

PATIENT

Bentley Bressler

SPECIES

Canine

BREED

English Springer
Spaniel

SEX

Neutered male

AGE

4 years

WEIGHT

61.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Justin Eckenrode

HOSPITAL NAME

Carlisle Small Animal
VC

REFERRING VET

Dr. Eckenrode

INVOICE

74286

DATE

4/8/26

PRESENTING CLINICAL SIGNS

History: Major Medical Conditions : Vomiting, Intermittent Anorexia and elevated hepatic enzymes
Patient History : First vomiting episode occurred around 4 days ago. Large amount of undigested kibble and water, expelled forcefully without significant retching so regurgitation may be more likely. Was approximately 3 hours after eating. Prayer stance over the last few days which has improved w/ treatment. No diarrhea, less frequent.

Primary concern or rule out: Cholangiohepatitis, pancreatitis, gall bladder mucocele

Current therapy: Clavamox, Gabapentin, OTC Famotidine, Cerenia

Lepto Witness - Negative (he is also vaccinated) ALT 738; ALKP 345; GGT 22; Tbil 4.2 cPL 117 (0-200) Albumin 4.5; TP 8.4 Chol 238 Creat 0.6; SDMA 10; BUN 12 Glu 115 Eosinophilia 3.22 WBC 14.22 Neut 8.17; Lym 2.36 RBC 8.44

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small almost empty with a normal thickness and smooth appearance of the wall. The urinary bladder wall measured 0.4 cm. 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 6.1 cm, right measured 6.8 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.

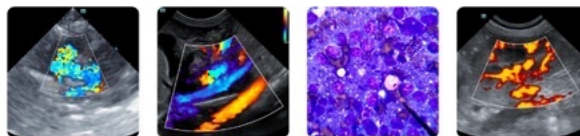
The prostate is small and hypoechogenic.

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 0.7 cm in width. The right adrenal gland was not visualized.

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 2.6 cm in width.



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Liver

Normal size with a diffuse, increased echogenic and coarse 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 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

- Hepatoapthy.

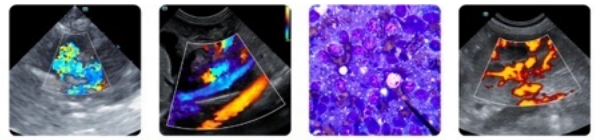
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, vacuolar and metabolic with resolving acute hepatitis a possible differential diagnosis.

Infiltrative neoplasia would be an unlikely diagnosis.

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.

Further specific therapy would be dependent on an etiological diagnosis. Symptomatic management that could be considered for the hepatopathy would be the use of Ursodiol with regular monitoring of liver enzyme activity.



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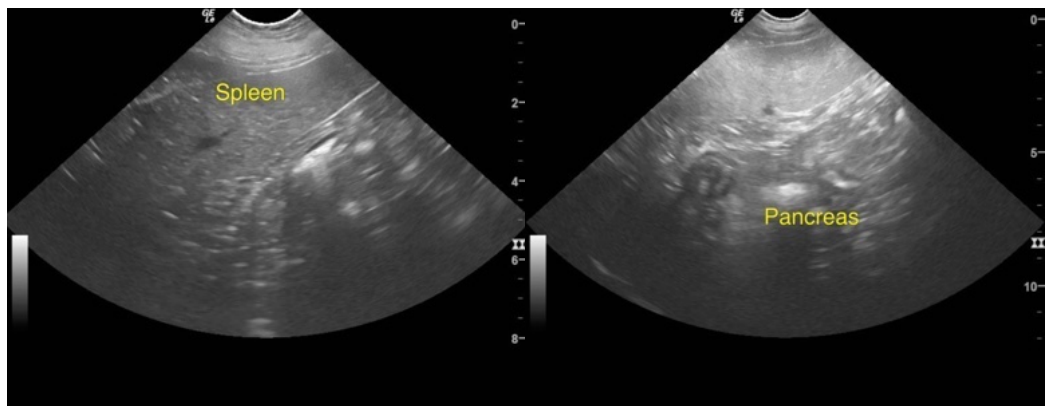
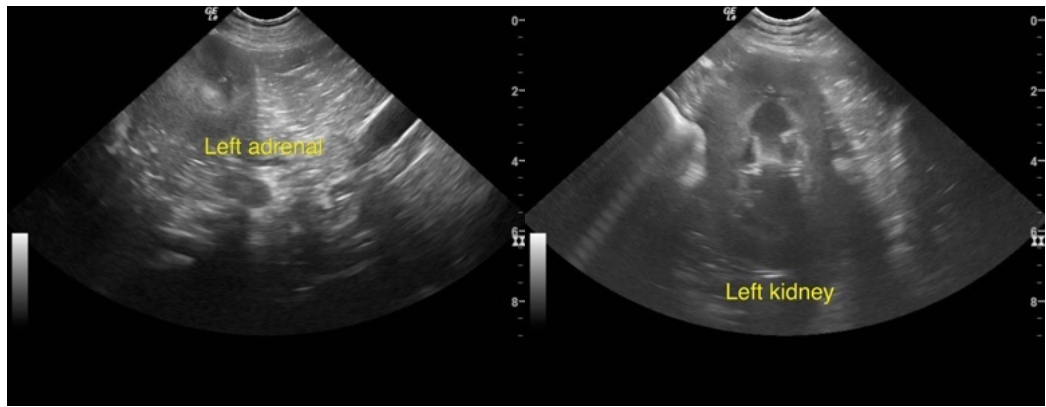
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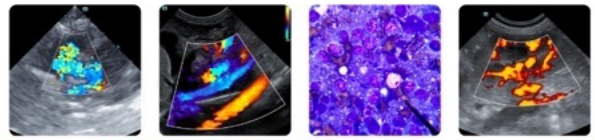
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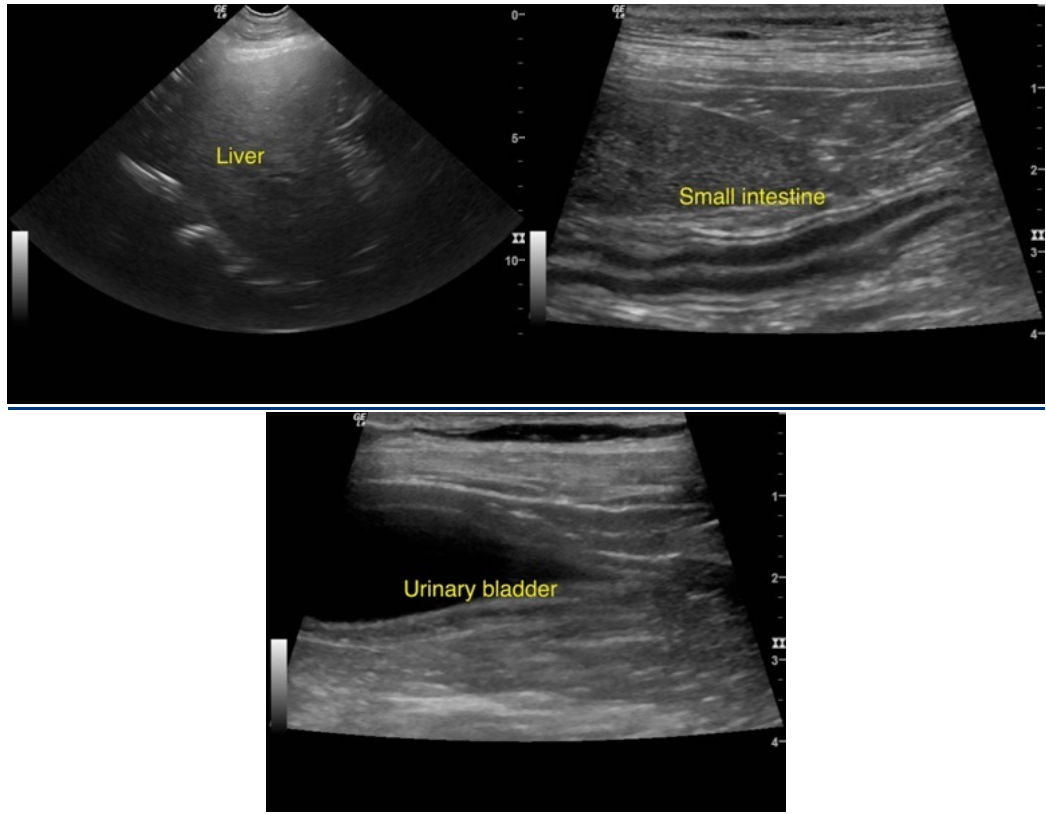
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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