



**PATIENT**

Lily Merchand

**PRESENTING CLINICAL SIGNS**

History: Elevated ALT - 432, Previously 627, 402. Murmur. Meds: Denamarin

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**BREED**

Mix

Initially full, then empty urinary bladder 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.

**SEX**

Spayed Female

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. The left kidney measured 3.7 cm. The right kidney measured 3.9 cm. Normal color flow pattern is evident in both kidneys.

**AGE**

13 Years 7 Months

*Adrenal Glands*

**WEIGHT**

10.2 Pounds

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 1.07 cm in length x 0.29 cm and 0.29 cm in width. The right adrenal gland measured 1.37 cm in length x 0.47 cm in width.

**INTERPRETED BY**

Remo Lobetti BVSc,  
MMedVet, PhD,  
DECVIM

*Spleen*

Normal size (1.0 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.

**IMAGING PERFORMED BY**

Rebecca Hamilton

*Liver*

Normal size, with a diffuse mottled echogenic coarse and nodular appearance, normal portal markings, and a regular curvilinear capsule. Nodules are multiple, parenchymal, hypoechoic, and measure up to 1.5 cm x 2.0 cm in size. No masses are evident. Normal appearance of the hepatic and portal vasculature.

**HOSPITAL NAME**

Hamptonburgh AH

*Gallbladder*

Full gallbladder, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

**REFERRING VET**

Dr. Halpern

*Gastrointestinal*

**INVOICE**

37009

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.

**DATE**

5/8/26

*Pancreas*

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.



**PATIENT**

*Free Abdomen*

Lily Merchand

Normal mesenteric lymph nodes.

**SPECIES**

No ascites evident.

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

- Nodular hepatopathy

Mix

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

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

Spayed Female

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

**AGE**

Specific therapy would be dependent on an etiological diagnosis.

13 Years 7 Months

Symptomatic management that could be considered would be the use of ursodiol with regular monitoring of liver enzyme activity.

**WEIGHT**

10.2 Pounds

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Remo Lobetti BVSc,  
MMedVet, PhD,  
DECVIM

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Hamptonburgh AH

**REFERRING VET**

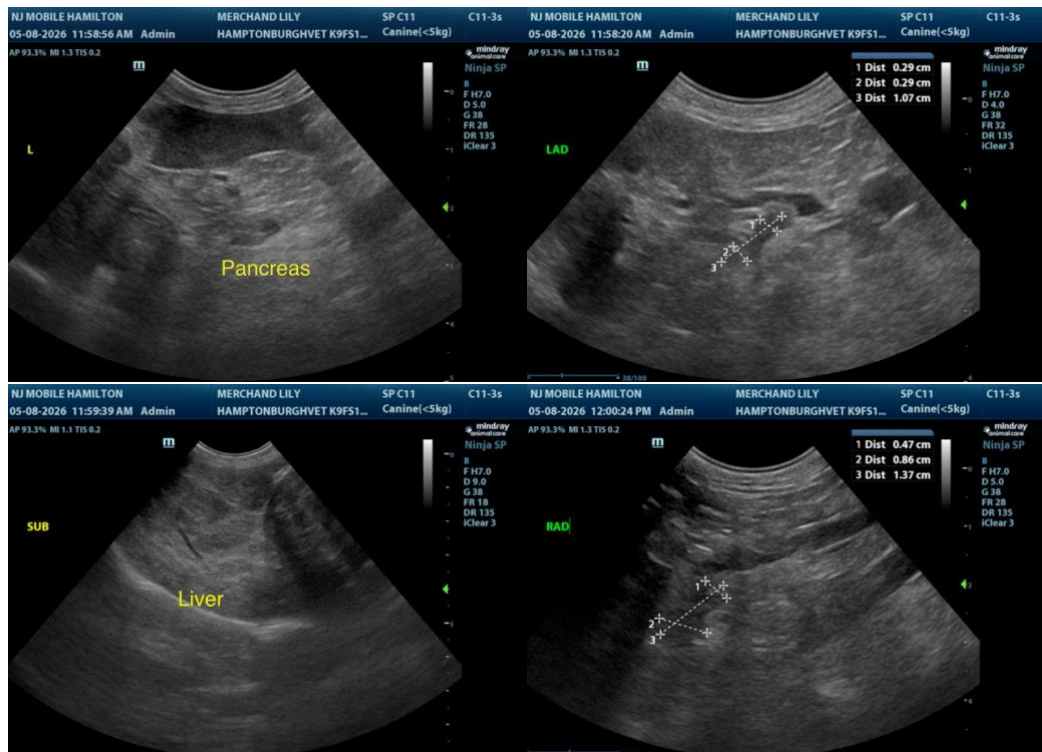
Dr. Halpern

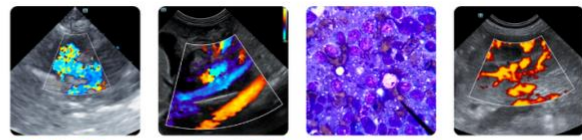
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**PATIENT**

Lily Merchand

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Spayed Female

**AGE**

13 Years 7 Months

**WEIGHT**

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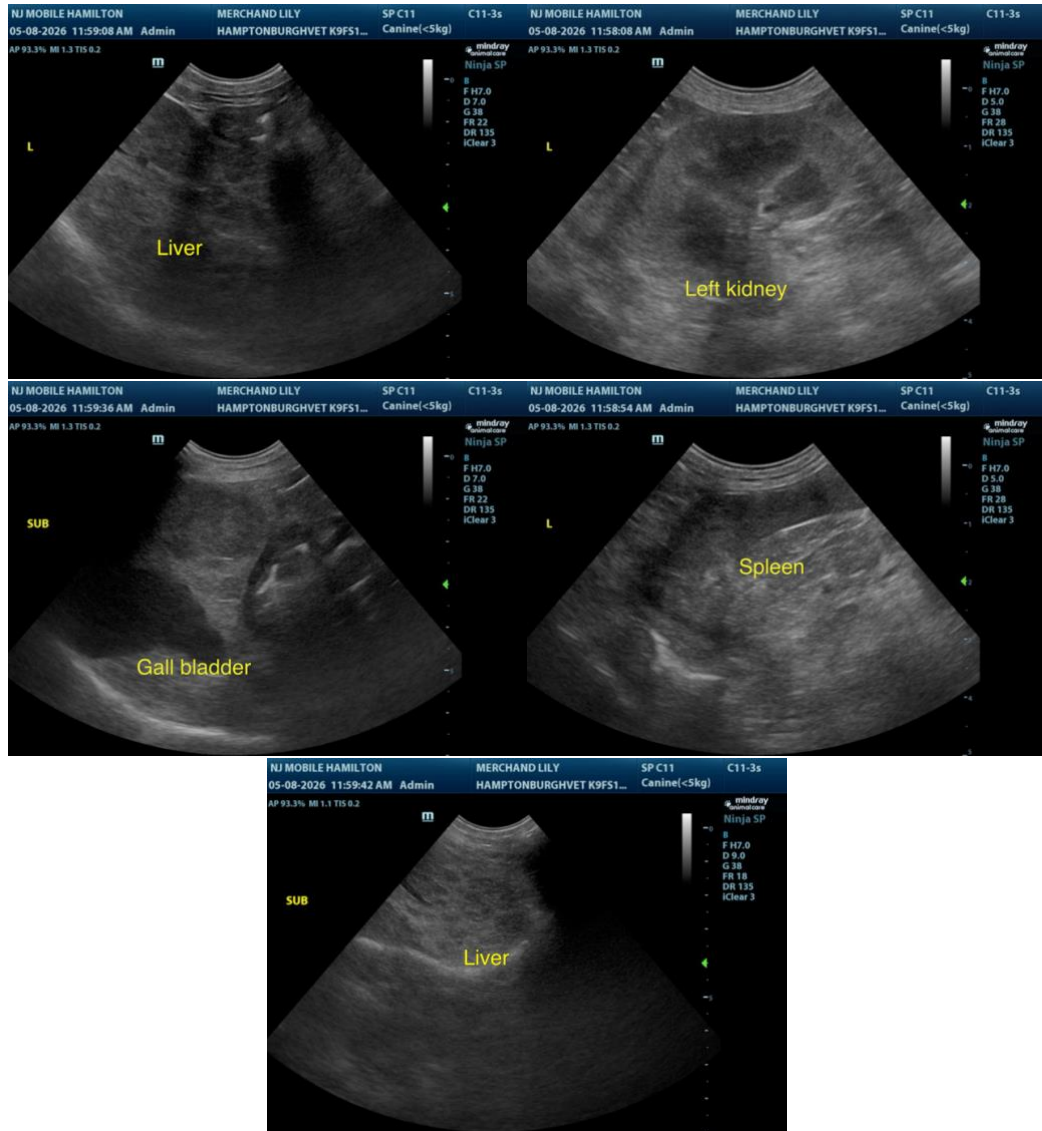
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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