



PATIENT

Henry Barton

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered male

AGE

12 years

WEIGHT

38.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hougentogler

HOSPITAL NAME

K-Vet Animal Care

REFERRING VET

Dr. Hougentogler

INVOICE

75100

DATE

5/1/26

PRESENTING CLINICAL SIGNS

History: Patient had dental performed in Dec. 2025. Pre op bloodwork showed mildly elevated liver enzymes. Patient put on Denamarin. Two subsequent rechecks have showed enzymes rising. No symptoms at home.

Abnormal PE/Chem/CBC/UA Results: QAR; some discomfort in thoracolumbar spine but otherwise unremarkable. ALT - 214; ALP - 330

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 6.3 cm, right measured 5.5 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. Large, cyst on the caudal pole of the right kidney measuring 2.9 x 3.5 cm in size.

The prostate is small and hypoechogenic.

Adrenal Glands

The adrenal glands are plump in size, but maintained normal shape, echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.49 cm in length x 0.64 cm and 0.8 cm in width. The right adrenal gland measured 2.11 cm in length x 0.92 cm and 0.6 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. Focal, hypoechogenic parenchymal nodule is noted in the body of the spleen measuring 0.6 cm in size. The spleen measures 1.6 cm in width.

Liver

Normal size with a 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.



PATIENT

Henry Barton

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered male

AGE

12 years

WEIGHT

38.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hougentogler

HOSPITAL NAME

K-Vet Animal Care

REFERRING VET

Dr. Hougentogler

INVOICE

75100

DATE

5/1/26

Gallbladder

The gallbladder is full containing a large 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.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Bilateral adrenomegaly.
- Splenic nodule.
- Renal cyst.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

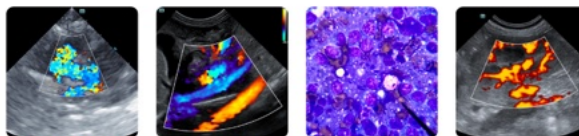
Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia an unlikely differential diagnosis.

The most likely etiologies for the mild adrenomegaly would be age related reactive hyperplasia with disease, stress and emerging pituitary dependent Cushing's disease a possible differential diagnosis.

Etiologies for the splenic nodule would be reactive hyperplasia/extramedullary hemopoiesis, granuloma and hematoma with emerging neoplasia a less likely differential diagnosis.

The renal cyst and gallbladder sediment can be considered an incidental finding.

Further assessment would be urine specific gravity and urine cortisol to creatinine ratio and if abnormal then adrenal function testing (ACTH stimulation/LDDST) would then be indicated.



PATIENT

Henry Barton

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered male

AGE

12 years

WEIGHT

38.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hougentogler

HOSPITAL NAME

K-Vet Animal Care

REFERRING VET

Dr. Hougentogler

INVOICE

75100

DATE

5/1/26

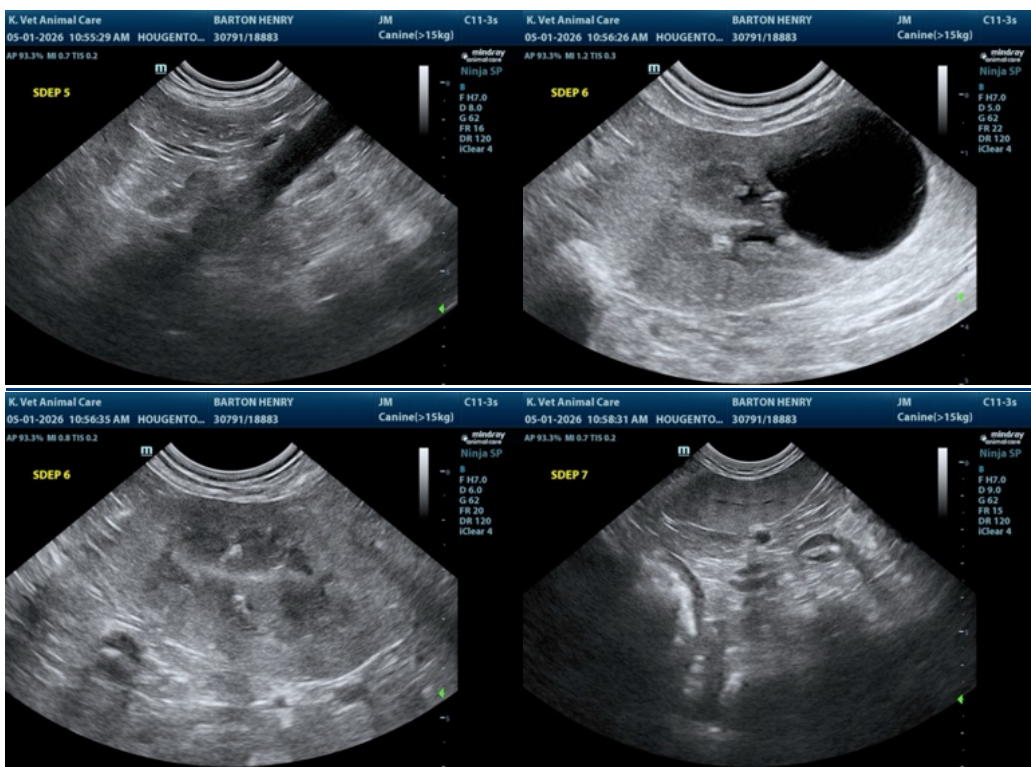
If Cushing's disease has been excluded, then further assessment of the hepatopathy would be FNA cytology. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Monitoring of the splenic nodule would be recommended and if there is any progressive enlargement or bulging of the overlying capsule noted, then splenectomy should be considered.

Although the gallbladder sediment can be considered an incidental finding, monitoring for the development of a mucocele would be recommended.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the hepatopathy and gallbladder sediment would be the use of Ursodiol with regular monitoring of liver enzyme activity.





PATIENT

Henry Barton

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered male

AGE

12 years

WEIGHT

38.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hougentogler

HOSPITAL NAME

K-Vet Animal Care

REFERRING VET

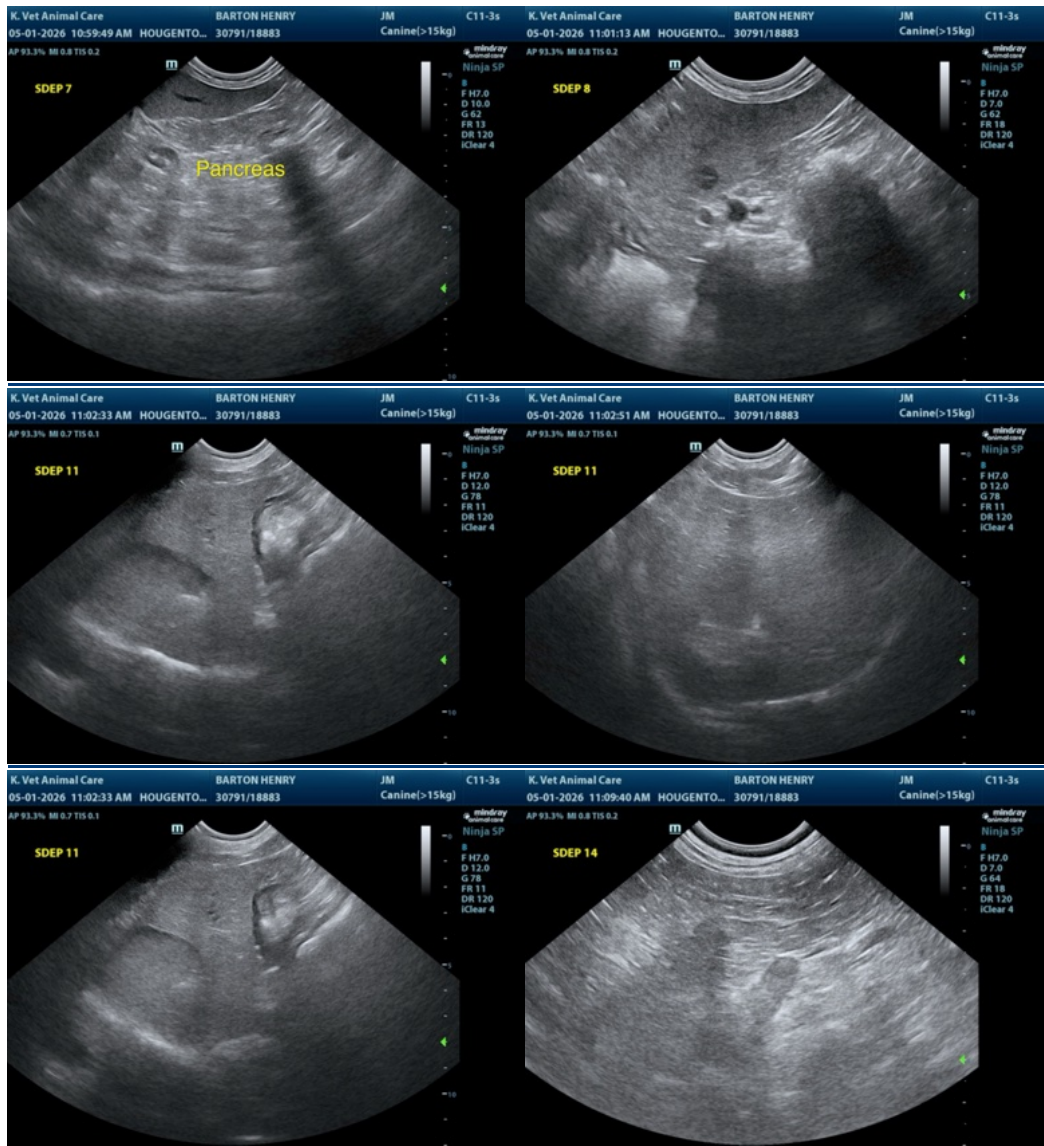
Dr. Hougentogler

INVOICE

75100

DATE

5/1/26



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