

PATIENT

Dallas Rodriguez

SPECIES

Canine

BREED

Pit Bull x

SEX

Neutered Male

AGE

11 Years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Country Lakes Animal
Clinic

REFERRING VET

Dr. Griffith

INVOICE

75388

DATE

5/22/26

PRESENTING CLINICAL SIGNS

Elevated ALP, ALT and Bilirubin. Hematuria and prostatomegaly. Hyposthenuria and elevated SDMA. Current Meds: 7 day course of Clavamox finished.

Abnormal PE/Chem/CBC/UA Results: UA: 2+ protein, USG: 1.003, 3+ RBC

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder containing a moderate amount of floating hyperechogenic sediment, with a normal thickness and smooth appearance of the wall.

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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measured 6.5 cm. Right kidney measured 6.8 cm. Normal color flow pattern evident in both kidneys.

Reproductive System

Small, hypoechogenic prostate, measuring 1.1 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 2.65 cm in length x 0.78 cm and 0.51 cm in width. Right measures 2.2 cm in length x 0.70 cm in width.

Spleen

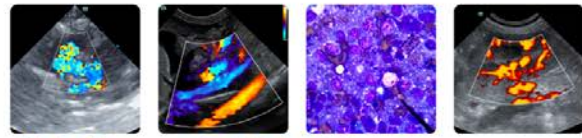
Normal size (1.9 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Normal size, with a diffuse mottled echogenic and coarse appearance, normal portal markings, and a mildly irregular capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full containing normal anechoic bile. 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

Visible sections present normal size and echogenic appearance. 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.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

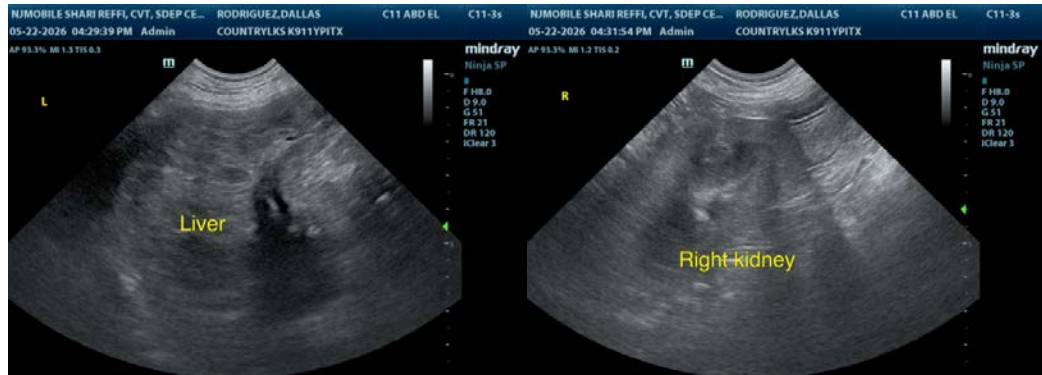
Etiologies for the hepatopathy would be nodular hyperplasia, granulomatous disease, chronic hepatitis, chronic active hepatitis, and possibly infiltrative neoplasia.

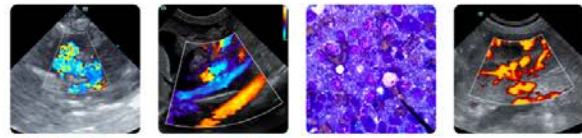
The urinary bladder sediment would be consistent with hematuria as per the patient's history.

Further assessment would be urine culture and 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 of the hepatopathy that could be considered would be the use of Ursodiol, with regular monitoring of liver enzyme activity.





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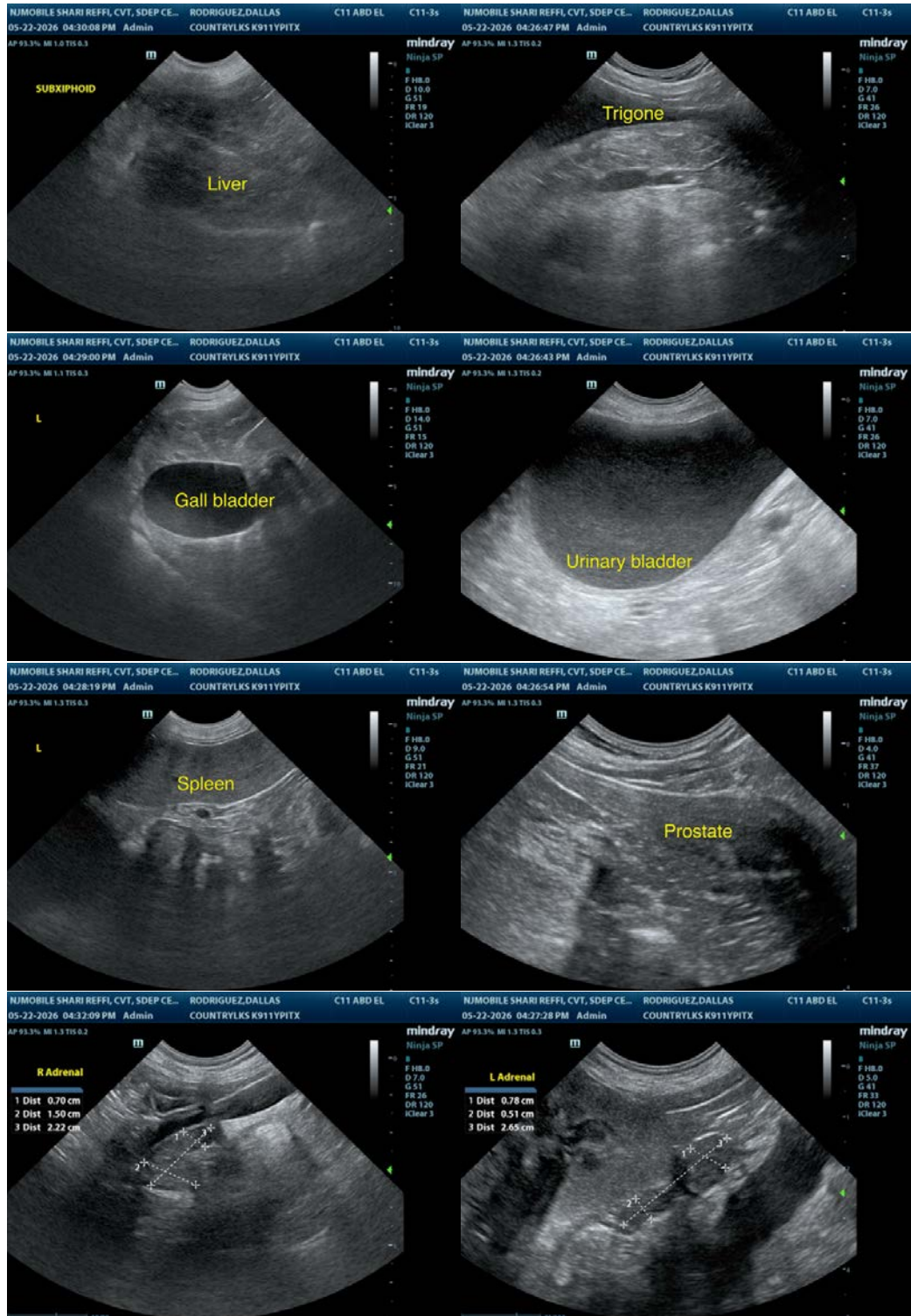
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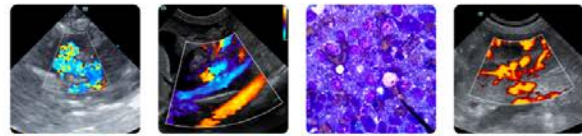
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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