



PATIENT

Nemo Dreher

SPECIES

Canine

BREED

Pug

SEX

Neutered male

AGE

8 years

WEIGHT

23 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Keller

HOSPITAL NAME

Flanders VC

REFERRING VET

Dr. Labell

INVOICE

74029

DATE

4/1/26

PRESENTING CLINICAL SIGNS

- Elevated ALT 353. Patient on Fluoxetine

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 4.2 cm, right measured 4.3 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 color flow pattern is evident in both kidneys.

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

Adrenal Glands

The adrenal glands are small in size and dorsoventrally flattened, but maintained a normal echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.9 cm in length x 0.2 cm and 0.17 cm in width. The right adrenal gland measured 1.02 cm in length x 0.25 cm and 0.22 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. Small, focal, hypoechogenic parenchymal nodule in the body of the spleen measuring 0.3 cm in size. The spleen measures 1.1 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

The gallbladder is full containing a small amount of non-adhered, 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. A small amount of gas was present 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

- Bilaterally small adrenal glands.
- Splenic nodule.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the appearance of the adrenal glands may merely be an incidental finding, Addison's disease should be considered.

Etiologies for the splenic nodule would be reactive hyperplasia/extramedullary hemopoiesis, hematoma and granuloma with emerging neoplasia an unlikely differential diagnosis.

The gallbladder sediment is most likely an incidental finding.

Although the liver appears ultrasonographically normal, with the elevated ALT activity, an underlying hepatopathy such as reactive hyperplasia, vacuolar and metabolic should still be considered.

Further assessment would be basal cortisol and/or an ACTH stimulation test and possibly FNA cytology of the liver.

A tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis.

Ultrasound monitoring of the splenic nodule would be recommended and if there is any progressive enlargement of bulging of the overlying capsule noted, then splenectomy would be indicated.

Specific therapy would be dependent on an etiological diagnosis.

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



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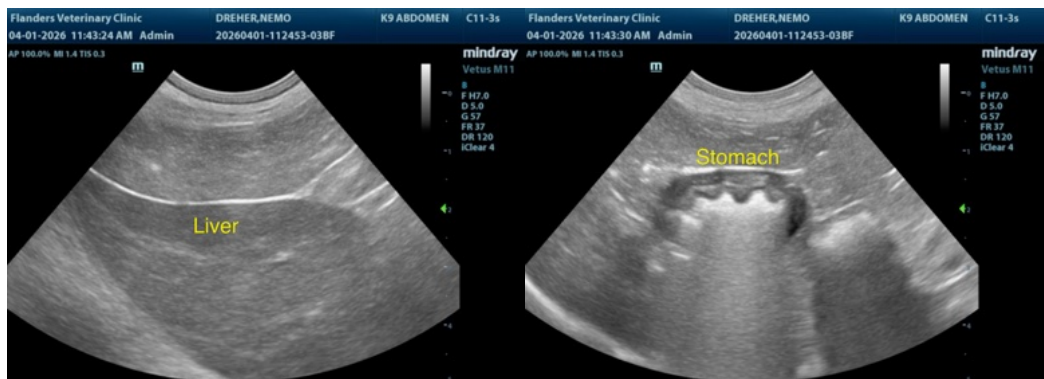
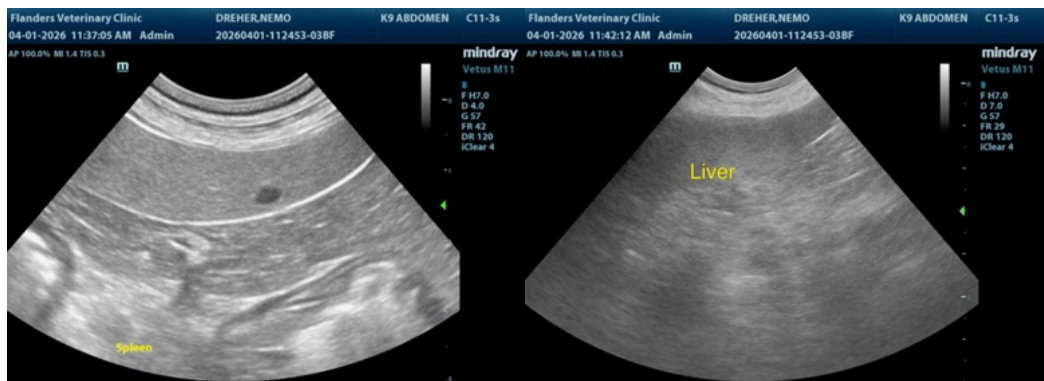
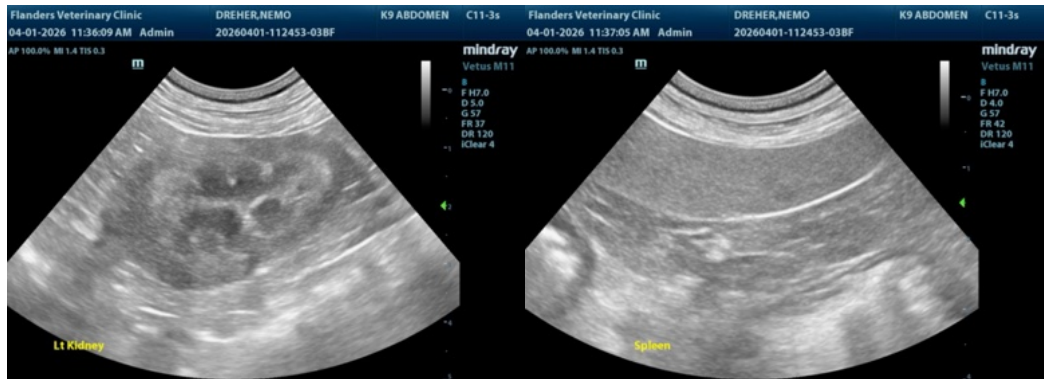
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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