



PATIENT

Chloe Cochran

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed female

AGE

13 years

WEIGHT

12 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Amanda Hartman

HOSPITAL NAME

AVID

REFERRING VET

Dr. Harman

INVOICE

74524

DATE

4/16/26

PRESENTING CLINICAL SIGNS

History: Increasing ALT and ALP despite Denamarin; known heart murmur on pimobendan; no other issues or concerns, otherwise BAR with no concerns

Abnormal PE/Chem/CBC/UA Results: 5/6 HM; tender palpation of abdomen in upper right quadrant and with probe placement; ALT 141 increased to over 400; ALP increased as well -- both in the face of denamarin; 5 teeth left with moderate tartar on 2 (upper canines) otherwise healthy/normal exam; hepatomegaly seen on survey rads from RDVM.

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 3.7 cm, right measured 5.4 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.76 cm in length x 0.53 cm and 0.37 cm in width. The right adrenal gland measured 1.42 cm in length x 0.49 cm and 0.36 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 1.5 cm in width.

Liver

The liver was enlarged with rounded edges, diffuse increased echogenic appearance, normal portal markings, and regular curvilinear capsule. Focal, hypoechogenic, parenchymal nodule in the cranial aspect of the left lobe measuring 0.6 x 1.8 cm in size. No additional nodules or masses are evident. Normal appearance of the hepatic and portal vasculature.



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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 nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia a highly unlikely differential diagnosis.

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

Further assessment would be FNA cytology of the liver and the hepatic nodule; however, a tru cut or wedge biopsy of both 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 add Ursodiol with regular monitoring of liver enzyme activity.



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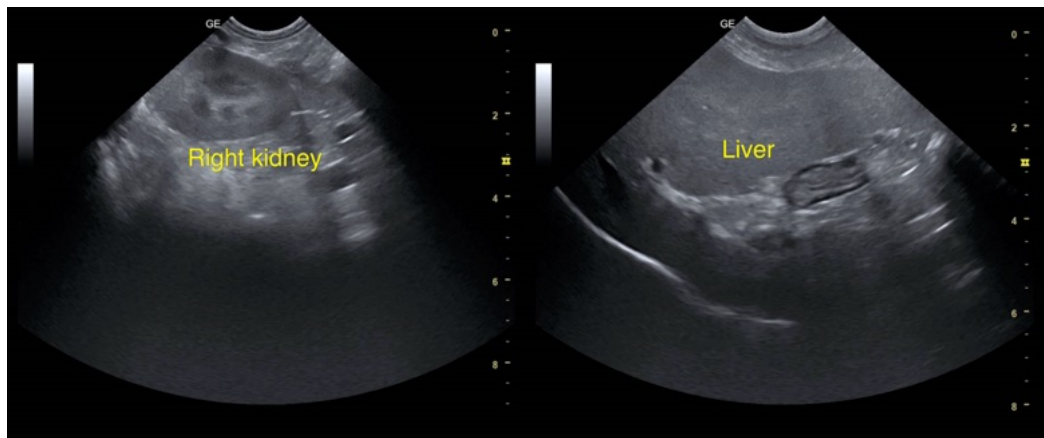
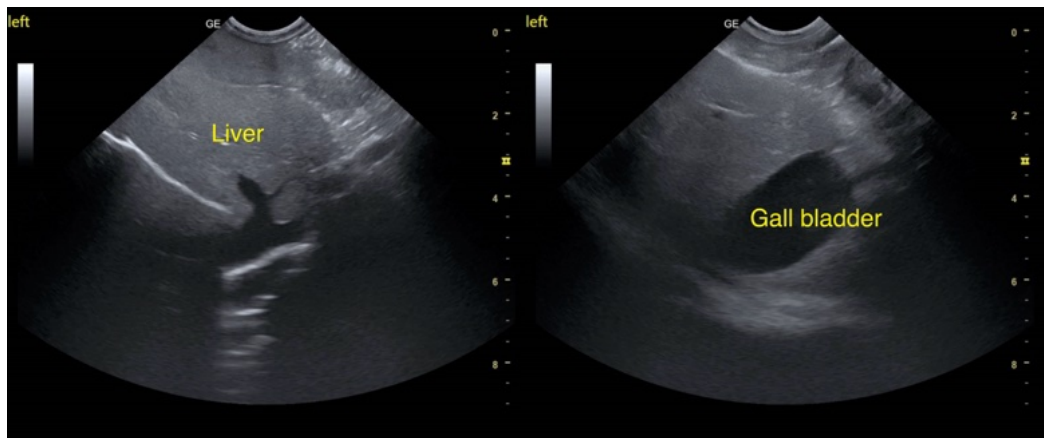
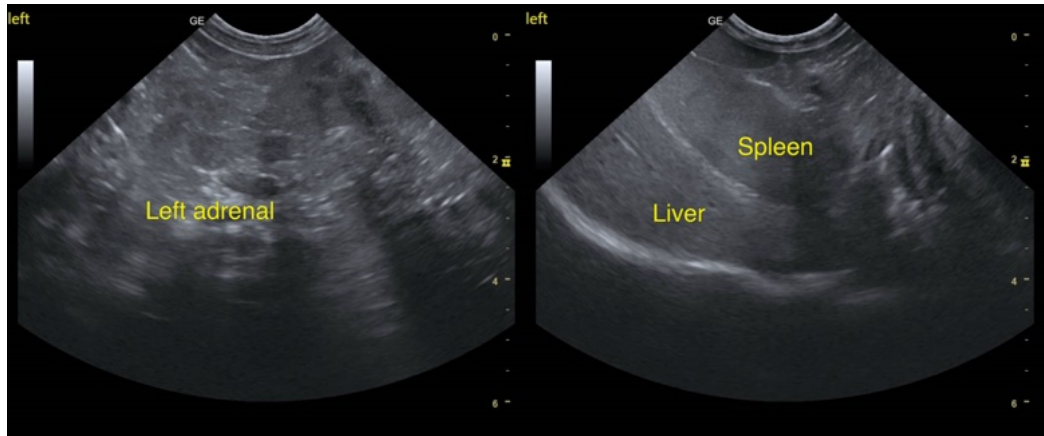
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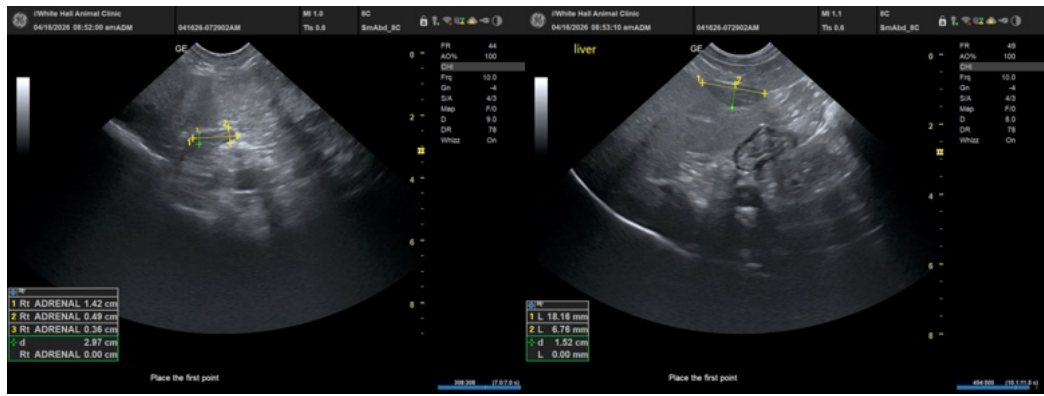
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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