



PATIENT

Hank Kohut

SPECIES

Canine

BREED

Rottweiler

SEX

Male

AGE

23 months

WEIGHT

82 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brooke Cory

HOSPITAL NAME

Cold Lake VC

REFERRING VET

Dr. Cory

INVOICE

75584

DATE

5/15/26

PRESENTING CLINICAL SIGNS

History: 10 day history of inappetence and weight loss.

Abnormal PE/Chem/CBC/UA Results: WBC elevated $20.62 \times 10^9/L$, Urea 1.7mmol/L, ALT 695 U/L, ALKP too high to read $>2000 U/L$, GGT 36 U/L, TBIL 37 umol/L

User Name: ColdLakeVCSonoreport

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 6.3 cm, right measured 6.5 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.

The prostate is normal in size and appearance with a regular curvilinear capsule. The prostate measures 1.6 x 2.0 cm in size.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.82 cm in length x 0.49 cm and 0.49 cm in width. The right adrenal gland measured 0.78 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 3.0 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.



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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.

A small amount of ascites is present in the cranial abdomen around the liver lobes.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the presenting clinical signs and the severely elevated liver enzyme activity, as well as the elevated bilirubin, the most likely etiology for the hepatopathy would be acute hepatitis such as toxins, viral and bacterial with Leptospirosis a possible differential diagnosis.

The ascites can be ascribed as secondary to the hepatopathy.

Further assessment would be PCR for Leptospirosis and possibly FNA cytology of the liver.

A liver biopsy would be required for a final etiological diagnosis especially if there is not a satisfactory improvement with symptomatic therapy.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be Ursodiol, possibly a course of antibiotics (Penicillin, Cephalosporin, quinolones) and feeding a good quality protein diet.



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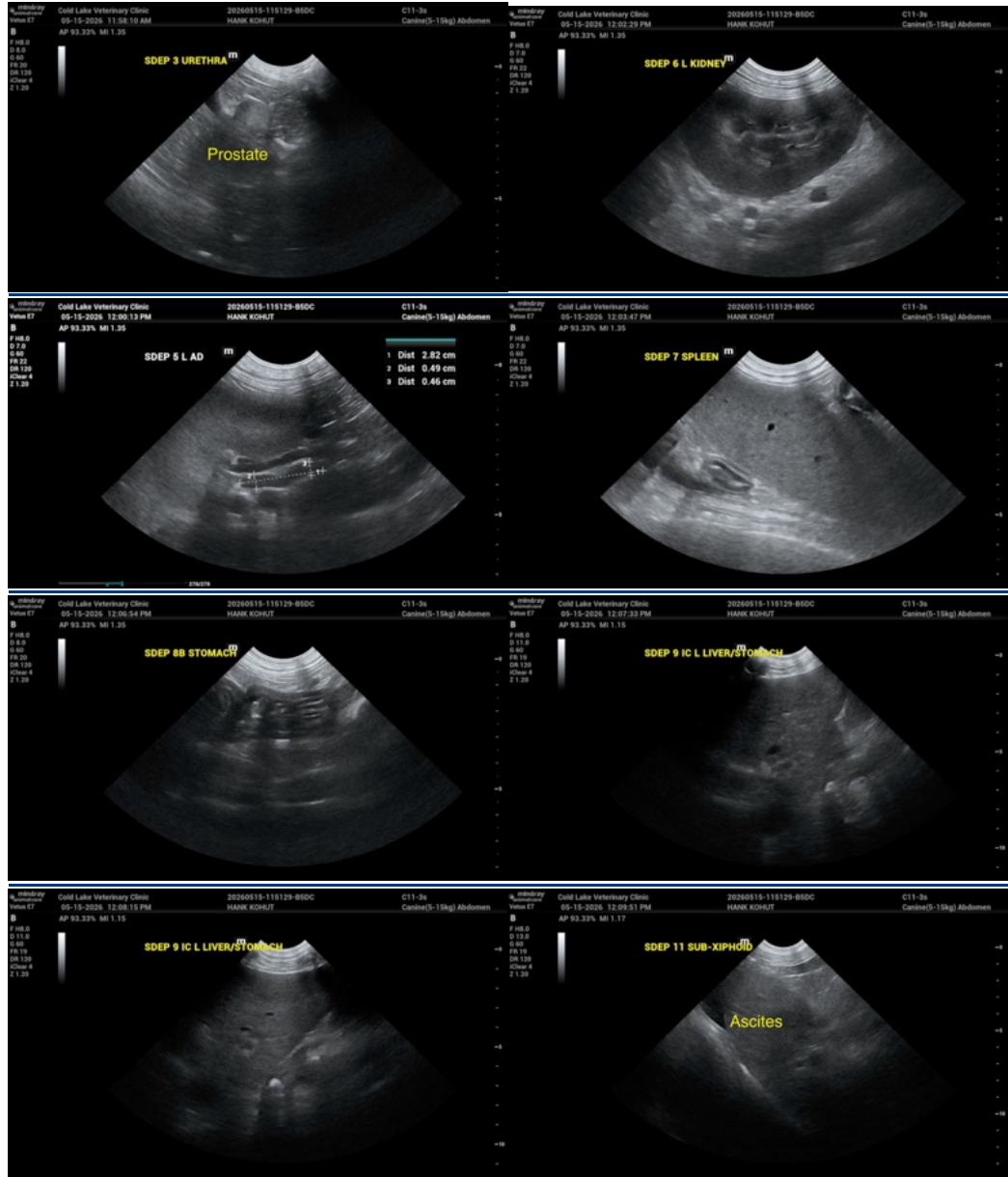
Dr. Cory

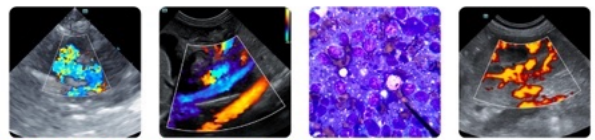
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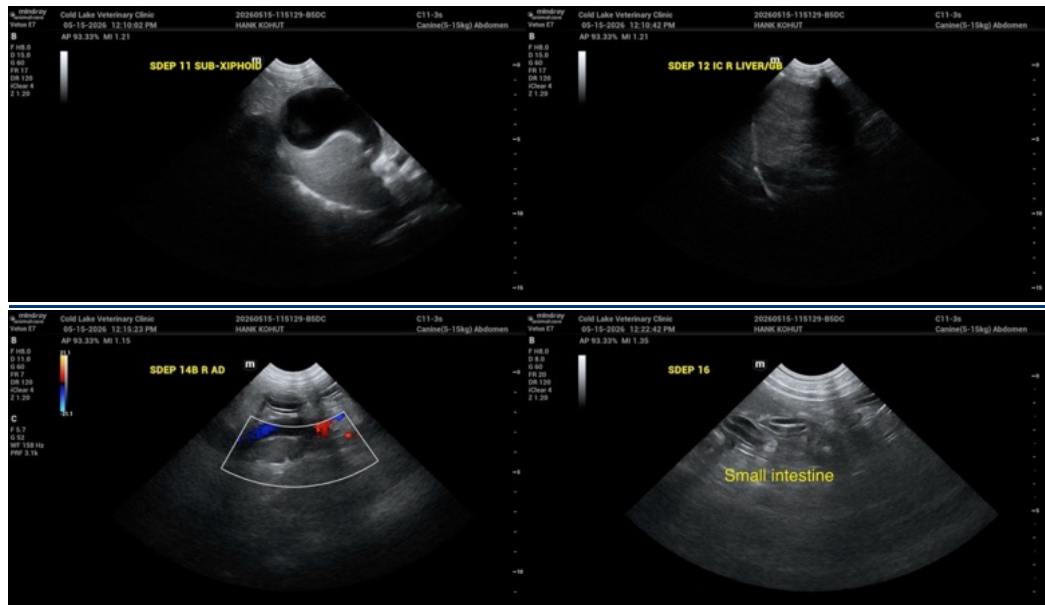
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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