



PATIENT

Yuma Cowan

SPECIES

Canine

BREED

Toy Australian Shepherd

SEX

Spayed female

AGE

15 years

WEIGHT

24.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie AC

REFERRING VET

Dr. DeWall

INVOICE

69415

DATE

12/18/25

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: CPL was elevated with amylase and lipase, so pancreatitis is active. She is losing weight and has had the chronic liver enzyme elevation too. ABNORMAL Labwork Values Per Dr.Dewall CPL was elevated with amylase and lipase, so pancreatitis is active Current Medications n/a Radiographic Findings n/a Notes to Specialist (if any) n/a

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 4.3 cm, right measured 5.4 cm), normal echogenic appearance, decreased cortico-medullary differentiation and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

The adrenal glands are bilaterally enlarged but maintained normal shape, echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.62 cm in length x 0.74 cm and 0.8 cm in width. The right adrenal gland measured 2.22 cm in length x 0.49 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 1.3 cm in width.

Liver

Normal size with a diffuse increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. Focal, parenchymal cysts in the caudal aspect of the left lobe measuring 1.3 x 1.8 cm in size. No masses or nodules 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 pancreas is normal in size (left pancreas measured 0.8 cm in width) with a hypoechogenic appearance and an irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Bilateral adrenomegaly.
- Chronic pancreatitis.
- Age related renal changes versus early chronic kidney disease.
- Hepatic cysts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia highly unlikely differential diagnosis.

The most likely etiologies for the adrenomegaly would be age related or reactive hyperplasia with pituitary dependent Cushing's disease an unlikely differential diagnosis.

The hepatic cysts can be considered an incidental finding.

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 the pancreatitis would be feeding small frequent meals of a low fat intestinal type diet.



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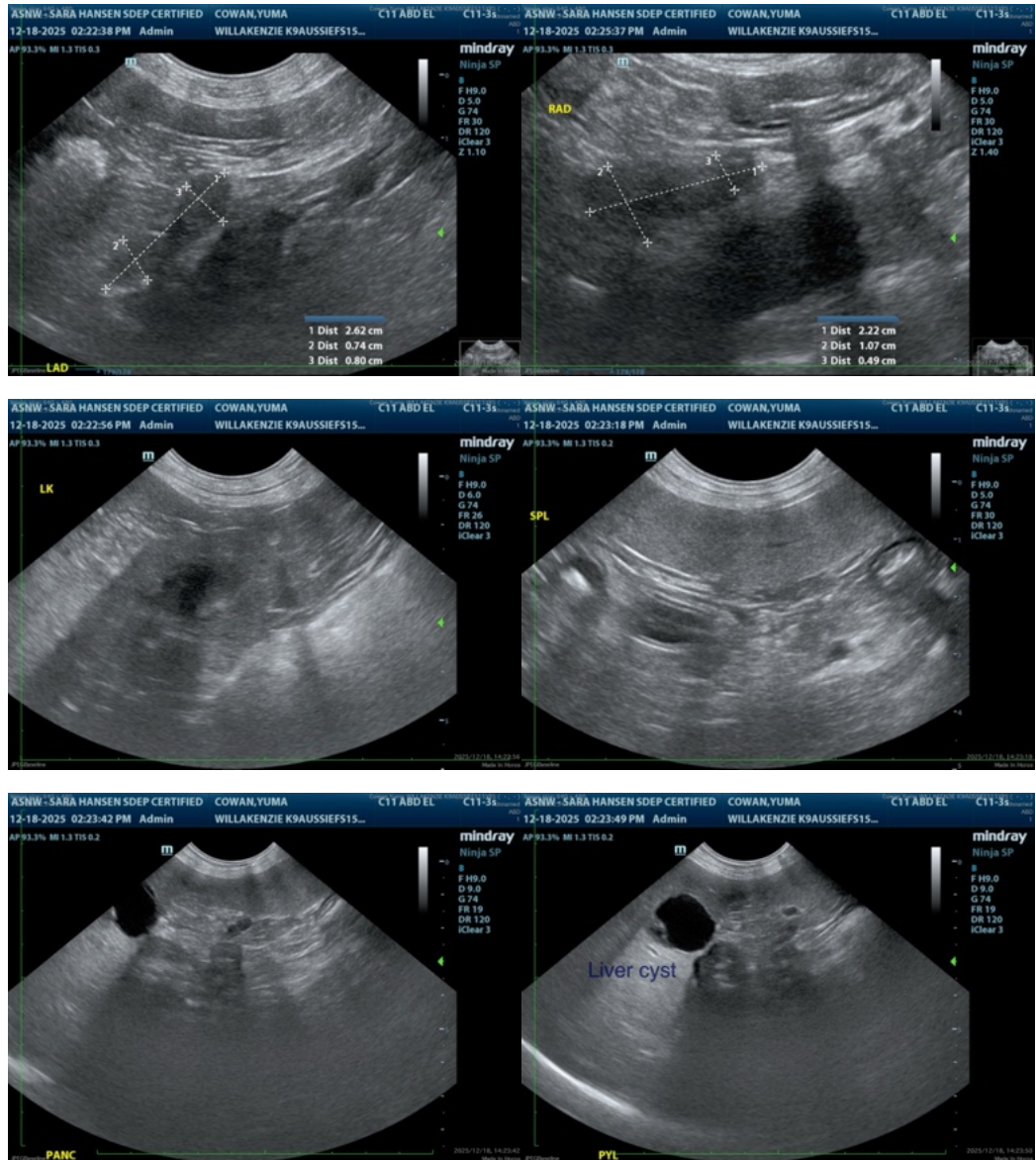
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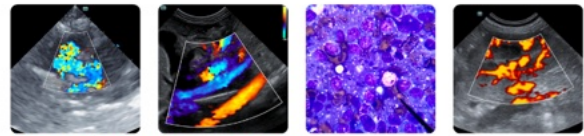
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Symptomatic management of the hepatopathy would be Ursodiol with regular monitoring of liver enzyme activity.





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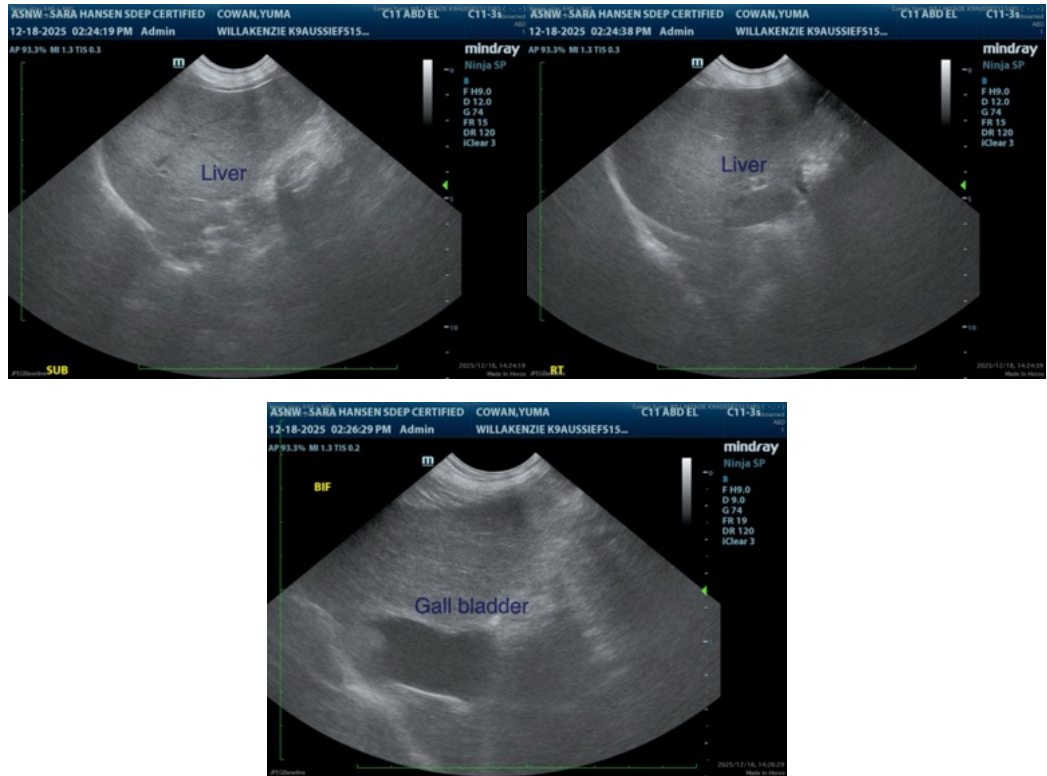
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com