



PATIENT

Paprika Shaw

SPECIES

Canine

BREED

Hound Mix

SEX

Spayed female

AGE

5 years

WEIGHT

30.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Robyn Lantz

HOSPITAL NAME

Eastgate VC

REFERRING VET

Dr. Moses

INVOICE

78143

DATE

5/29/26

PRESENTING CLINICAL SIGNS

History: Annual wellness exam, vaccines, and intermittent left forelimb lameness. Owner also has concerns about travel anxiety for an upcoming move.

--Patient history/Health Concerns--

Patient (P) has been intermittently limping on the left front limb for the past couple of months. The lameness is most noticeable after activity, such as walking in the park, or after rising from rest. P does not appear to be fully non-weight bearing.

P experiences significant anxiety during car travel. The owner (O) is moving to Portland and requested medication to help manage this for the trip.

P has a history of a previous gastrointestinal obstruction.

--Medications/Preventatives/Supplements, etc.--

NexGard for flea and tick prevention.

Abnormal PE/Chem/CBC/UA Results: AST (SGOT) 129 (HIGH) 15-66 IU/L ALT (SGPT) 582 (HIGH) 12-118 IU/L ALK PHOS 167 (HIGH) 5-131 IU/L Specific Gravity 1.020 Rest of senior labwork wnl

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.

The iliac lymph node measured 0.3 x 0.2 cm in size. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 5.0 cm, right measured 5.0 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 evident.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.54 cm and 0.46 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

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 1.7 cm in width.



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Liver

The liver was mildly enlarged with rounded edges with a diffuse increased coarse appearance, normal portal markings were normal and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing a moderate amount of adhered and non-adhered hyperechoic sediment. Thickened and hyperechogenic 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. A small amount of fluid was present in the stomach.

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

- Hepatopathy.
- Gallbladder sediment.
- Previous cholecystitis versus low-grade chronic cholecystitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Although the appearance of the gallbladder may merely be an incidental finding. Monitoring for the development of a mucocele would be recommended.



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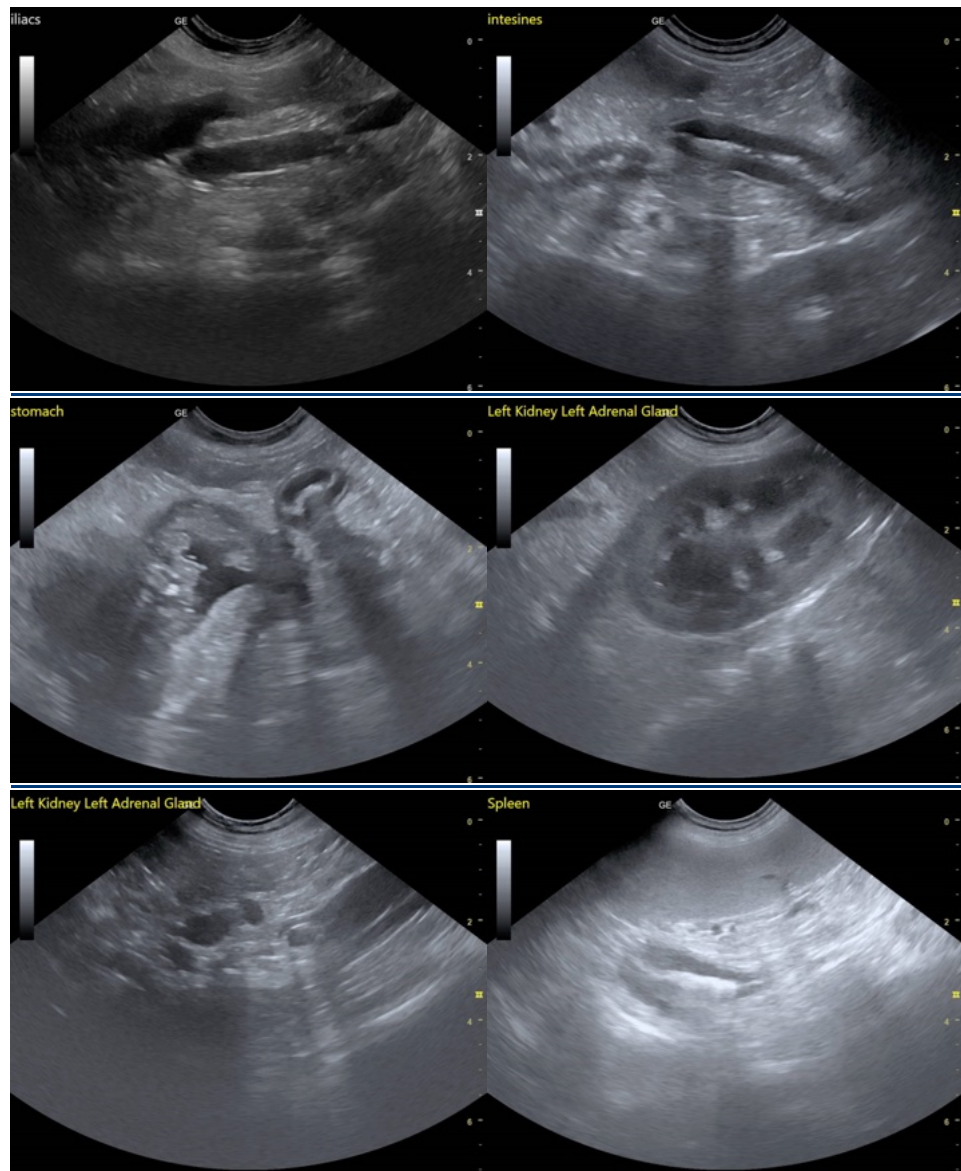
Further assessment would be FNA cytology of the liver. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Cholecystocentesis could also be considered for cytology and culture.

Fecal analysis would also be indicated to screen for possible liver fluke infestation.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be considered for the hepatopathy and the gallbladder would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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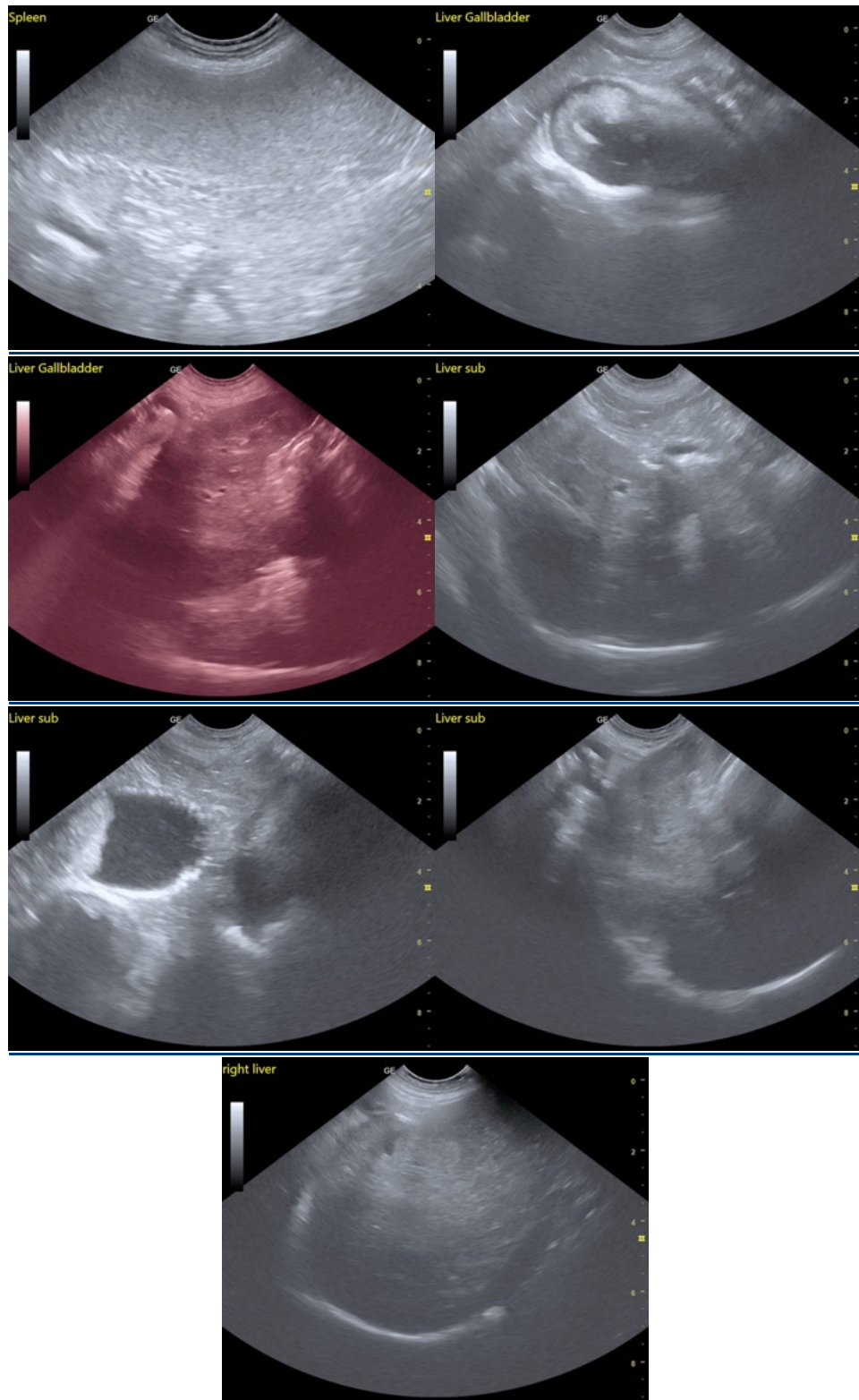
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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