



PATIENT

Bella Enos

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed female

AGE

8 years

WEIGHT

87 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Service

REFERRING VET

Dr. Mike DeLucia

INVOICE

78020

DATE

5/27/26

PRESENTING CLINICAL SIGNS

Assessing liver for abnormalities based on repeated elevations in liver values.

P had routine PE in March, and O opted for BW due to P age. Elevated ALT, AST, and ALP were noted. O noted P possibly leaking urine at home as they note wet spots when she gets up. P placed on Denamarin for large dogs and BW was repeated in April, with the previously elevated values still elevated, but lower than before. Denamarin was continued, and BW rechecked in May. The ALT and AST were still elevated, though the ALP went to normal range. Gave O options to continue Denamarin, or stop and check BW in a month, or do US to assess liver. O opted for US.

CLINICAL SIGNS: None.

MEDICATIONS: Patient was given Trazodone 100 mg at 10:30 AM.

Administered 0.75 mL of Torbugesic IM for additional sedation.

Abnormal PE/Chem/CBC/UA Results: May 12, 2026 ALT 189 (10-125 U/L) HIGH AST 52 (0-50 U/L) HIGH April 10, 2026 ALT 154 (10-125 U/L) HIGH ALP 316 (23-212 U/L) HIGH March 12, 2026 ALT 261 (10-125 U/L) HIGH AST 59 (0-50 U/L) HIGH ALP 415 (23-212 U/L) HIGH

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. The urinary bladder wall measured 0.3 cm.

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 7.7 cm, right measured 7.9 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 noted in both kidneys.

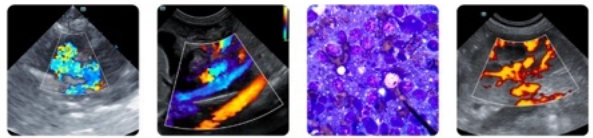
Incidental cyst is evident in the left kidney measuring 1.0 cm in size.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 4.04 cm in length x 0.42 cm and 0.41 cm in width. The right adrenal gland measured 4.53 cm in length x 0.59 cm and 0.52 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 3.5 cm in width.



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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

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.

Thorax

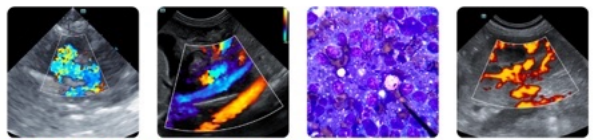
Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In essence, a normal ultrasound examination of the abdomen as the gallbladder sediment can be considered an incidental finding.



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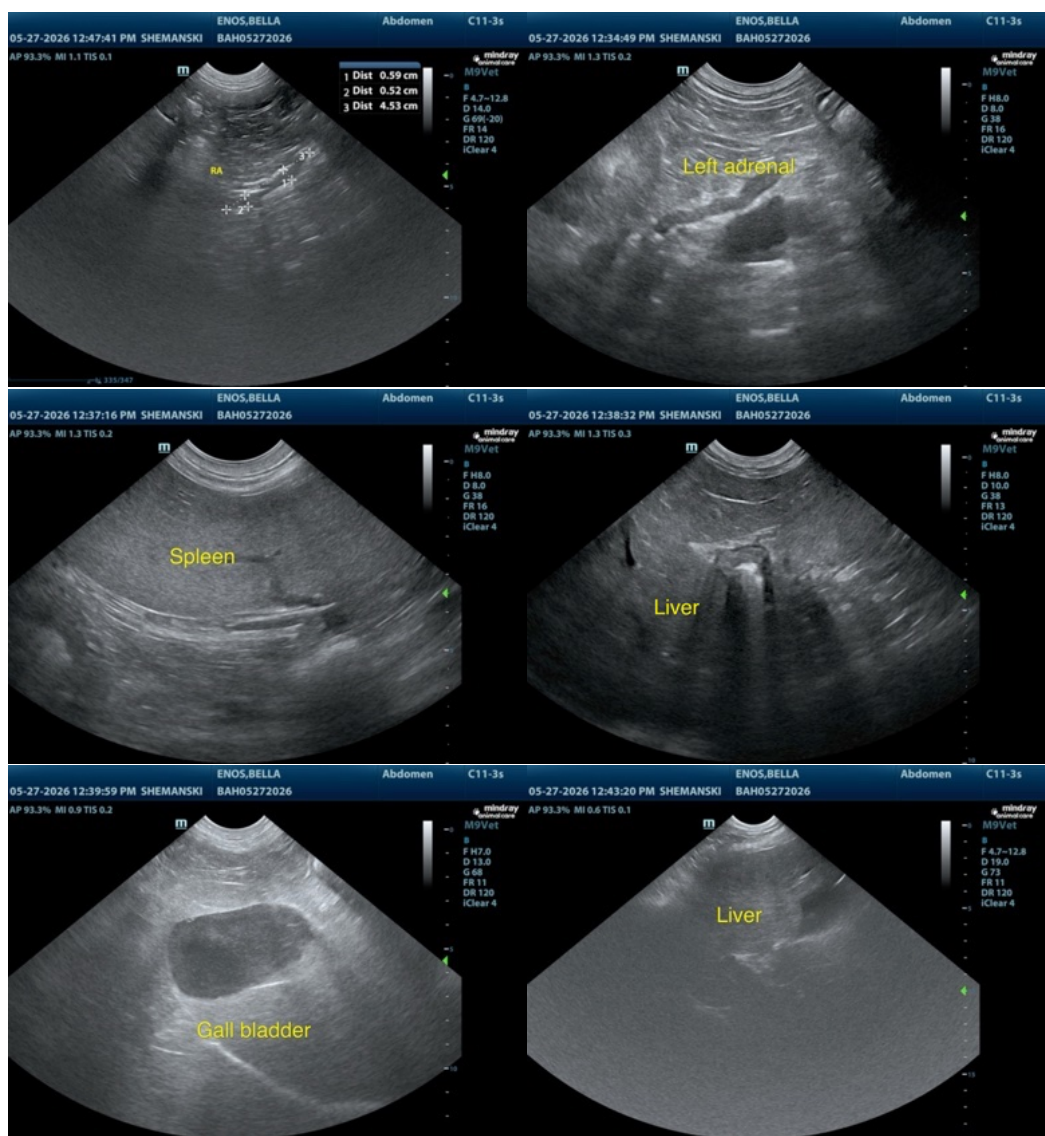
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Although the liver appears ultrasonographically normal, with the elevated liver enzyme activity, an underlying hepatopathy such as reactive hyperplasia, breed specific hepatopathy, vacuolar and metabolic should still be considered.

Further assessment 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 to continue with the current therapy and to add Ursodiol with regular monitoring of liver enzyme activity.





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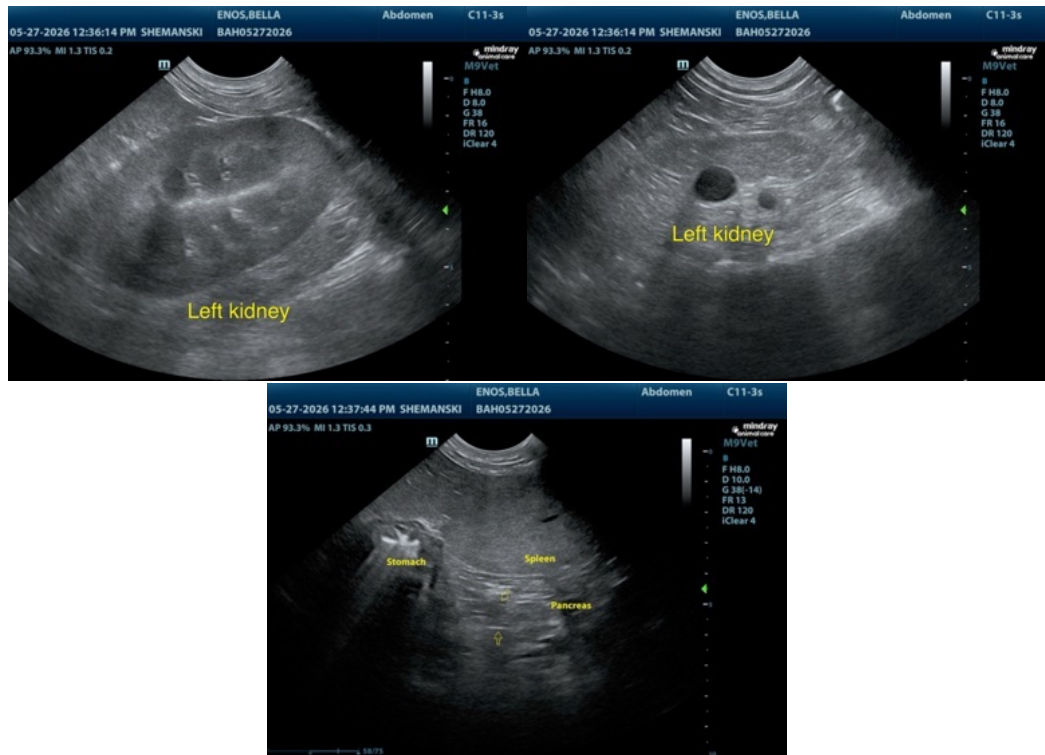
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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