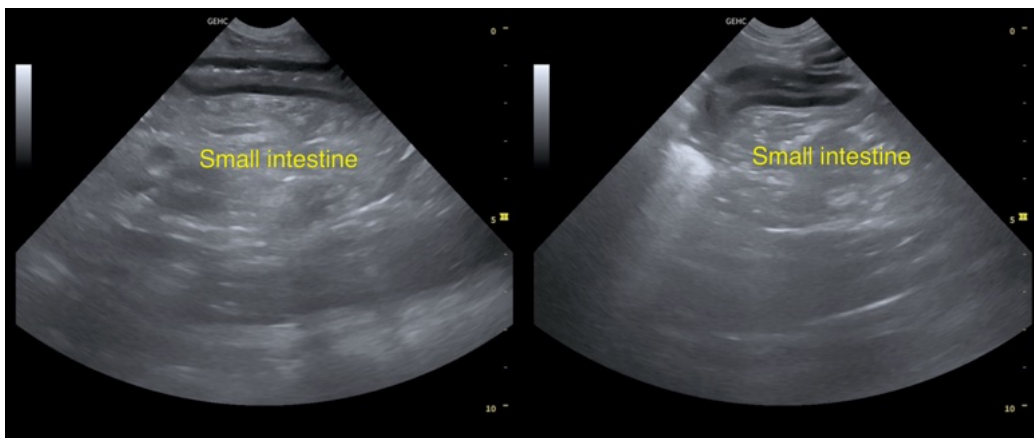
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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