



## PATIENT

Josie Waldschmidt

## SPECIES

Canine

## BREED

German Wirehaired  
Pointer

## SEX

Spayed Female

## AGE

8 years

## WEIGHT

83 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Brian Klug

## HOSPITAL NAME

Sondel Family VC

## REFERRING VET

Dr. Sondel

## INVOICE

75582

## DATE

5/15/26

## PRESENTING CLINICAL SIGNS

History: Workup for increased liver value, ruling out abnormalities. Asymptomatic. Currently taking Desmopressin for previously diagnosed diabetes insipidus. Not PUPD.

Abnormal PE/Chem/CBC/UA Results: PE: decreased mobility/arthritis, increased wearing of teeth  
ALP 402, Chol 423, PSL 294, rest of Chem nsf T4 wnl CBC nsf 4DX neg

## 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 6.9 cm, right measured 6.6 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 0.63 cm and 0.73 cm in width. The right adrenal gland measured 0.78 cm and 0.72 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 2.8 cm in width.

### *Liver*

Normal size with a patchy increased echogenic appearance, normal portal markings, and regular curvilinear capsule. Small, focal, hyperechogenic parenchymal nodule in the right lobe measuring 0.4 cm in size. No additional nodules or masses are 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***

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 nodule

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The likely etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia highly unlikely differential diagnosis.

The focal hepatic nodule can be considered an incidental nodular hyperplasia.

Further assessment that could be considered 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 would be the use of Ursodiol with regular monitoring of liver enzyme activity.



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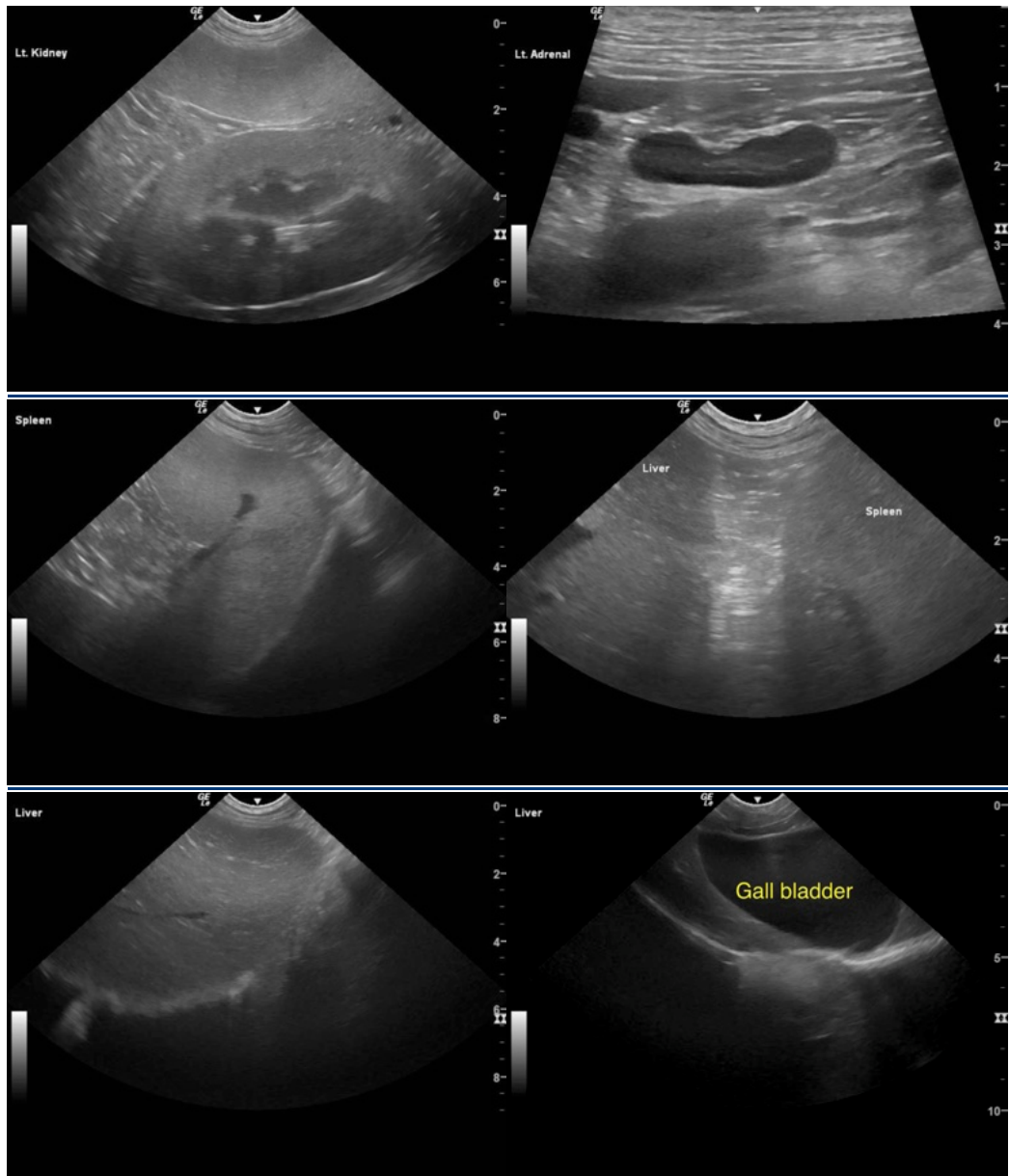
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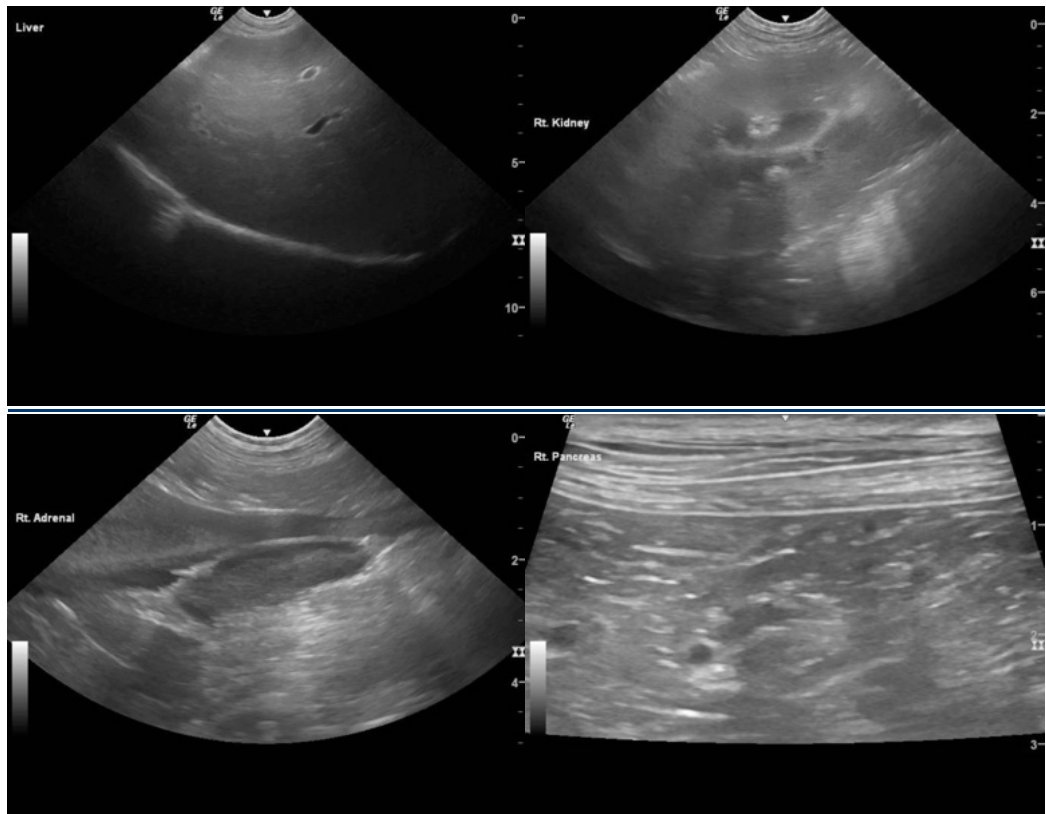
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)