



## PATIENT

Bonito Kausel

## SPECIES

Canine

## BREED

Schnauzer Poodle

## SEX

Neutered male

## AGE

13 years

## WEIGHT

8.1 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Melinda Persson

## HOSPITAL NAME

At Home Veterinary

## REFERRING VET

Dr. Persson

## INVOICE

77699

## DATE

5/19/26

## PRESENTING CLINICAL SIGNS

History: \*Profound weight loss

\*Not eating consistently

\*Elevated liver enzymes and PSL

\*AUS in August 2025: 1. Chronic enteropathy (IBD +/- lymphangiectasia) with decreased gastric emptying and ileus. 2. A gall bladder stone is present. 3. Vacuolar hepatopathy +/- benign nodular regeneration. 4. Degenerative kidney changes bilaterally.

\*Grade V heart murmur - no tachycardia, normal sinus arrhythmia

Abnormal PE/Chem/CBC/UA Results: ALT 408 ALP 1478 GGT 130 PSL 312

## 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 left renal size (left measured 4.8 cm), small right kidney (right measured 3.8 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation and normal pelvis and capsule. No infarcts, mineralization or renoliths evident.

The prostate is small and hypoechogenic.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.59 cm and 0.56 cm in width. The right adrenal gland measured 0.63 cm and 0.8 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 1.0 cm in width.

### Liver

Normal size with a diffuse increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. Few, small, hypoechogenic parenchymal nodules. Large, irregular, mottled echogenic and cystic mass in the caudal aspect of the left lobe measuring 2.0 x 2.6 cm in size. 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 as well as a small, non-obstructive cholelith measuring 0.9 cm in size. 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

- Hepatic mass.
- Hepatic nodules.
- Hepatopathy.
- Gallbladder sediment.
- Cholelith.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatic mass would be neoplasia, hematoma and possibly granuloma.

Etiologies for the hepatopathy would be nodular hyperplasia, vacuolar and metabolic with granulomatous disease, hepatitis and infiltrative neoplasia a less likely differential diagnosis.

The most likely etiology for the hepatic nodules would be incidental, age related nodular hyperplasia.

Both the gallbladder sediment and cholelith can be considered incidental findings.

Further assessment would be three view thoracic radiographs and FNA cytology of the liver and the hepatic mass.

A tru cut or wedge biopsy of both may be required for a final etiological diagnosis.



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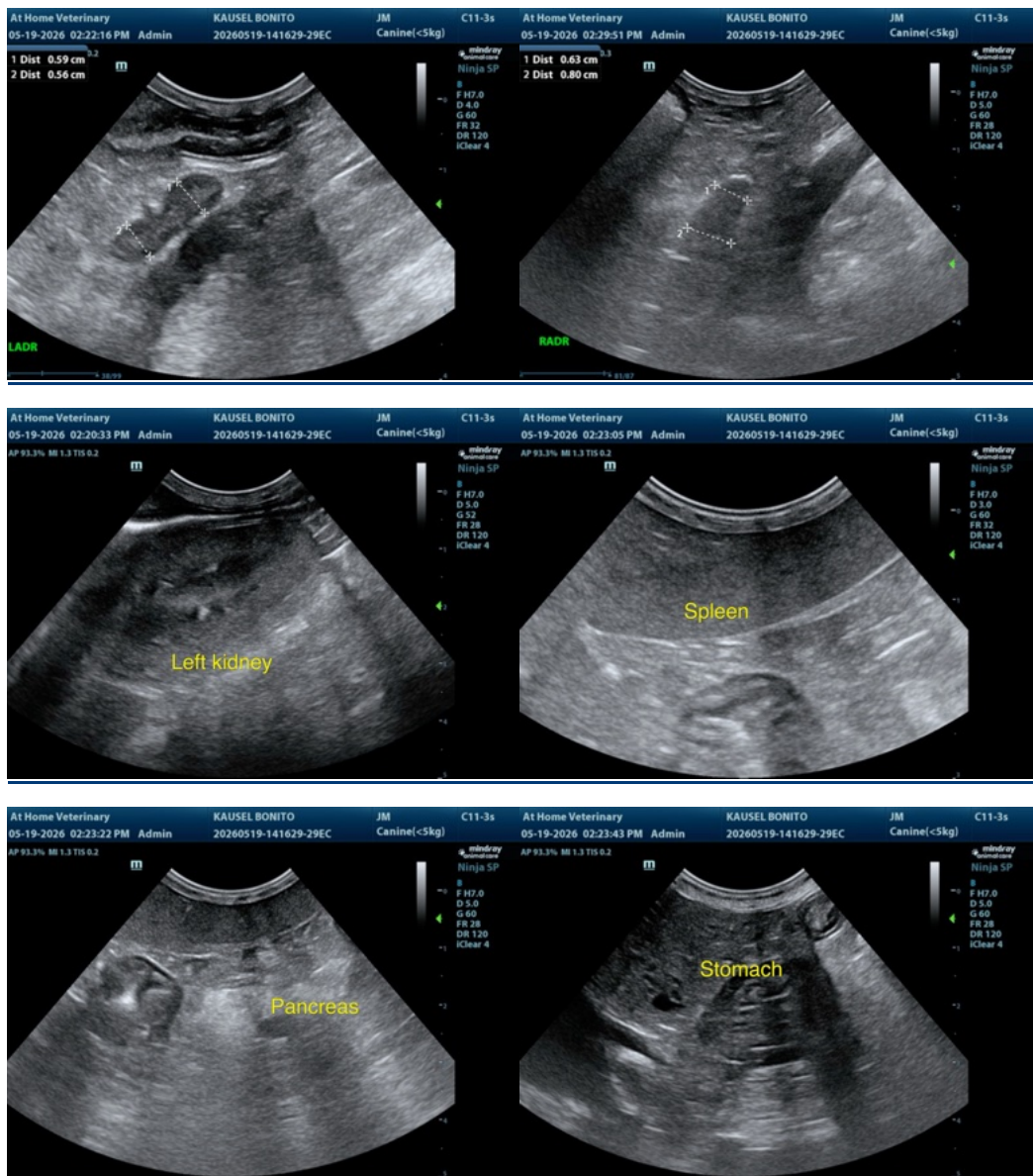
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If surgery is being contemplated for the hepatic mass, then a CT scan would be recommended.

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





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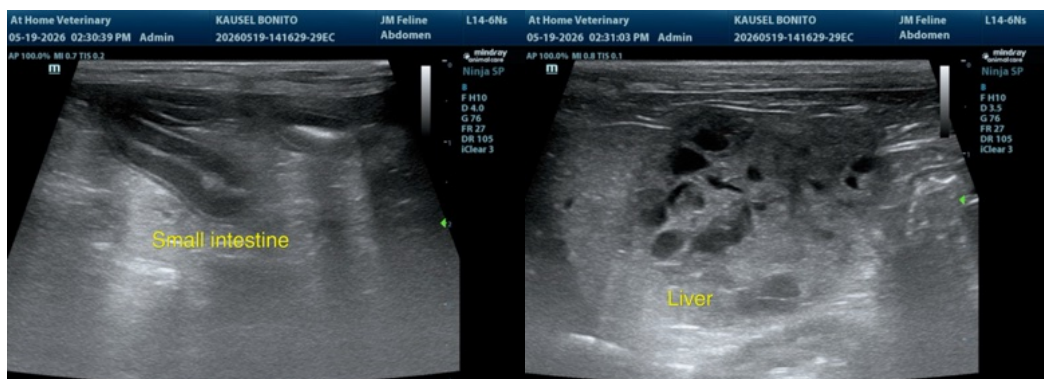
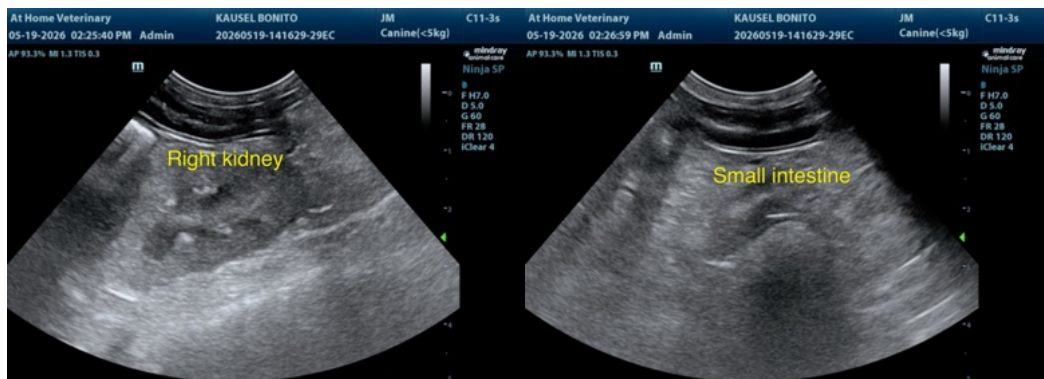
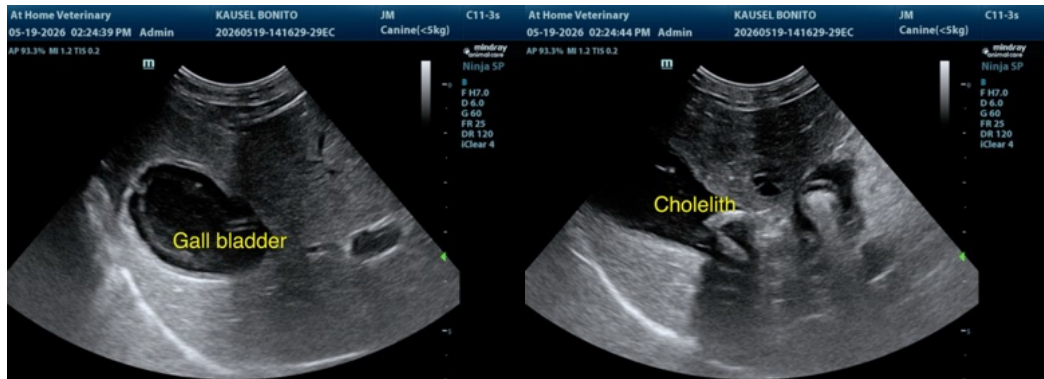
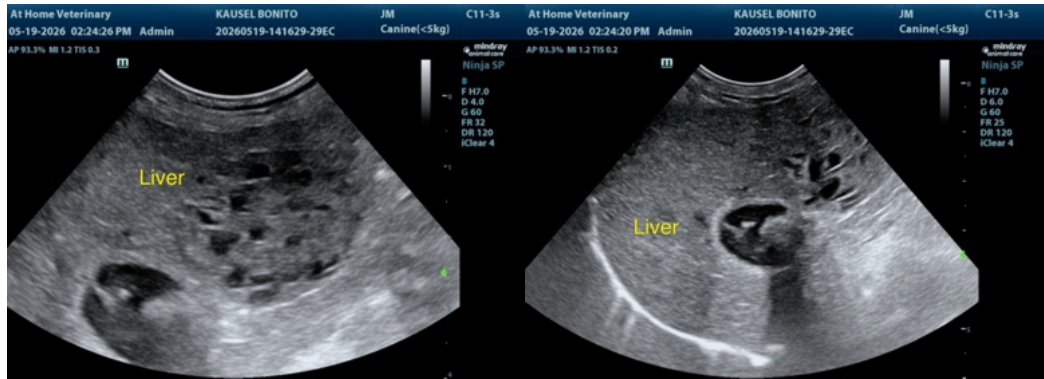
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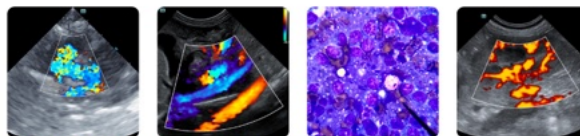
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)