

**PATIENT**

Harris Trump

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

14 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Forest Oaks AH

**REFERRING VET**

Dr. Coble

**INVOICE**

68993

**DATE**

11/25/25

**PRESENTING CLINICAL SIGNS**

History: P presented for non regenerative anemia. Currently on pred and doxy. owner reports some GI issues prior to pred

**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 4.4 cm, right measured 3.9 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.

The prostate is small and hypoechogenic measuring 0.8 cm in width.

**Adrenal Glands**

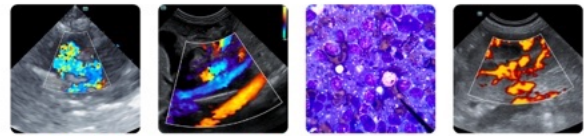
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.87 cm in length x 0.69 cm and 0.61 cm in width. The right adrenal gland measured 2.02 cm in length x 0.49 cm in width.

**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 1.5 cm in width.

**Liver**

The liver is enlarged with rounded edges with a diffuse, increased echogenic appearance, increased 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 a small amount of non-adhered, hyperechogenic 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, 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 was diffusely enlarged (left pancreas measured 1.1 cm in width and the right pancreas measured 1.6 cm in width and the pancreatic body measured 1.1 x 3.1 cm) with a hypoechoic appearance and irregular capsule. Mild, increased echogenic appearance of the mesentery and fat surrounding the pancreas.

**Free Abdomen**

Normal mesenteric lymph nodes.

No ascites evident.

**ULTRASONOGRAPHIC FINDINGS**

- Pancreatitis.
- Hepatopathy.
- Gallbladder sediment.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

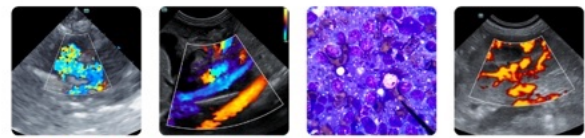
Etiologies for the hepatopathy would be reactive hyperplasia, vacuolar, metabolic and drug induced with hepatitis and infiltrative neoplasia a less likely differential diagnosis.

Further assessment would be CPL/PSL assay and FNA cytology of the liver.

A tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis.

Initial management of the pancreatitis would be fluid therapy as needed, correction of any electrolyte anomalies, feeding small frequent meals of a low fat intestinal type diet, use of antiemetics, and analgesics (if needed).

On this ultrasound there is no obvious etiology for the non-regenerative anemia.



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Etiologies to consider for the anemia would be anemia of chronic disease, chronic low-grade gastrointestinal tract loss, bone marrow pathology and possibly non-regenerative, immune mediated hemolytic anemia.

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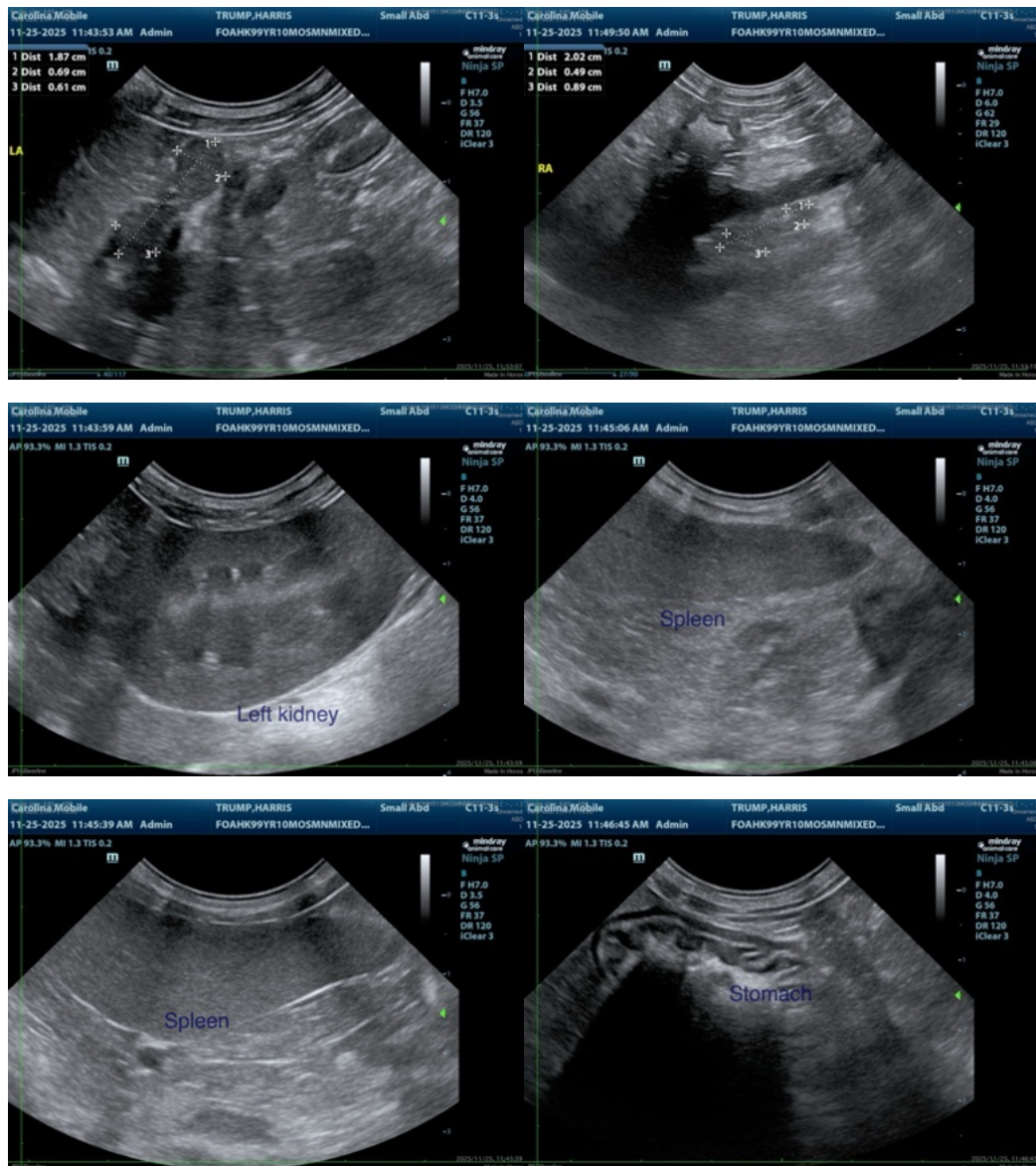
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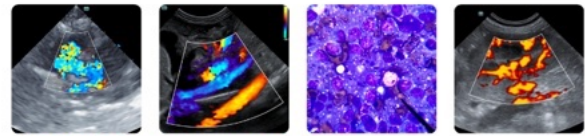
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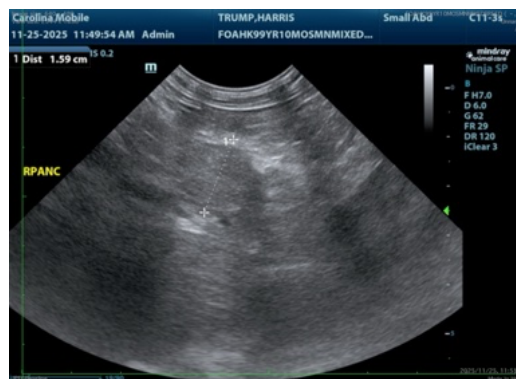
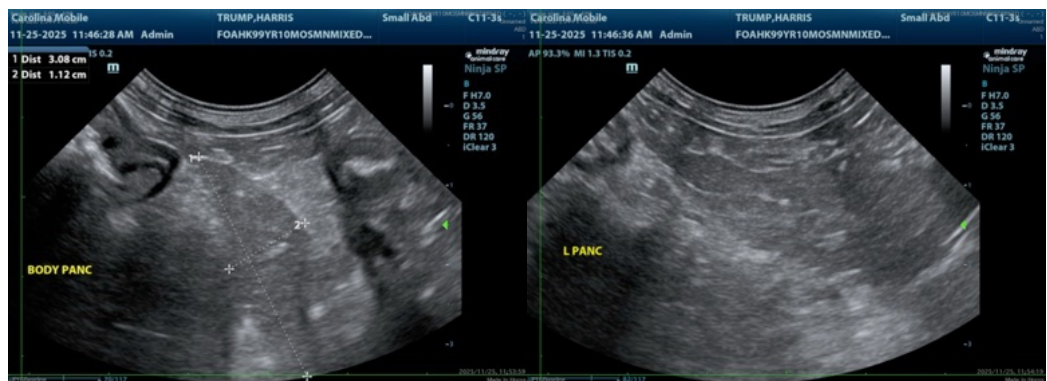
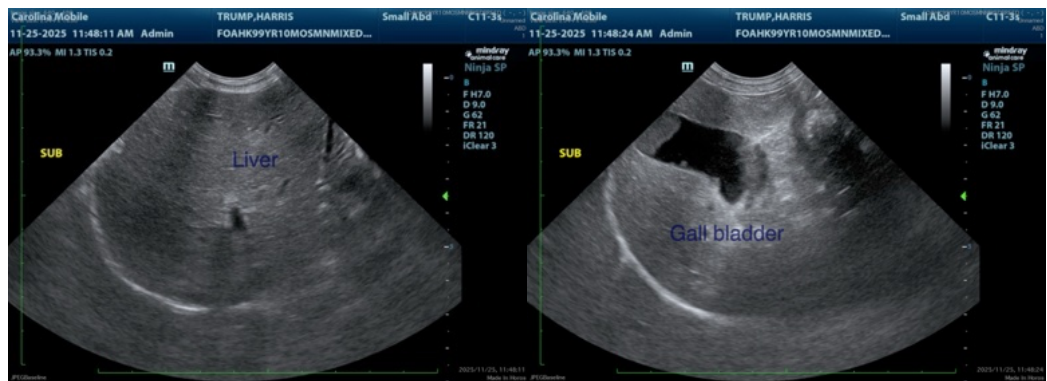
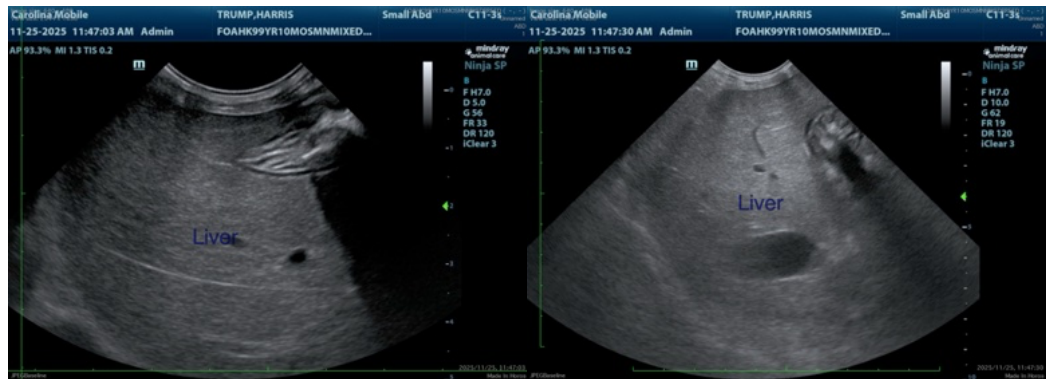
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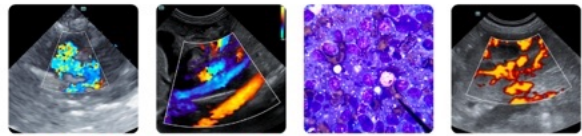
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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[info@sonopath.com](mailto:info@sonopath.com)

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