



PATIENT

Bert Holm

SPECIES

Canine

BREED

Labrador Mix

SEX

Neutered male

AGE

12 years

WEIGHT

64 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ginny Dodd DVM,
 DABVP-CFP

HOSPITAL NAME

Steele Creek AH

REFERRING VET

Dr. Schuver

INVOICE

71630

DATE

2/17/26

PRESENTING CLINICAL SIGNS

- H/O severe flatulence, improved with metronidazole but has 1-2 episodes a week, no diarrhea, no grass eating, soft stool intermittently at home
- Appetite varies, prefers wet food
- Lymph nodes previously mildly enlarged, now normal
- No weight loss
- Chronic otitis externa- treated topically. Uveitis has improved with doxycycline and prednisone eye drops
- PE: BCS 5/9, TPR normal, no heart murmur, lungs clear, few fatty lumps in skin, peripheral lymph nodes < 0.5 cm, now normal size, R/O chronic enteropathy, food intolerance, dysbiosis
 Meds- doxycycline tablets, , FortiFLora, vitamin supplement

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 6.2 cm, right measured 6.2 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. The kidneys revealed a normal color flow pattern.

The prostate is small and hypoechogenic.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.87 cm in length x 0.67 cm and 0.68 cm in width. The right adrenal gland measured 3.22 cm in length x 0.71 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. Multiple incidental myelolipomas are present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.4 cm in width.



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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 0.6 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is not visualized.

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.
- Hepatic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatopathy would be reactive hyperplasia, nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia an unlikely differential diagnosis.

The most likely etiology for the hepatic nodules would be nodular hyperplasia.

On this ultrasound there is no obviously etiology for the presenting clinical signs. Although the GI tract appears ultrasonographically normal, with the presenting clinical signs, an underlying enteropathy such as parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease should still be considered.



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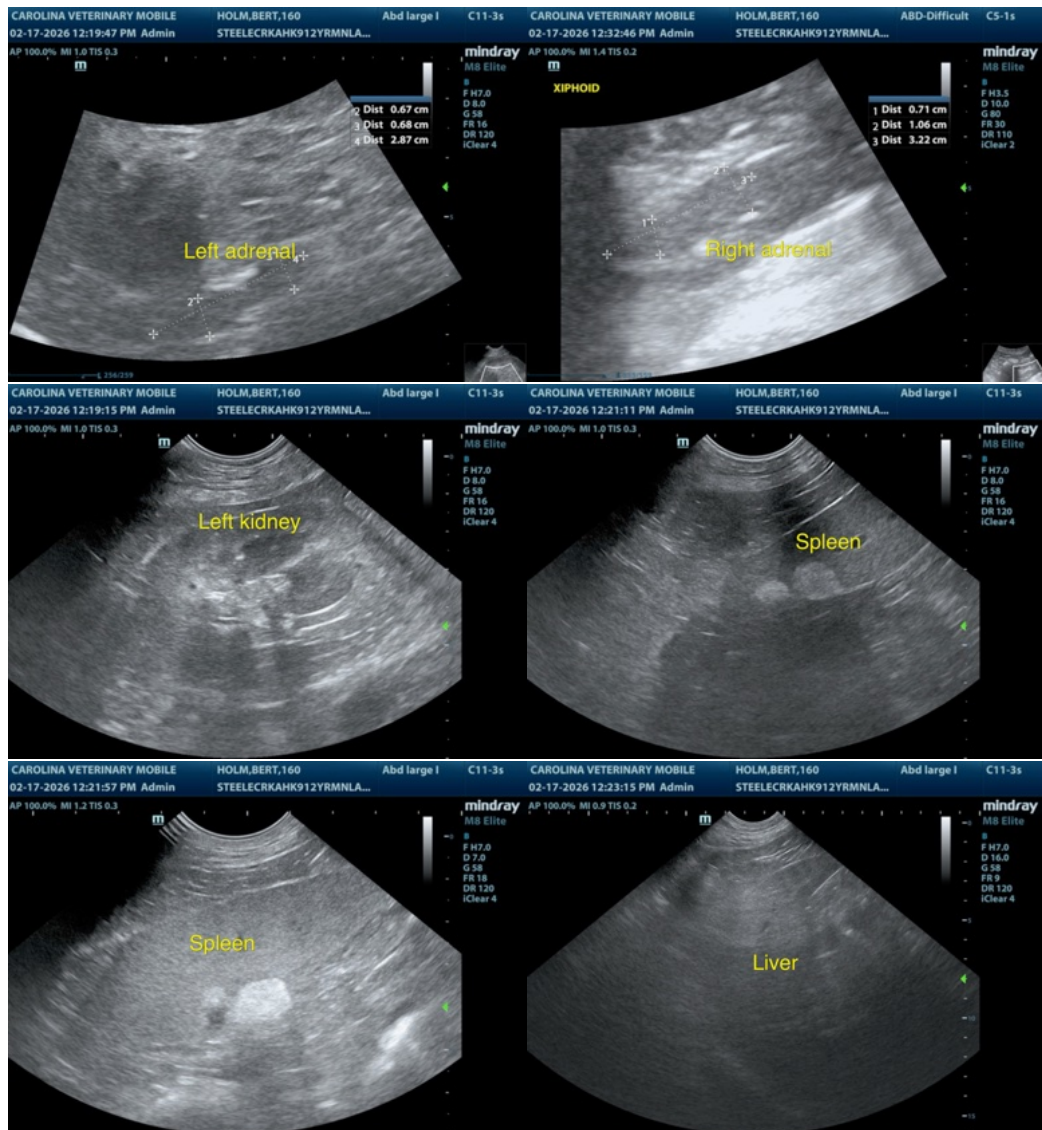
Further assessment would be fecal analysis, cobalamin and folate assay, endoscopy of the upper GI tract with biopsies and FNA cytology of the liver.

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

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the enteropathy that can be considered would be feeding a novel protein/hypoallergenic diet, course of Fenbendazole, cobalamin supplementation and possibly a course of Prednisolone.

Symptomatic management of the hepatopathy would be Ursodiol.





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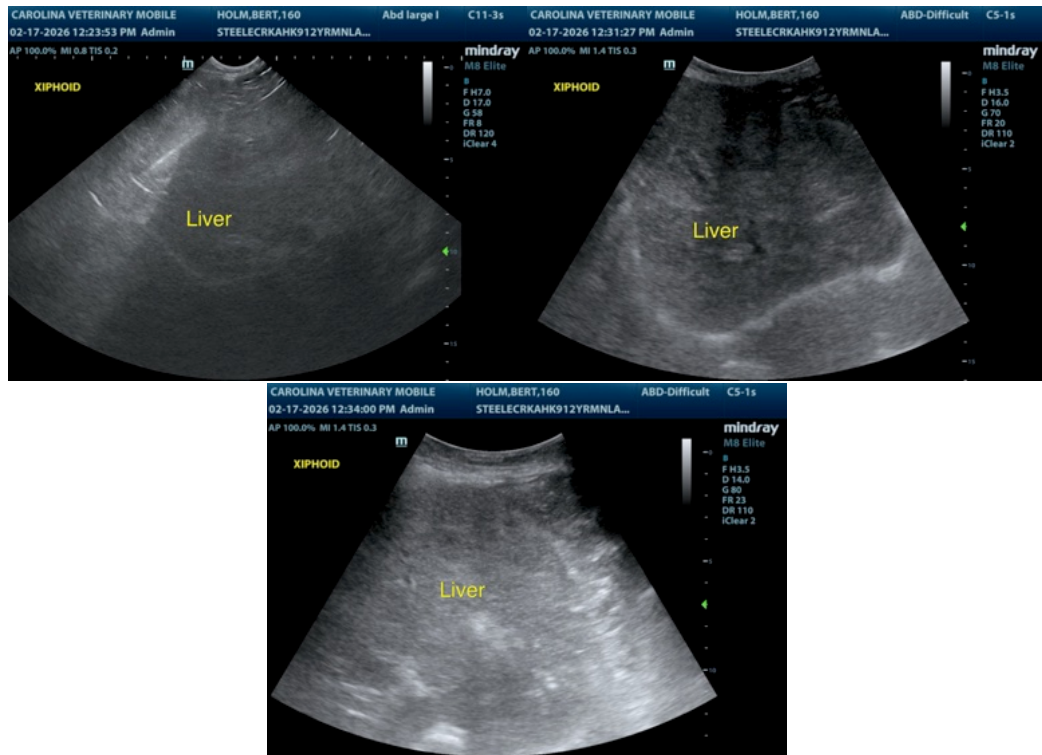
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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