



## PATIENT

Tanya Henry

## SPECIES

Canine

## BREED

Poodle

## SEX

Spayed female

## AGE

14 years

## WEIGHT

10.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Allison Gomer

## HOSPITAL NAME

Shohola VH

## REFERRING VET

Dr. Demeo

## INVOICE

78449

## DATE

6/8/26

## PRESENTING CLINICAL SIGNS

History: Geriatric dog with recent weight loss and PUPD.

Recent onset of grand mal seizures started on 06/05/2026.

Patient was started on Levetiracetam 250 mg 1/2 q8h and had a breakthrough seizure within 24 hours of first being diagnosed.

Patient is not on any medications other than the recently started Levetiracetam

Abnormal PE/Chem/CBC/UA Results: Lab Results Update 06/08/2026\* Urinalysis: - WBC: 2/hpf -

Specific Gravity: 1.012 - pH: 8 Chemistry: - Creatinine: 1.5 (ref 0.4-1.4) - Calcium: 12.5 (ref 9-12.2) -

Total Protein: 8.0 (ref 5.5-...) - Albumin: 4.4 (ref 2.5-4.0) - GGT: 20 (ref 0-14) CBC: - WBC: 18.59 (ref 4-

16.5) - Neutrophils: 16.27 (ref 2.8-11.7) Other: - T4: Normal - 4DX: Negative

## 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 3.2 cm, right measured 3.5 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 in both kidneys.

### Adrenal Glands

The left adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size. The right adrenal gland is not visualized.

### 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 1.2 cm in width.

### Liver

Normal size 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.



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## ***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**

- Hepatopathy.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

With normal liver enzyme activity, the most likely etiology for the hepatopathy would be age related reactive hyperplasia which can be considered an incidental finding.

In essence this is a normal ultrasound examination of the abdomen.

With the patient's age and recent onset of seizure activity, intracranial disease needs to be considered.

Although the mild hypercalcemia may be an incidental finding, ionized calcium would be recommended and if elevated then PTH and PTHrP assay would be indicated.

Further specific therapy would be dependent on an etiological diagnosis.



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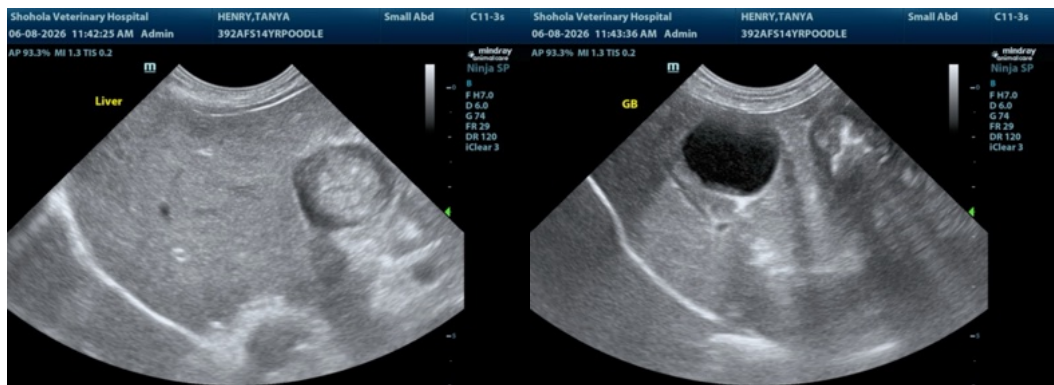
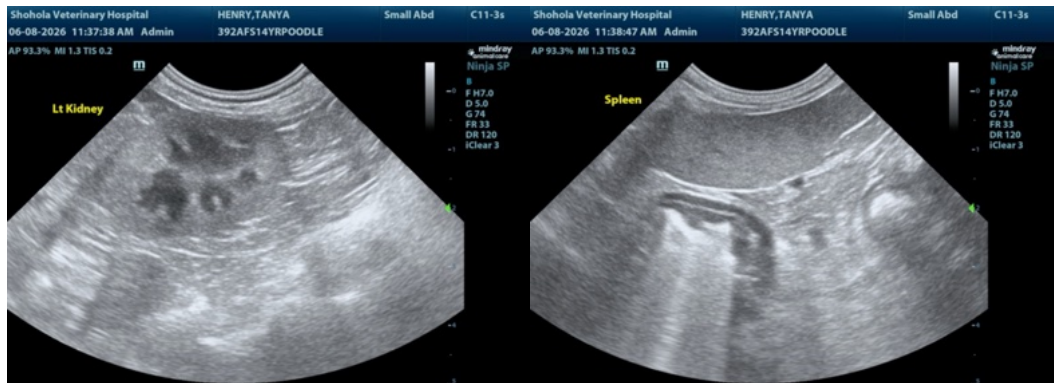
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)