



PATIENT

Mia Armstrong

SPECIES

Canine

BREED

Husky

SEX

Spayed female

AGE

10 years

WEIGHT

50.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Service

REFERRING VET

Dr. Lefler

INVOICE

75067

DATE

4/30/26

PRESENTING CLINICAL SIGNS

Consistently elevated liver enzymes on lab work. Per owner, patient gets bouts of diarrhea frequently and some bile vomitus. Recommend U/S to evaluate patient liver.

History: Patient is on Galliprant for mobility. Patient was changed from Carprofen to Galliprant in January due to elevated liver enzymes. No significant improvement has been noted. Owner reports that for episodes of diarrhea, she will take the patient off her food and place her on boiled chicken with rice for about a week, which resolves the issue. The patient was rehomed at 2 years of age and has had issues with bile vomiting since that time. This is managed with Famotidine. She is fed a small amount at night to keep something in her stomach. Owner reports patient eats rabbit feces outside. Appetite is good. No weight loss.

CLINICAL SIGNS: Patient gets bouts of diarrhea frequently and some bile vomitus.

Current Medications: Galliprant 60 mg PO SID, Famotidine as needed

*Patient was anxious for exam. Administered 0.5 ml Butorphanol IM for sedation.

Abnormal PE/Chem/CBC/UA Results: NSAID panel ALT is 188 U/L (high) and was previously 227 U/L. The AST is 122 U/L (high) and was previously 103 U/L.

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 4.9 cm, right measured 6.1 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.03 cm in length x 0.47 cm and 0.6 cm in width. The right adrenal gland measured 3.06 cm in length x 0.43 cm and 0.57 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 1.8 cm in width.



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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.

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.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In essence a normal ultrasound examination of the abdomen as gallbladder sediment can be considered an incidental finding.

The most likely etiology for the presenting clinical signs and the mildly elevated liver enzyme activity would be the Galliprant therapy.



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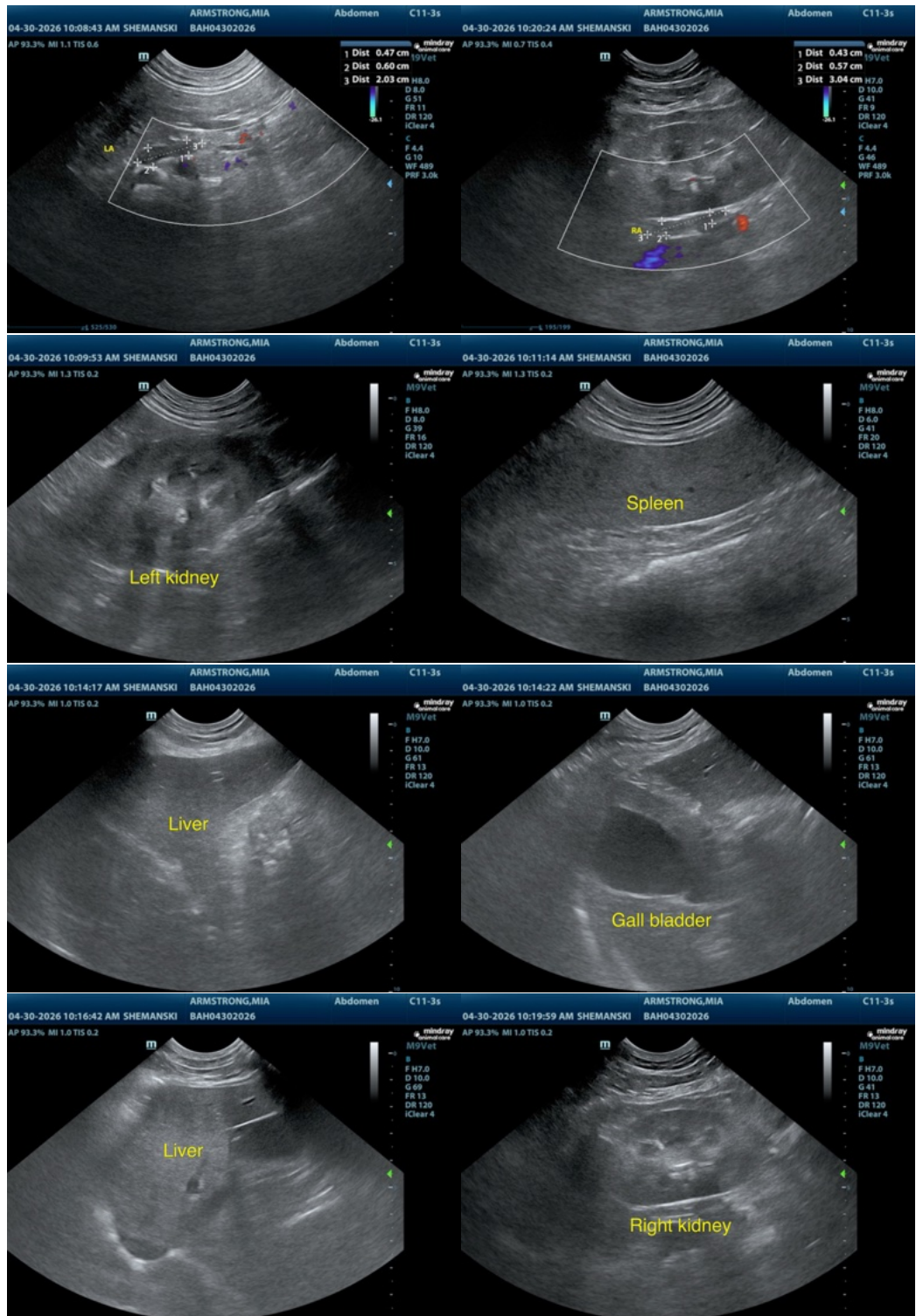
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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