



PATIENT

Martini Morris

SPECIES

Canine

BREED

Dachshund

SEX

Neutered male

AGE

13 years

WEIGHT

5.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Haley
Harasimowicz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Crawford

INVOICE

73802

DATE

3/25/26

PRESENTING CLINICAL SIGNS

- Dog has history of chronic MVD (Class B2) on Pimobendan and has echocardiograms annually: stable disease. Dog has had daily gagging cough (stable).
- Also has history of chronic mild ALT elevation and progressively increasing ALP elevation --dog is NOT pu/pd and USG is 1.033. Also historically large liver on abd rads. No signs of Cushing's Dz. Recent labwork also reveals mild new creat elevation but USG 1.033 and SDMA 8.
- Dog panics in clinic and becomes very wiggly, tachycardic and stressed: dog must be dropped off for mild sedation for most diagnostics beyond exam.
- Rec abd US to assess liver, gb, kidneys, etc. and rec progress cardiac exam/echo.
- Rads 2/26: 1) Large normal heart size and mild left atrial enlargement; no current evidence of congestive heart failure. Findings compatible with currently compensated known chronic mitral valvular disease. 2) Normal lungs and no esophageal abnormalities seen; no abnormalities correlating with the reported gagging cough. 3) Moderate generalized hepatomegaly and suspected cystic choleliths (or hepatic mass with dystrophic mineralization). Labwork: 2/26 (all compared to 8/25) Creat 2.1 (1.0 in 8/25) ALT 194 (was 130) ALP 1527 (was 798) Phos 6.7 proBNP 678 (was 1348) CBC wnl but increased plt 584,000

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 4.2 cm, right measured 3.9 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.

The prostate is small and hypoechogenic measuring 0.7 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.54 cm and 0.57 cm in width. The right adrenal gland measured 0.48 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 1.3 cm in width.



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Liver

The liver is mildly enlarged with rounded edges, but maintained a normal echogenic appearance, portal markings and a regular curvilinear capsule. size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing a moderate amount of non-adhered, hyperechogenic sediment. Thickened and hyperechogenic appearance of the wall was noted and 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. The duodenum measured 0.47 cm, small intestine up to 0.38 cm. Fecal material is present in the colon.

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

- Thickened gallbladder wall.
- Gallbladder sediment.
- Hepatomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the appearance of the gallbladder would be more consistent with a previous episode of cholecystitis, with the progressive elevation of ALP activity, an underlying low grade cholecystitis would be an important differential diagnosis.



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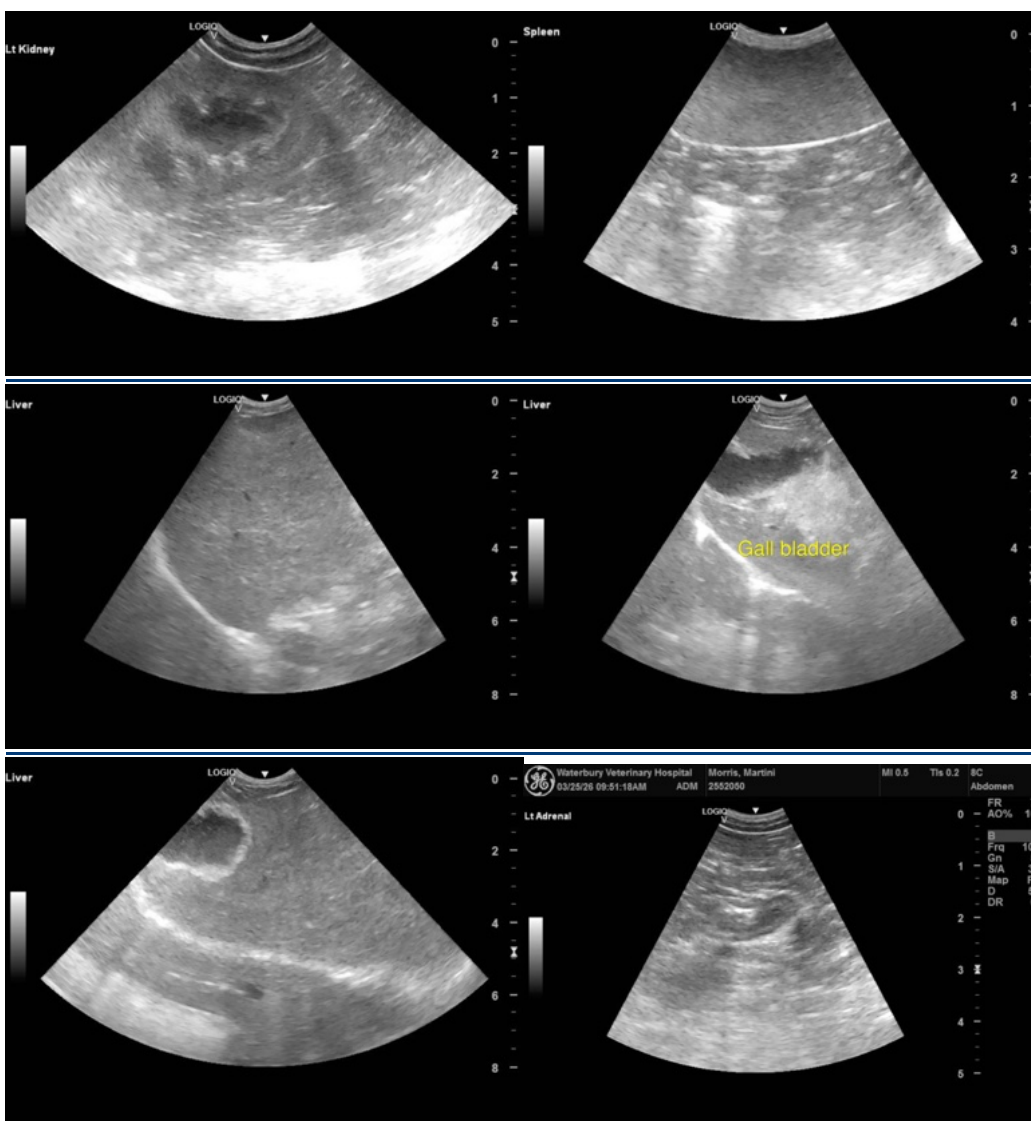
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The most likely etiology for the hepatomegaly would be secondary to the cardiac disease; however, an underlying hepatopathy such as reactive hyperplasia, vacuolar and metastatic should still be considered.

Further assessment would be fecal analysis (for liver fluke), FNA cytology of the liver and cholecystitis for cytology and culture.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be considered would be a course of Fenbendazole and Ursodiol with regular monitoring of liver enzyme activity.





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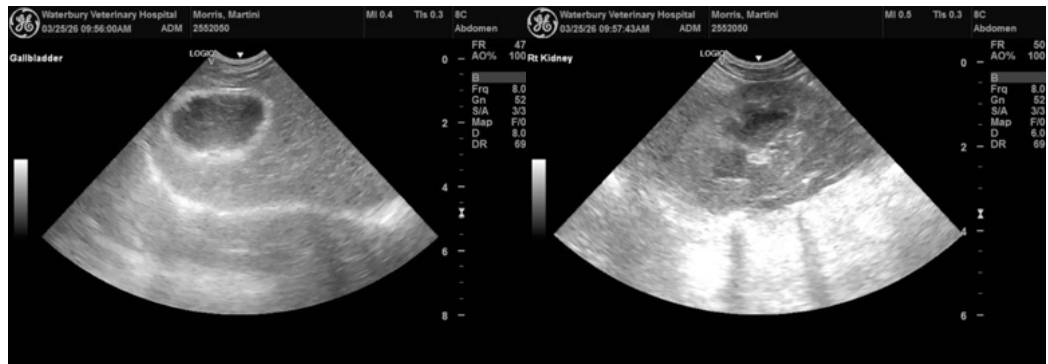
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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