



PATIENT

Ivy Cloninger

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

14 years

WEIGHT

18.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ryan Moreno

HOSPITAL NAME

Seven Fields VH

REFERRING VET

Dr. Moreno

INVOICE

75350

DATE

5/12/26

PRESENTING CLINICAL SIGNS

History: Liver value elevations with inappropriately concentrated urine after 12 hour water fast. Doing well at home with no concerns. Not excessively eating/drinking per owner. On Incurin for urinary incontinence

Abnormal PE/Chem/CBC/UA Results: 12 hour water fast: USG 1.022 CBC: - 494 Chem - ALT 141 (previous 118) - ALP 303 (Previous 238) - Tri: 422 T4: 0.9

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 4.0 cm, right measured 4.1 cm), maintaining normal echogenic appearance, but with some loss of cortico-medullary differentiation, normal 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 0.46 cm and 0.56 cm in width. The right adrenal gland measured 0.65 cm and 0.64 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.

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.



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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

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

- Age related renal changes versus early chronic kidney disease with the latter more likely as urine specific gravity is inappropriate.
- Gallbladder sediment can be considered an incidental finding.
- Although the liver appears ultrasonographically normal, with the progressive elevation of liver enzyme activity an underlying hepatopathy such as reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic should still be considered. Hepatitis and infiltrative neoplasia would be highly unlikely differential diagnosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further assessment would be FNA cytology of the liver, however, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered for the hepatopathy would be the use of Ursodiol with regular monitoring of liver enzyme activity.



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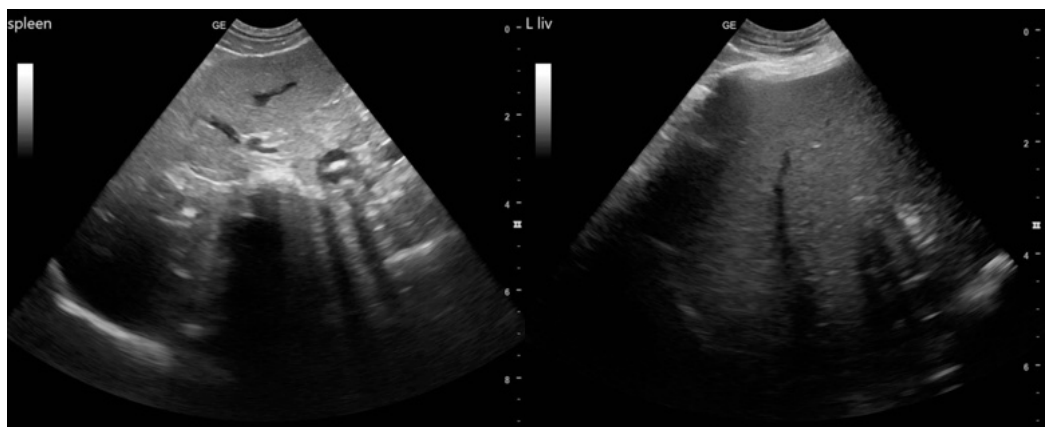
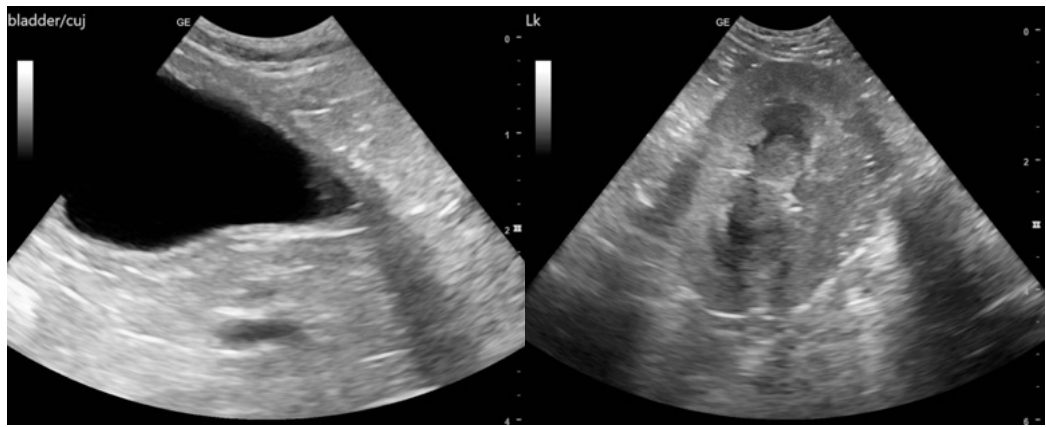
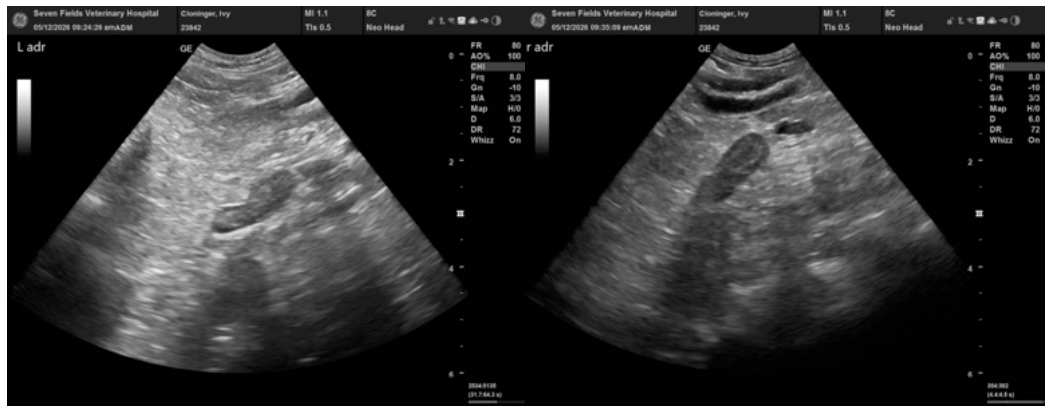
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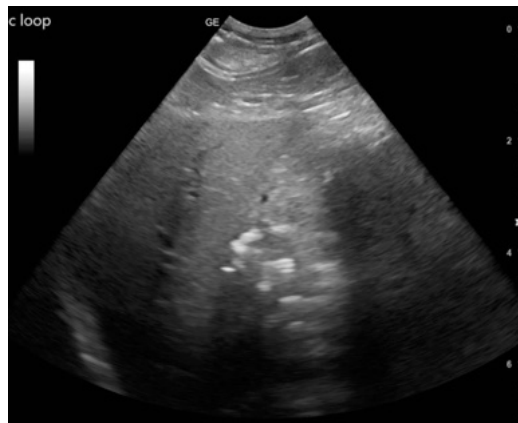
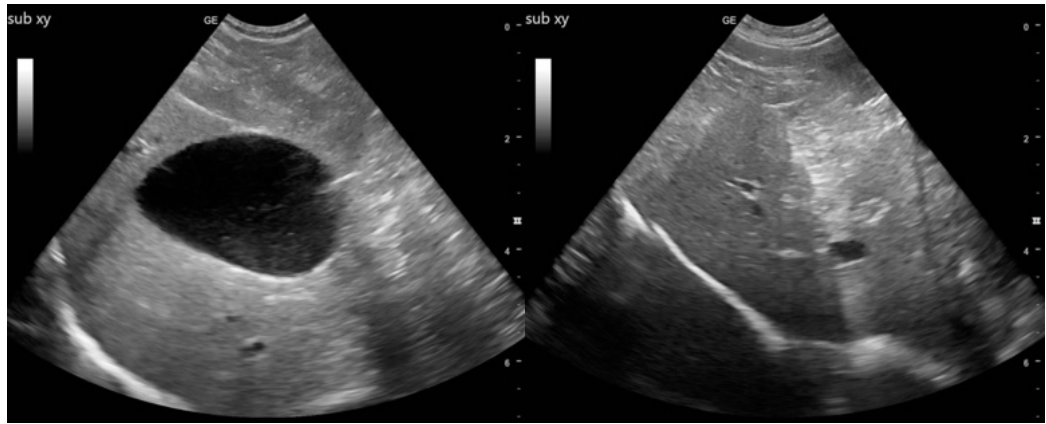
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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