



PATIENT

Pepe Le Pew
Thomson

SPECIES

Canine

BREED

Dachshund Mix

SEX

Female

AGE

14 Years 4 Months

WEIGHT

17.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

14595

DATE

03/25/26

PRESENTING CLINICAL SIGNS

- Referral abdominal ultrasound due to persistent liver enzyme elevations especially the GGT/AL T. Numbers tend to trend downward with broad spectrum antibiotics, but once off the medication values increase. The rDVM would like to know if these changes are secondary to age of patient or from neoplasia/gallbladder blockage. They would like to start patient on ursodiol but want to make sure the biliary tree is open.
- -P had previously been on Apoquel for allergies (food and environmental). She is no longer taking the Apoquel.
- - Client reports concern regarding long-term allergy medication use
- P has started having urinary incontinence issues, suspect secondary to OA/DJD of the spine,
- - No current vomiting, diarrhea, coughing, or sneezing reported
- Current meds: Denamarin Advanced Medium dog breed: 1 tab a day on empty stomach; Clavamox 250 mg: 1/2 tab PO BID; Metronidazole 50mg: 1.5 tabs PO BID

Abnormal: Grade 2 heart murmur, best auscultated left side, generalized age-related sarcopenia; dental fracture with suspected pulp exposure of 204, heavy calculus on 208, 209, 210, incisor crowding; ~1 cm non-haired mass below right ear, focal adenoma-type mass, top right head, tail: alopecia, dorsal aspect, distal one-third, prominent but symmetric lymph nodes From rDVM March 11, 2026: comp panel serum lipemic: alp 890 H, ggt 22 H, alt 593 H, ip 5.5 H; Jan 30, 2026 :Recheck BW Comp Panel: Serum: White :AIP 8.94 (H) but decreasing; AIT 399 (H); GGT 20 (H)

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.

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 5.0 cm in length. The right kidney measured 5.2 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 0.64 cm in width. The right adrenal gland measured 0.45 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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.2 cm in width. An incidental myelolipoma is present.



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Liver

Normal size, with a diffuse mottled echogenic coarse and nodular appearance. Normal portal markings and a regular curvilinear capsule. Nodules are diffuse and hypoechogenic parenchymal and measure up to 0.8cm in size. No masses are evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full gallbladder containing a small amount of nonadhered hypoechogenic sediment. 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 ingesta was present within the stomach compatible with a recent meal.

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.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Nodular hepatopathy.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Likely etiologies for the hepatopathy would be nodular hyperplasia and chronic hepatitis, with granulomatous disease and infiltrative neoplasia, less like differential diagnoses. The gallbladder sediment is most likely an incidental finding.

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 would be to continue with the current therapy and to add Ursodiol with regular monitoring of liver enzyme activity.



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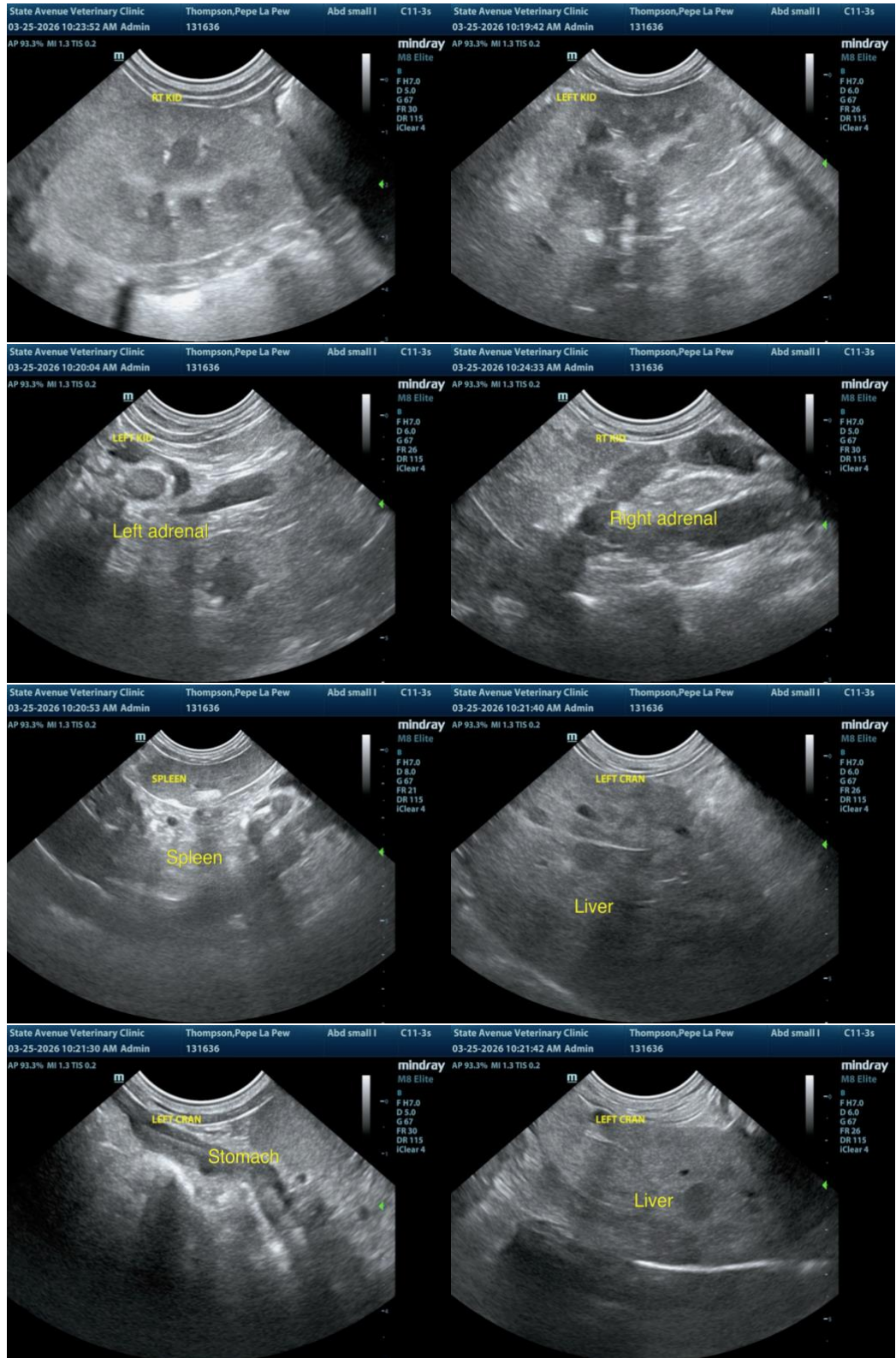
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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