



PATIENT

Pip Sanford Smith

SPECIES

Canine

BREED

Pomeranian Mix

SEX

Spayed female

AGE

13 years

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Janel Schietzelt

HOSPITAL NAME

Dreaming Summit AH

REFERRING VET

Dr. Schietzelt

INVOICE

74303

DATE

4/8/26

PRESENTING CLINICAL SIGNS

History: Patient presents for weight loss and acute elevation in liver values. History of heart murmur managed by cardiologist, coughing and had questionable early CHF in January responsive to salix. Hx of low positive coccidiomyoides (valley fever) titer that can be exposure vs true infection so started on Fluconazole, then liver values increased but pet has been lethargic and losing weight even prior to starting fluconazole so concern for underlying hepatopathy
Abnormal PE/Chem/CBC/UA Results: -Hypoalbuminemia 2.3, Total proteins reduced at 4.9; negative proteinuria -USG 1.010 -ALT elevated 168 -AST elevated 78 -ALP elevated 820 -Valley fever titer 1:2

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 3.8 cm, right measured 3.5 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio and capsule. No infarcts, mineralization or renoliths evident. Bilateral pyelectasia was noted. 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 1.6 cm in length x 0.49 cm and 0.36 cm in width. The right adrenal gland measured 1.16 cm in length x 0.75 cm and 0.46 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. Incidental myelolipomas are present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.2 cm in width.

Liver

Normal size with an increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. Multiple, small, hypoechogenic parenchymal nodules measuring up to 1.0 cm in size. No masses are evident. Normal appearance of the hepatic and portal vasculature.



PATIENT

Pip Sanford Smith

SPECIES

Canine

BREED

Pomeranian Mix

SEX

Spayed female

AGE

13 years

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Janel Schietzelt

HOSPITAL NAME

Dreaming Summit AH

REFERRING VET

Dr. Schietzelt

INVOICE

74303

DATE

4/8/26

Gallbladder

The gallbladder is 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.

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.
- Hepatic nodules.
- Pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia a less likely differential diagnosis.

The most likely etiology for the hepatic nodules would be nodular hyperplasia with granulomatous and infiltrative neoplasia a less likely differential diagnosis.

Although the bilateral pyelectasia may be an incidental age related finding, underlying low-grade pyelonephritis should still be considered.

Although the hypoalbuminemia can be associated with liver disease as there is hypoproteinemia, underlying intestinal disease such as parasitic enteritis and inflammatory bowel disease should still be considered.

Further assessment would be fecal analysis, pre and post prandial bile acids and FNA cytology of the liver and hepatic nodules. A tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis.



PATIENT

Pip Sanford Smith

SPECIES

Canine

BREED

Pomeranian Mix

SEX

Spayed female

AGE

13 years

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Janel Schietzelt

HOSPITAL NAME

Dreaming Summit AH

REFERRING VET

Dr. Schietzelt

INVOICE

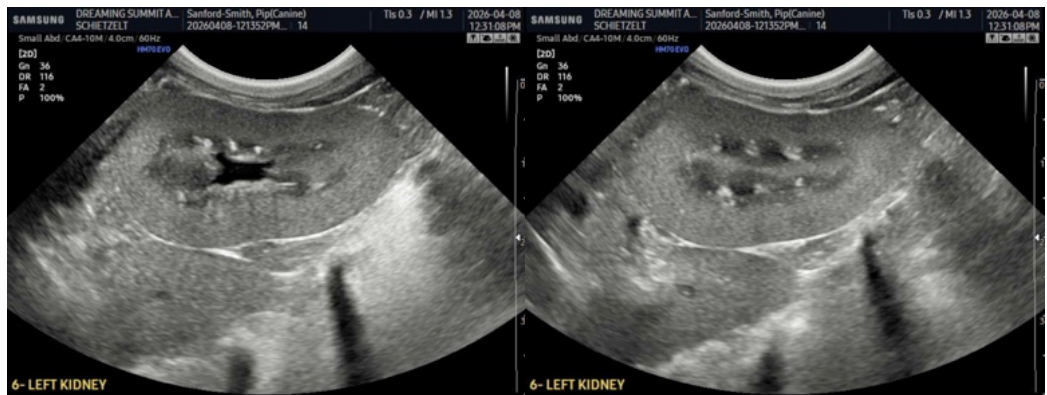
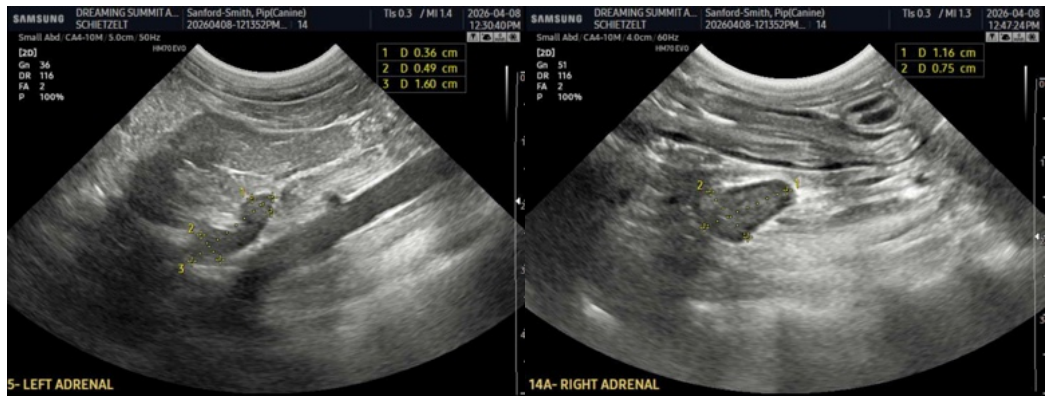
74303

DATE

4/8/26

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

Pip Sanford Smith

SPECIES

Canine

BREED

Pomeranian Mix

SEX

Spayed female

AGE

13 years

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Janel Schietzelt

HOSPITAL NAME

Dreaming Summit AH

REFERRING VET

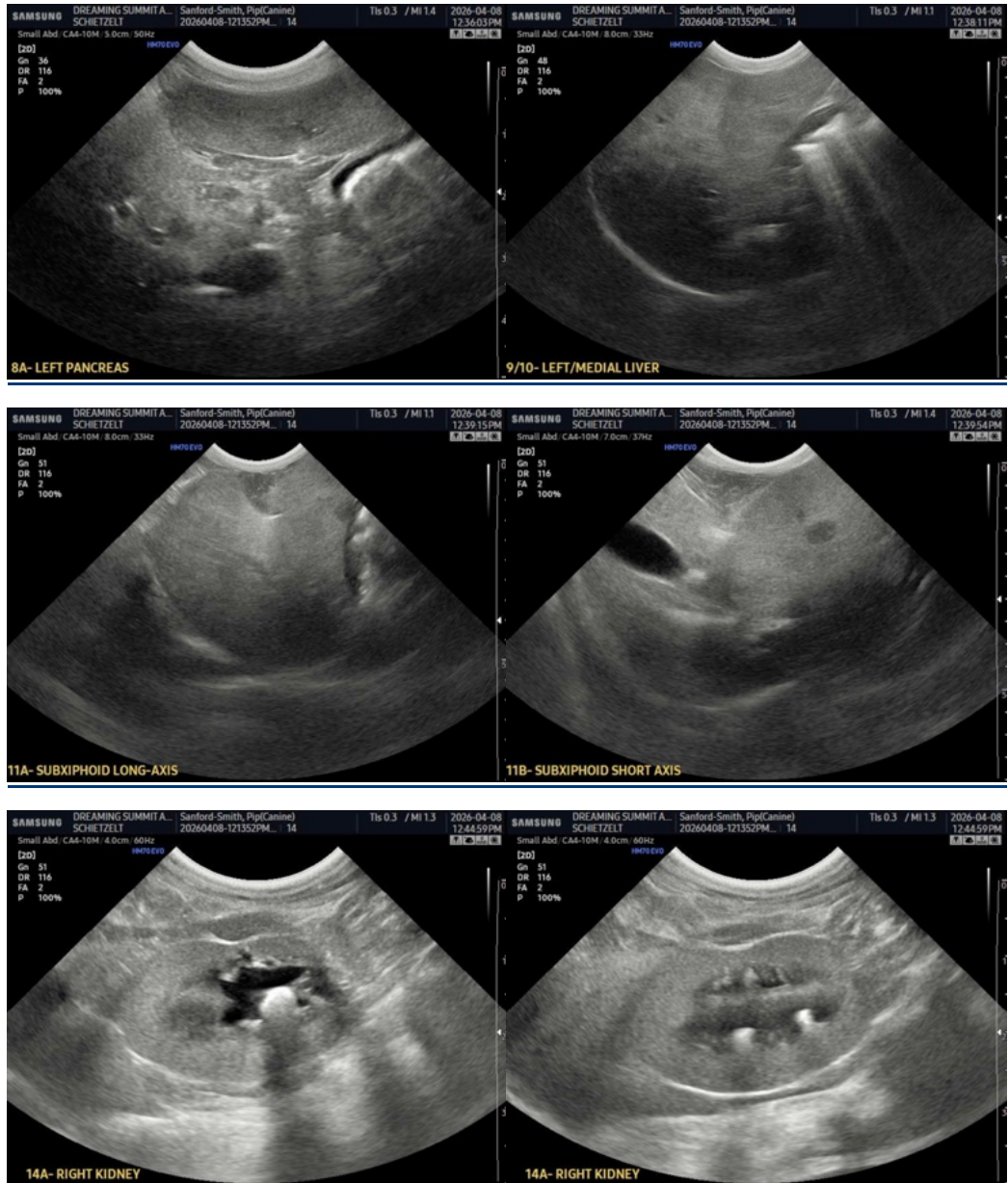
Dr. Schietzelt

INVOICE

74303

DATE

4/8/26





PATIENT

Pip Sanford Smith

SPECIES

Canine

BREED

Pomeranian Mix

SEX

Spayed female

AGE

13 years

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Janel Schietzelt

HOSPITAL NAME

Dreaming Summit AH

REFERRING VET

Dr. Schietzelt

INVOICE

74303

DATE

4/8/26



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