



## PATIENT

Luke Jeter

## SPECIES

Canine

## BREED

Labrador Retriever Mix

## SEX

Neutered male

## AGE

8 years

## WEIGHT

70.2 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Quinn Robinson RVT

## HOSPITAL NAME

Hess Ridge AH

## REFERRING VET

Dr. Vaccari

## INVOICE

78021

## DATE

5/27/26

## PRESENTING CLINICAL SIGNS

History: - P presents for excessively panting for 1 month, O reports throughout the day and excessively at night Pt will pant as if exercising - Pt began drinking excessively for 6 months now - Pt is gaining weight with no change to food or treats - O has cut back and still gaining - O states Pt seems very uncomfortable in general - Pt used to hate water and now is noted trying to lay in water filled areas -See lab results below - wanting to evaluate liver, pancreas, adrenal glands, and kidneys for further recommendations.

Abnormal PE/Chem/CBC/UA Results: CBC: Plts 502k (120-412k) Chem27: Creat 3.1 (0.5-1.5), BUN 94 (9-31), Cystatin B 326 (0-99), Ca 12.1 (8.4-11.8), Anion gap 30 (11-26), TP 7.7 (5.5-7.5), Alb 4.7 (2.7-3.9), ALP 936 (5-160), Amylase 1,694 (337-1,469), Lipase 414 (0-250), CK 202 (10-200) UA: USG 1.012, pH 5.5, Protein 2+, blood 2+ UPC: 3.0 T4: 0.9

## 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 renal size (left measured 6.1 cm, right measured 6.0 cm), increased echogenic appearance, loss of cortico-medullary differentiation, mild pyelectasia and a regular curvilinear capsule. No infarcts, mineralization or renoliths evident. Small, incidental cortical cysts are present in the right kidney measuring 1.0 cm.

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 2.8 cm in length x 0.64 cm and 0.63 cm in width. The right adrenal gland measured 2.84 cm in length x 0.72 cm and 0.66 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 3.1 cm in width.



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## Liver

The liver was enlarged with rounded edges with a diffuse, increased echogenic appearance, normal 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 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.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Hepatoapthy.
- Renal disease.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, breed specific hepatopathy, vacuolar and metabolic with hepatitis and infiltrative neoplasia highly unlikely differential diagnosis.

The appearance of the kidneys is consistent with chronic kidney disease.

Although the pyelectasia is most likely secondary to the chronic renal changes, underlying, low grade pyelonephritis should still be considered.



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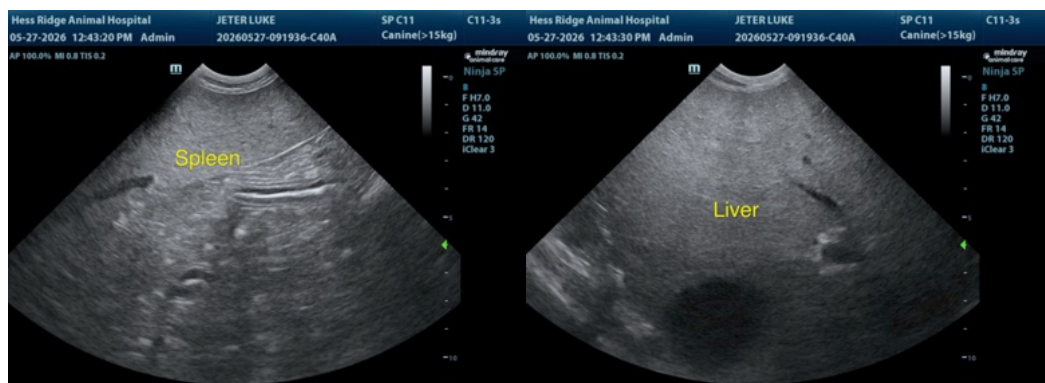
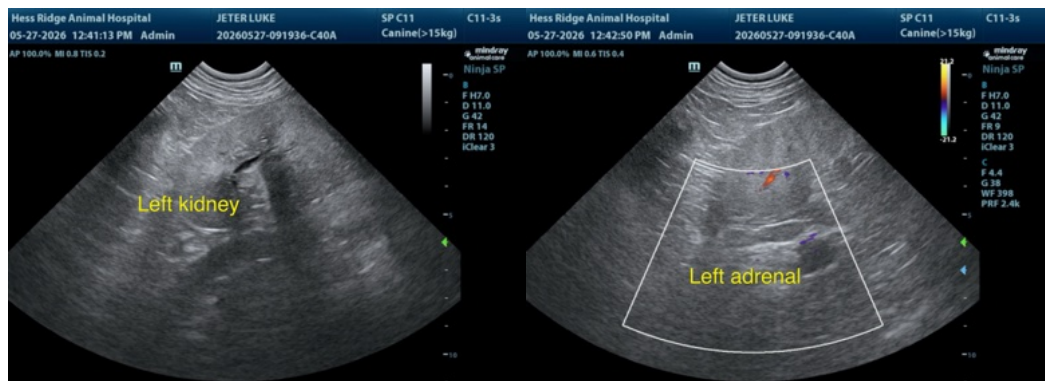
Although the adrenal glands appear ultrasonographically normal, with the hepatopathy, polypnea, weight gain and thrombocytosis pituitary dependent Cushing's disease needs to be considered.

Further assessment would be adrenal function testing (ACTH stimulation/LDDST). If Cushing's disease has been excluded then further assessment of the hepatopathy would be FNA cytology. However, a tru cut or wedge biopsy may be required for final etiological diagnosis.

Further assessment of the renal disease would be urine culture and blood pressure.

Management of the renal disease would be feeding a renal diet, use of enteric phosphate binders as needed and either an ace inhibitor or receptor blocker.

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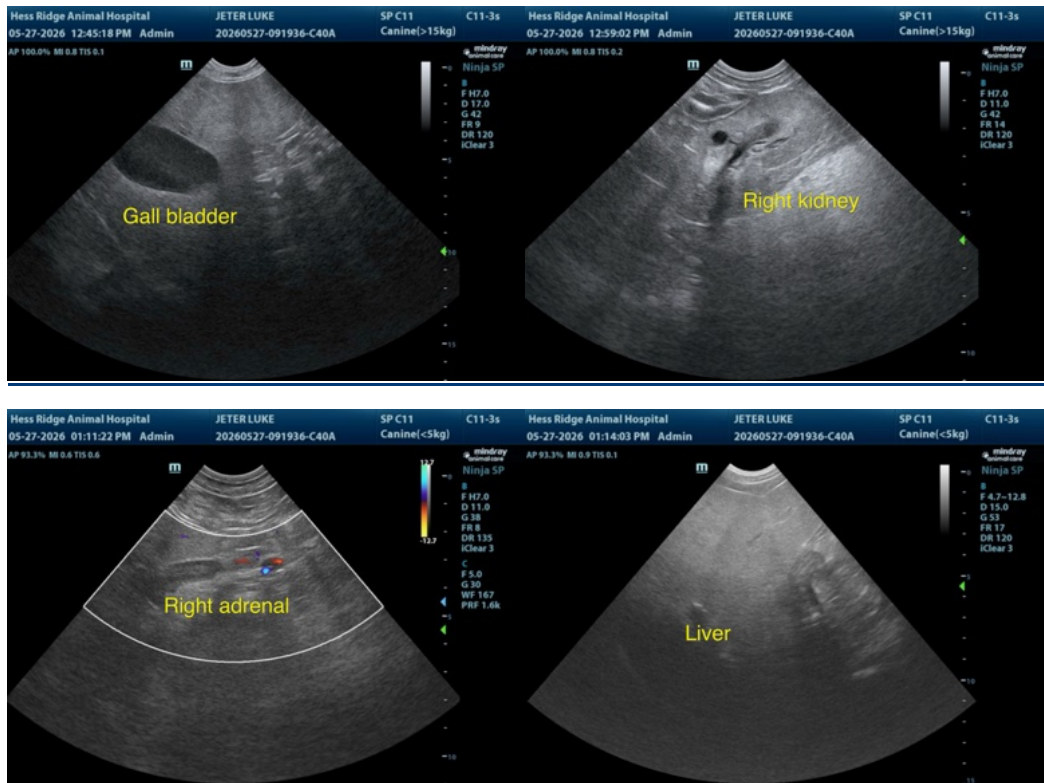
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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