



## PATIENT

Tessa Underwood

## SPECIES

Canine

## BREED

Russell Terrier

## SEX

Spayed female

## AGE

8 years

## WEIGHT

18.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Joanne Goodman

## HOSPITAL NAME

Evendale Blue Ash Pet  
Hospital

## REFERRING VET

Dr. Goodman

## INVOICE

75349

## DATE

5/12/26

## PRESENTING CLINICAL SIGNS

History: - Concern for elevated liver enzymes and continued proteinuria since February of 2025  
- On 2/9/25 dispensed Amoxi tri clav 125 mg (14 days BID), Denamarin, Hepatic Support. Owner finished each bottle but did not refill, so P has not been on these supplements since last year  
- Increased water intake in past 2 months, but owner is unsure if this is due to her copying her diabetic brother.  
- No issues eating, and no vomiting or diarrhea  
- No current medications or supplements  
ALT = 147 on 2/4/25, 1+ protein -ALT = 222 on 2/25/25, no protein -ALT = 224 on 3/25/26, 2+ protein

## 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 4.3 cm, right measured 4.3 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.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.78 cm in length x 0.34 cm and 0.36 cm in width. The right adrenal gland measured 2.13 cm in length x 0.38 cm and 0.36 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 1.4 cm in width.

### Liver

Normal size with a patchy, mottled, echogenic 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 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.

## ***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.
- 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 highly unlikely differential diagnosis.

The gallbladder sediment can be considered an incidental finding.

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

Further assessment of the proteinuria would be UPC.

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.



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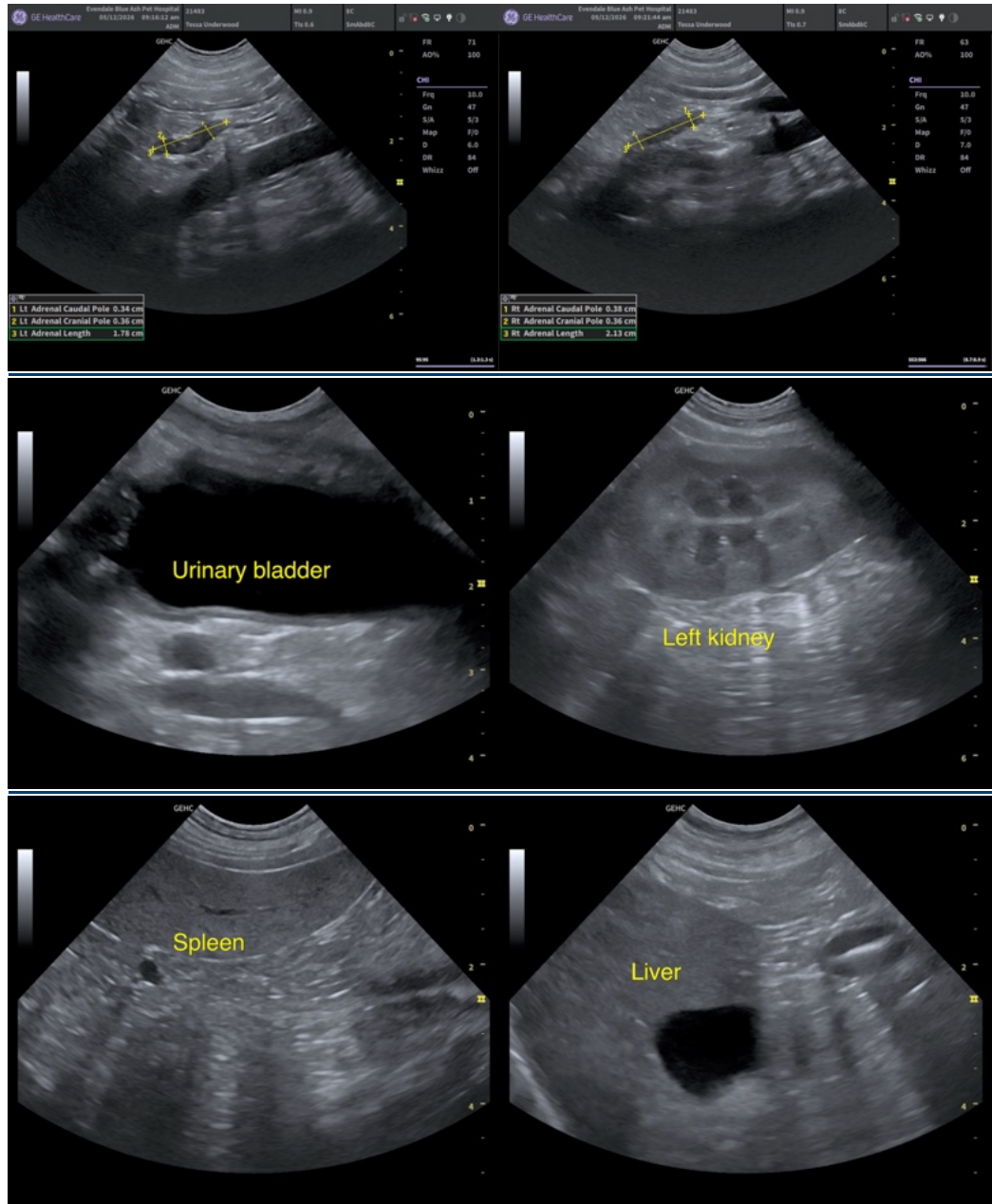
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If the UPC is elevated, then management would either be an ace inhibitor or receptor blocker. Based on this ultrasound there is no obvious contraindication for anesthesia.





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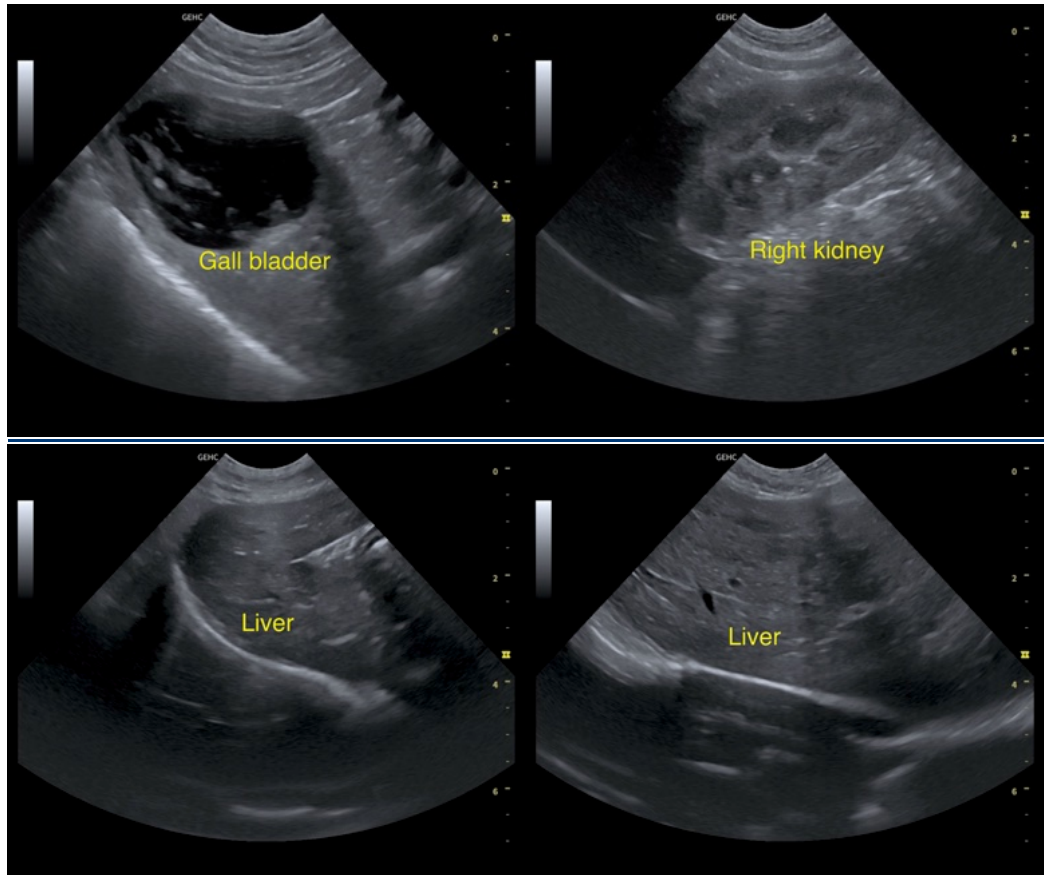
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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