

**PATIENT**

BeauLittles Talley

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Neutered Male

**AGE**

7 Years 10 Months

**WEIGHT**

15.8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Harmony Heights  
Animal Hospital

**REFERRING VET**

Dr. Sechrist

**INVOICE**

74721

**DATE**

4/23/26

**PRESENTING CLINICAL SIGNS**

P presented for US due to persistent elevation in ALT and ALKP. No clinical symptoms

**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. Left kidney measures 4.8 cm. Right kidney measures 4.3 cm. Normal color flow pattern evident in both kidneys.

**Reproductive System**

Small, hypoechogenic prostate measuring 0.90 cm in width.

**Adrenal Glands**

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 1.93 cm in length x 0.58 cm and 0.42 cm in width. Right measures 1.6 cm in length x 0.50 cm and 0.86 cm in width.

**Spleen**

Normal size (1.0 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Incidental myelolipoma present. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.

**Liver**

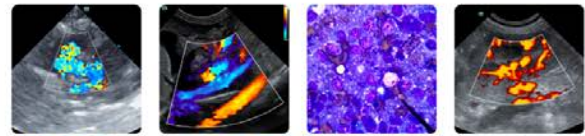
The liver is mildly enlarged with rounded edges, a diffuse mottled echogenic and coarse appearance, normal portal markings, and a regular curvilinear capsule. A few parenchymal nodules were noted ranging from hypo- to hyperechogenic, measuring up to 1.1 cm x 1.9 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.

**Gallbladder**

Small 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.



**PATIENT**

BeauLittles Talley

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Neutered Male

**AGE**

7 Years 10 Months

**WEIGHT**

15.8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Harmony Heights  
 Animal Hospital

**REFERRING VET**

Dr. Sechrist

**INVOICE**

74721

**DATE**

4/23/26

**Pancreas**

Visible sections present normal size and echogenic appearance. 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.

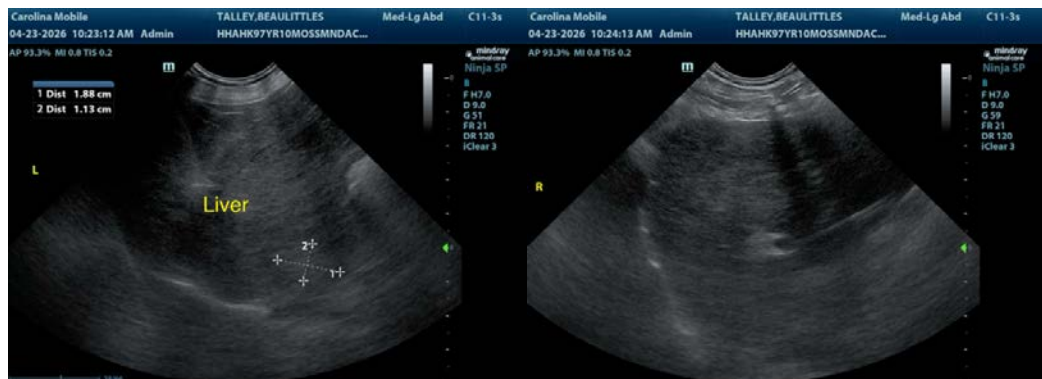
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the hepatopathy would be reactive hyperplasia, nodular hyperplasia, vacuolar and metabolic, with hepatitis and infiltrative neoplasia being highly unlikely differential diagnoses. The most likely etiology for the hepatic nodules would be nodular hyperplasia, with granuloma being a possible differential diagnosis, and infiltrative neoplasia being a highly unlikely differential diagnosis.

Further assessment would be FNA cytology of the liver, and if possible, the nodules. 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 that could be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.





**PATIENT**

BeauLittles Talley

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Neutered Male

**AGE**

7 Years 10 Months

**WEIGHT**

15.8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Harmony Heights  
 Animal Hospital

**REFERRING VET**

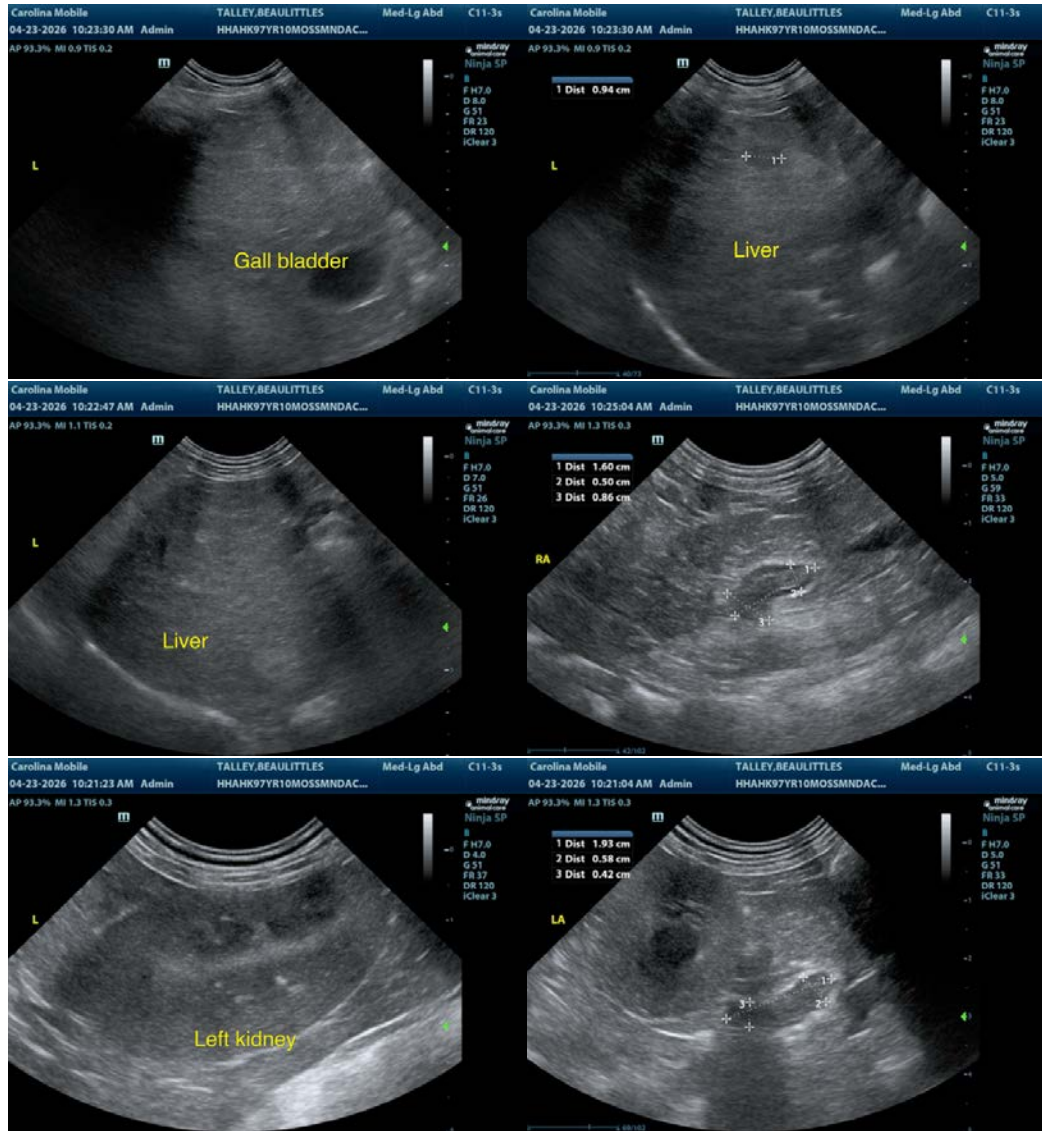
Dr. Sechrist

**INVOICE**

74721

**DATE**

4/23/26



The information and recommendations provided are based on the images presented by the referring veterinarian. 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