



PATIENT

Sally Laraiso

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed female

AGE

10 years

WEIGHT

16 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu VC

REFERRING VET

Dr. Gardner

INVOICE

75032

DATE

4/30/26

PRESENTING CLINICAL SIGNS

History: P presented 4/28 for evaluation of bruxism and behavioral changes noted over the past 5–6 weeks. O reports that p grinds her teeth almost exclusively when lying down, and has become more irritable toward her housemate dogs, though no overt aggression or injury has occurred. The owner also notes increased nocturnal restlessness. Normal appetite, not PUPD, no v/d. Bloodwork shows an increase in liver enzymes, hepatomegaly on PE. Chem from June 2025 only showed mildly elevated ALP. P returning today for u/s to work up increased liver values. P started on Denamarin.

Abnormal PE/Chem/CBC/UA Results: 4/28/26 CBC- NSF Chem- TP 10 g/dL, ALB 5g/dL, Glob 5g/dL, ALT 306 U/L, ALP 601 /L, GGT 50 U/L, TBIL 3.2 mg/dL June 2025 No CBC Chem- ALP 234 U/L

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 4.4 cm, right measured 4.8 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 noted in both kidneys.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.4 cm and 0.36 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

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 1.3 cm in width.

Liver

The liver is enlarged with rounded edges, diffuse increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. No nodules or masses 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.

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 highly unlikely differential diagnosis.

Further assessment would be FNA cytology of the liver. However, a true cut or wedge biopsy 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 to add Ursodiol with regular monitoring of liver enzyme activity.



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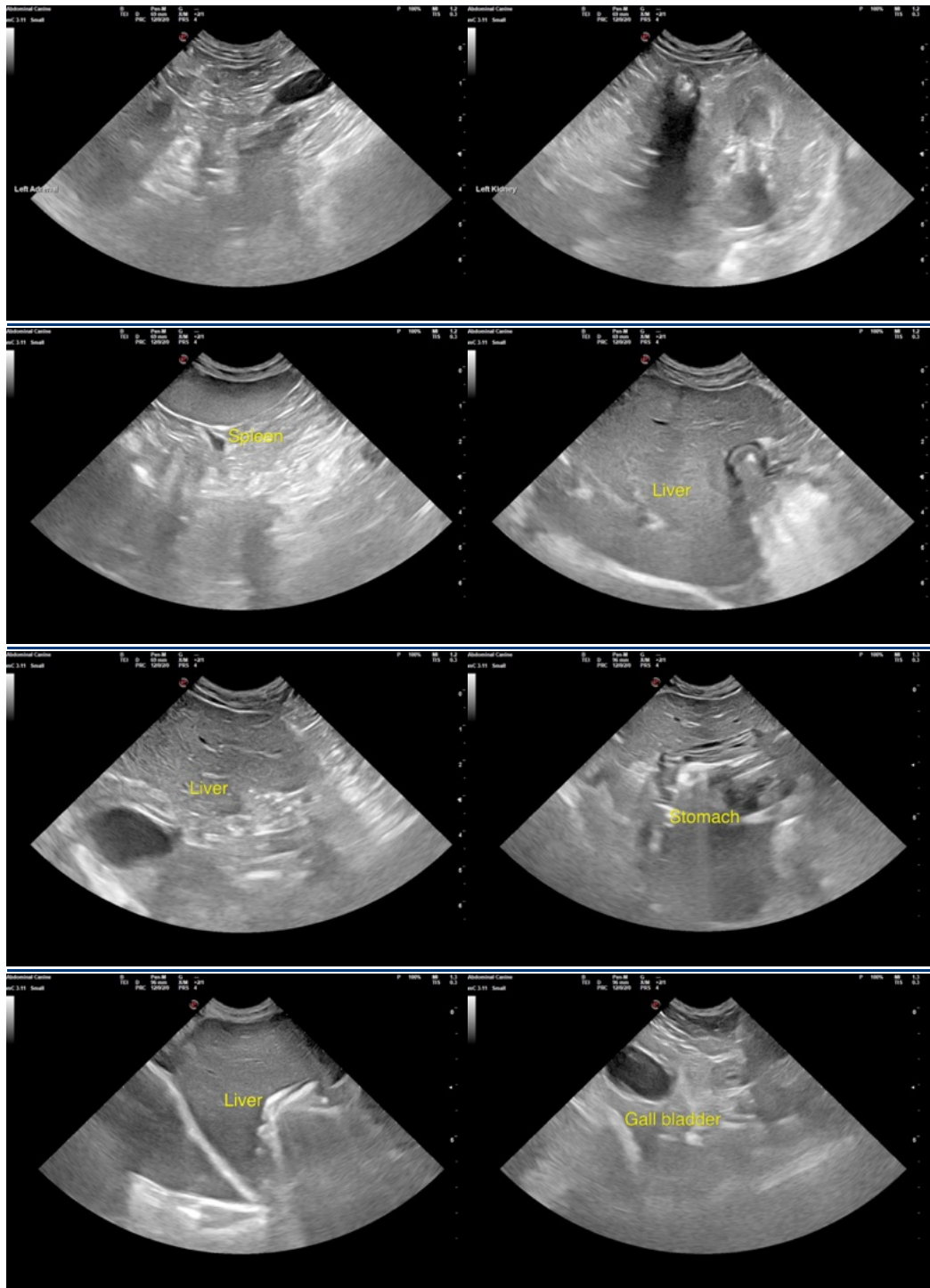
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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