



PATIENT

Harley McAdams

SPECIES

Canine

BREED

Pomeranian

SEX

FS

AGE

14 years 7 months

WEIGHT

4.04 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Caroline Tan

HOSPITAL NAME

VCA West

REFERRING VET

Dr. Tracey Stevens

INVOICE

11915

DATE

5/8/2026

PRESENTING CLINICAL SIGNS

Complex history. Main concern is hyporexia no V or D. Elevated liver values and UPC no reported PUPD and some behaviour changes. No murmur.

Abnormal PE/Chem/CBC/UA Results: Attending reports mildly elevated Alt and high AIP and upc.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder containing a scant amount of floating hyperechogenic sediment with 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 4.5 cm, right 4.8 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation and normal pelvis, and capsule. No infarcts, mineralization or renoliths evident. Few small incidental cortical cysts present in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal measures 0.5 cm and 0.4 cm in width, and the right adrenal measures 0.36 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. Incidental myelolipoma present. Spleen measures 1.3 cm in width.

Liver

Normal size with a diffuse, mottled echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. Few small hypoechoic parenchymal nodules measuring up to 0.5 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full containing a large amount of both adhered and non-adhered hyperechogenic, almost mineralized 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 (0.5 cm), small intestine (0.4 cm), ileo-cecal junction, and colon (0.11 cm) with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Fecal material present within the colon.



PATIENT

Harley McAdams

SPECIES

Canine

BREED

Pomeranian

SEX

FS

AGE

14 years 7 months

WEIGHT

4.04 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Caroline Tan

HOSPITAL NAME

VCA West

REFERRING VET

Dr. Tracey Stevens

INVOICE

11915

DATE

5/8/2026

Pancreas

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.
- Hepatic nodules.
- Emerging mucocele.
- Age related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

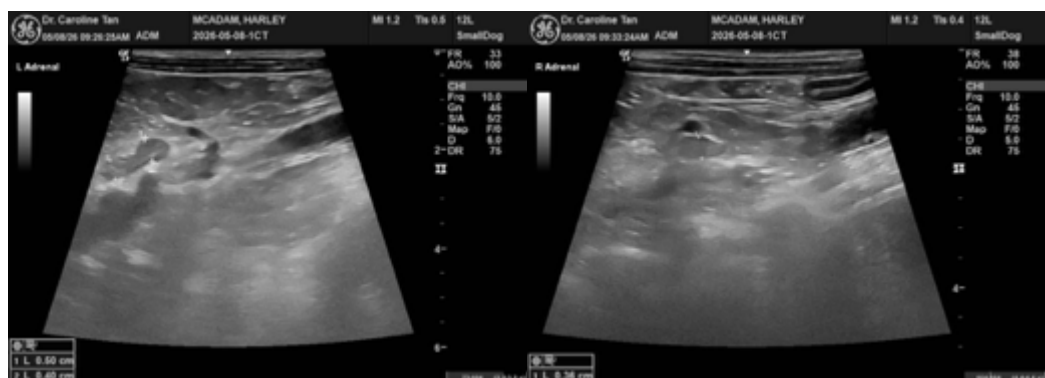
The most likely etiology for the hepatic nodules would be nodular hyperplasia, with granulomas a possible differential diagnosis, and neoplasia a less likely differential diagnosis.

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 of both the hepatopathy and the mucocele would be the use of ursodiol with regular monitoring of liver enzyme activity. Cholecystectomy should be considered, as it would also allow for a wedge biopsy of the liver.

Management of the proteinuria would either be an ace inhibitor, or receptor blocker.





PATIENT

Harley McAdams

SPECIES

Canine

BREED

Pomeranian

SEX

FS

AGE

14 years 7 months

WEIGHT

4.04 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Caroline Tan

HOSPITAL NAME

VCA West

REFERRING VET

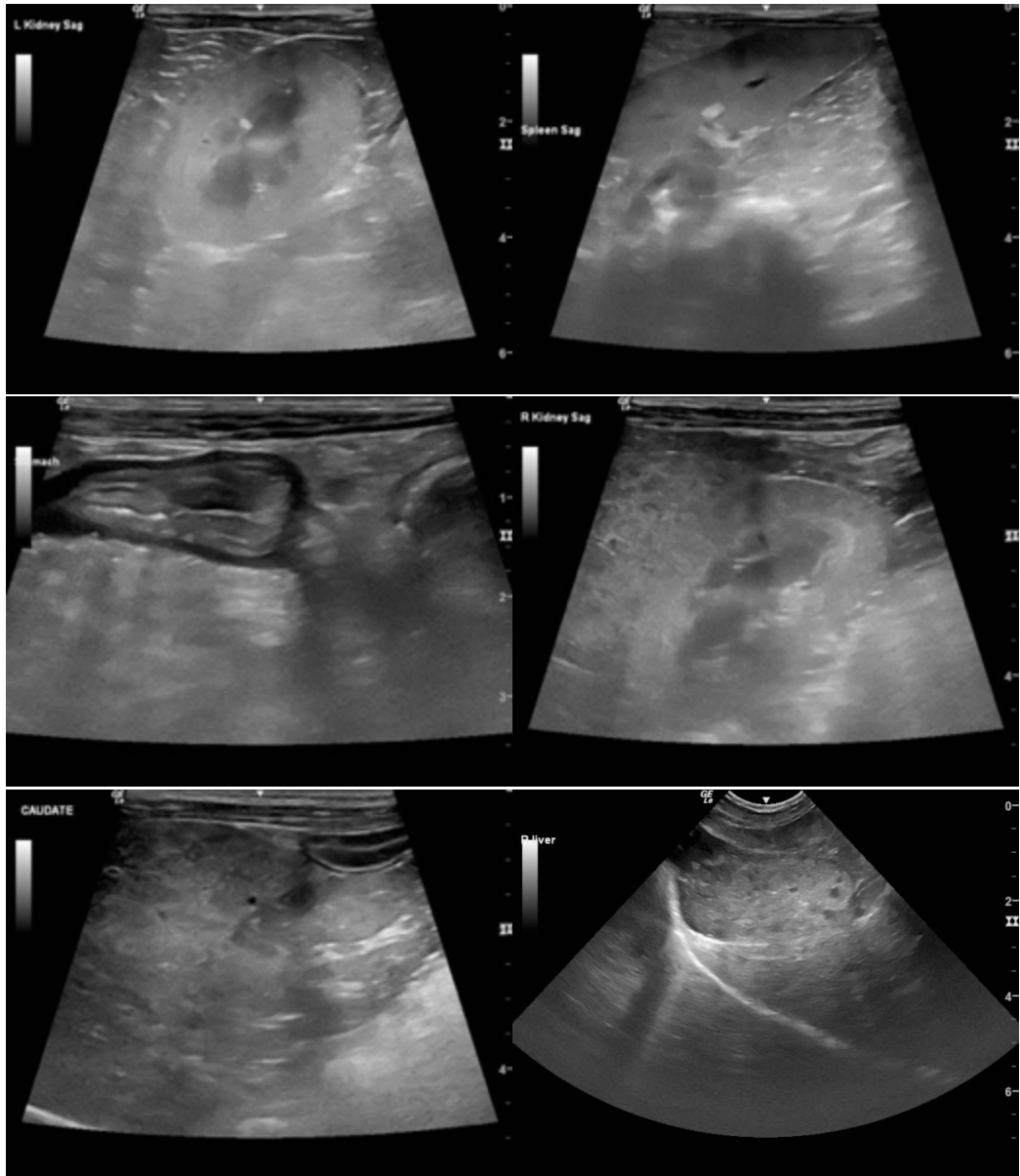
Dr. Tracey Stevens

INVOICE

11915

DATE

5/8/2026





PATIENT

Harley McAdams

SPECIES

Canine

BREED

Pomeranian

SEX

FS

AGE

14 years 7 months

WEIGHT

4.04 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Caroline Tan

HOSPITAL NAME

VCA West

REFERRING VET

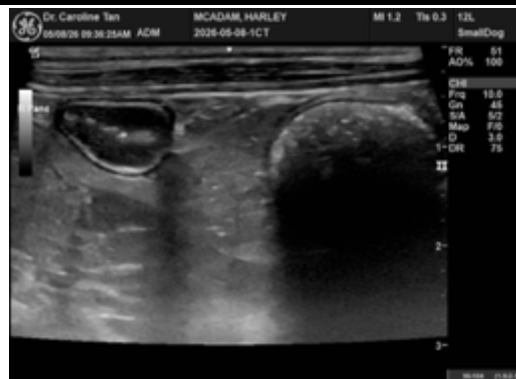
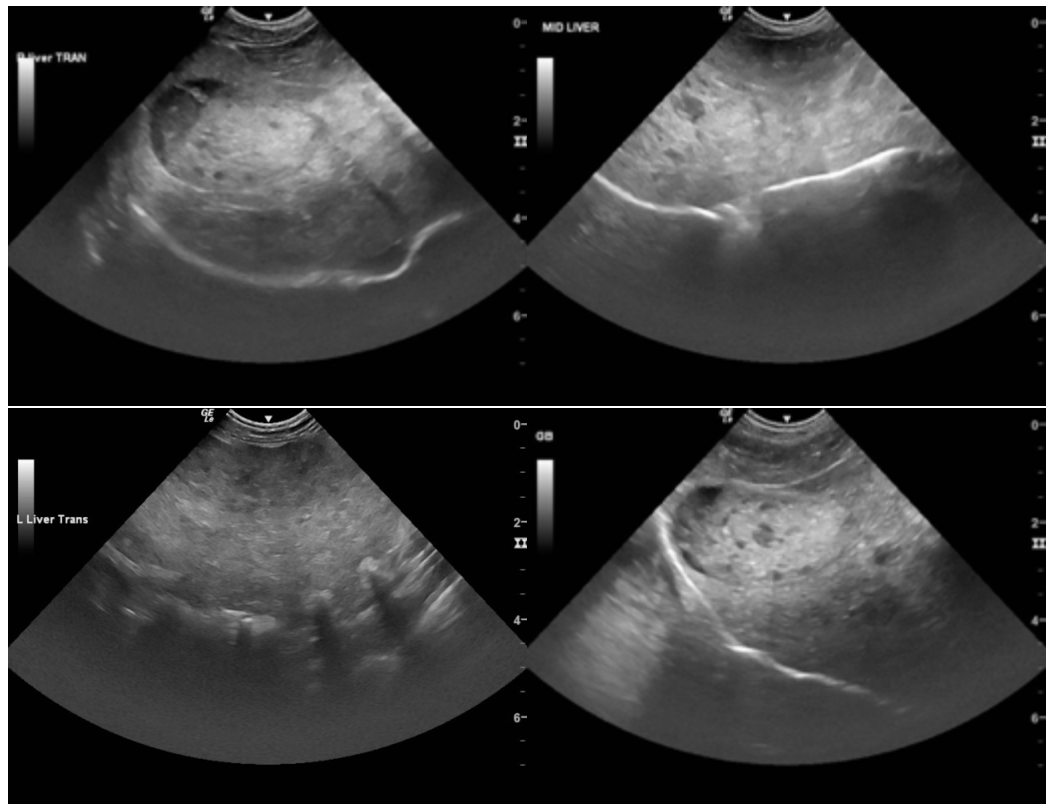
Dr. Tracey Stevens

INVOICE

11915

DATE

5/8/2026



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