



PATIENT

Oakley Taylor

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

9.5 Years

WEIGHT

79 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu VC

REFERRING VET

Dr. Kayla Greil

INVOICE

35707

DATE

4/23/26

PRESENTING CLINICAL SIGNS

History: P presented for dental under anesthesia today, pre-operative bloodwork showed increased ALT. Postponed dental procedure to pursue ultrasound instead.

Abnormal PE/Chem/CBC/UA Results: 4/23/26 CBC- neut 2.72 k/uL, all else WNL Chem 17- ALT 300 U/L, AMYL 442 U/L.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small 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.

Small hypoechogenic prostate was noted.

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 5.8 cm. The right kidney measured 5.4 cm. 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 0.59 cm in width. The right adrenal gland measured 0.45 cm in width.

Spleen

Normal size (1.45 cm in width) 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.

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

Small gallbladder, 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



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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

- Normal ultrasound examination of the abdomen

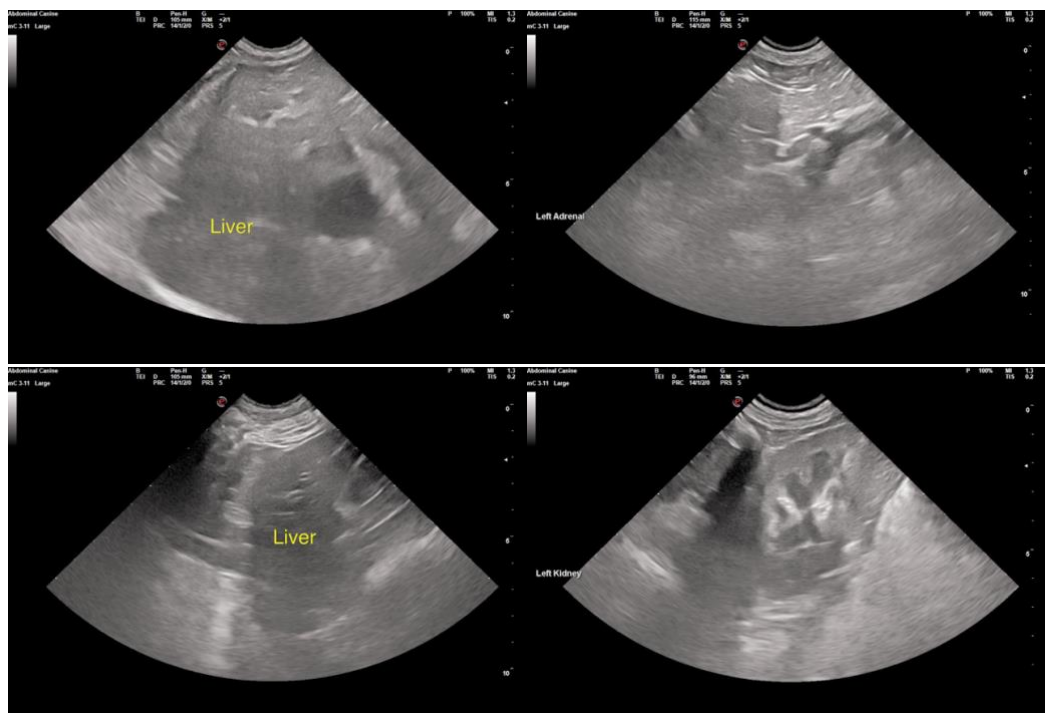
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound, there's no obvious etiology for the mildly elevated ALT activity.

Although the liver appears ultrasonographically normal, with the elevated ALT activity, and underlying hepatopathy, such as reactive hyperplasia, vacuolar and metabolic, should still be considered. Breed-specific hepatopathy, infiltrative neoplasia and hepatitis would be unlikely differential diagnoses. An important etiology for a reactive hyperplasia hepatopathy would be dental disease.

Further assessment that could be considered, would be FNA cytology of the liver. However, a tru-cut or wedge biopsy may be required for a final etiological diagnosis. These should be considered if there's not a satisfactory improvement in liver enzyme activity after the dental procedure.

Symptomatic management of the hepatopathy that could also be considered would be the use of ursodiol with regular monitoring of liver enzyme activity.





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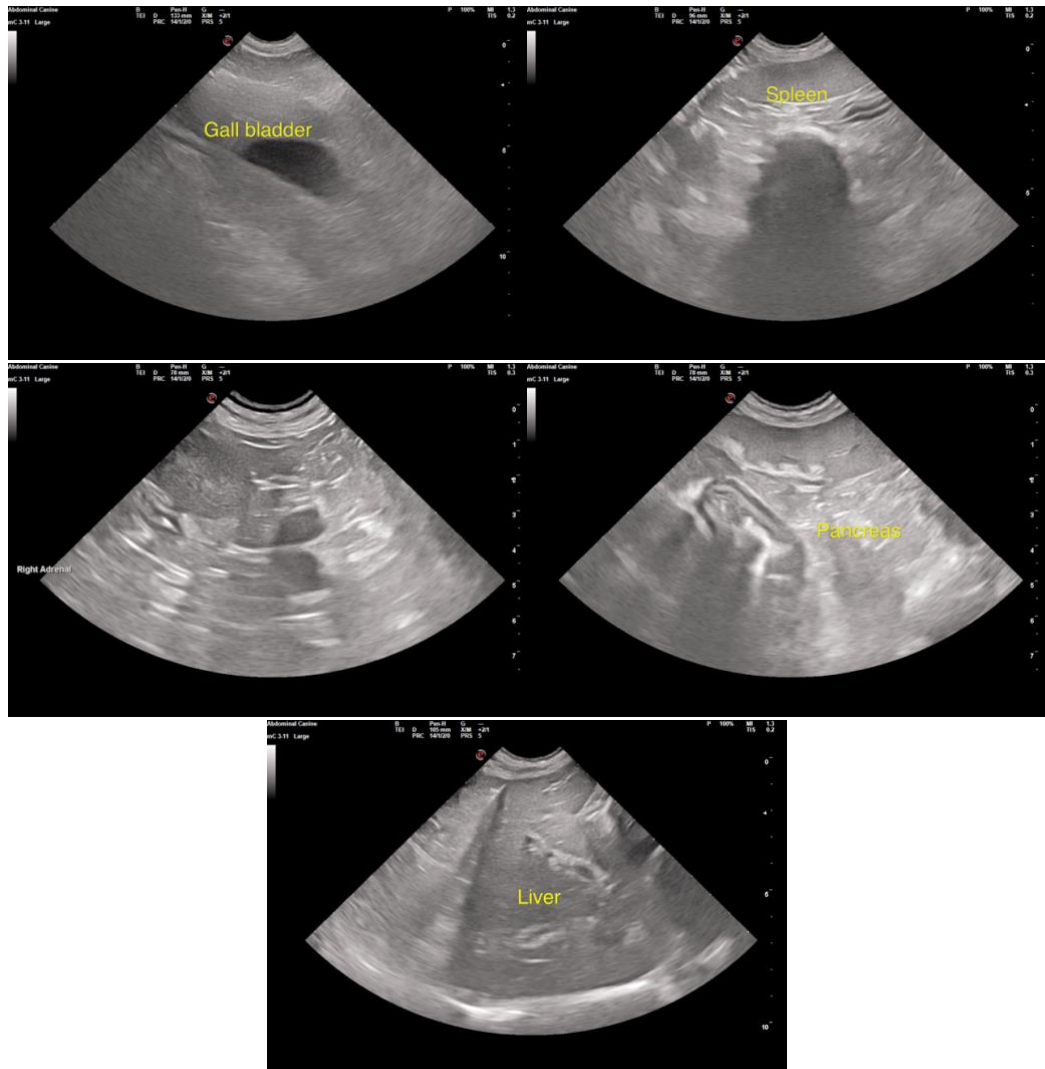
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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