



**PATIENT**

Champ Wolyniuk

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

12.9 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Oxford County VC

**REFERRING VET**

Dr. Halfon

**INVOICE**

69611

**DATE**

12/12/25

**PRESENTING CLINICAL SIGNS**

**History:** Recent onset of lethargy, occ collapse, straining to have BMs Heart Murmur, Grade IV Distended abdomen due to ascites Hepatomegaly Cardiomegaly 11/20/2024 - 1. Myxomatous valve disease - mild mitral regurgitation, trace tricuspid regurgitation; ACVIM Stage B1 DVD+MR+TR based on Dr Jones Trillium Vet Cardiology Echo, not currently on medications for this KCS Current Medications Gabapentin 100 mg BID; Thyrotab 0.2 mg BID; Tacrolimus ophth for KCS. Torb for ultrasound today

**Abnormal PE/Chem/CBC/UA Results:** Elevated ALP and Urea (as of June 2025) Radiographic Findings hepatomegaly, indistinct abdominal contents due to ascities, not constipated, bladder small, did not take radiographs of heart but could appreciate cardiomegaly Primary Question to Be Answered in This Exam Ascites - due to heart or liver Any co-morbidies other than heart disease that might suggest a different treatment option needed Any additional medications needed based on current state of heart disease Any liver or abdominal changes that might suggest quality of life concerns or need for hepatic supplements or referral

**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 5.6 cm, right measured 5.7 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.

**Adrenal Glands**

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.33 cm in length x 0.64 cm and 0.65 cm in width. The right adrenal gland measured 2.06 cm in length x 0.47 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 1.7 cm in width.



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***Liver***

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Dilated hepatic vasculature and normal appearance of the portal vasculature.

***Gallbladder***

The gallbladder is small 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.

A small amount of acellular ascites present in the cranial abdomen.

Dilated caudal vena cava and anasarca evident on the ventral abdomen and groin area.

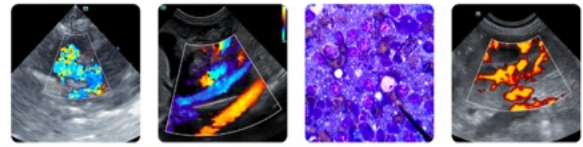
**ULTRASONOGRAPHIC FINDINGS**

- Ascites.
- Anasarca
- Dilated caudal vena cava and hepatic vasculature.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology for the ascites, anasarca and dilated vasculature would be secondary to the heart disease.

Further assessment and therapy needs to be based on the echocardiography results.



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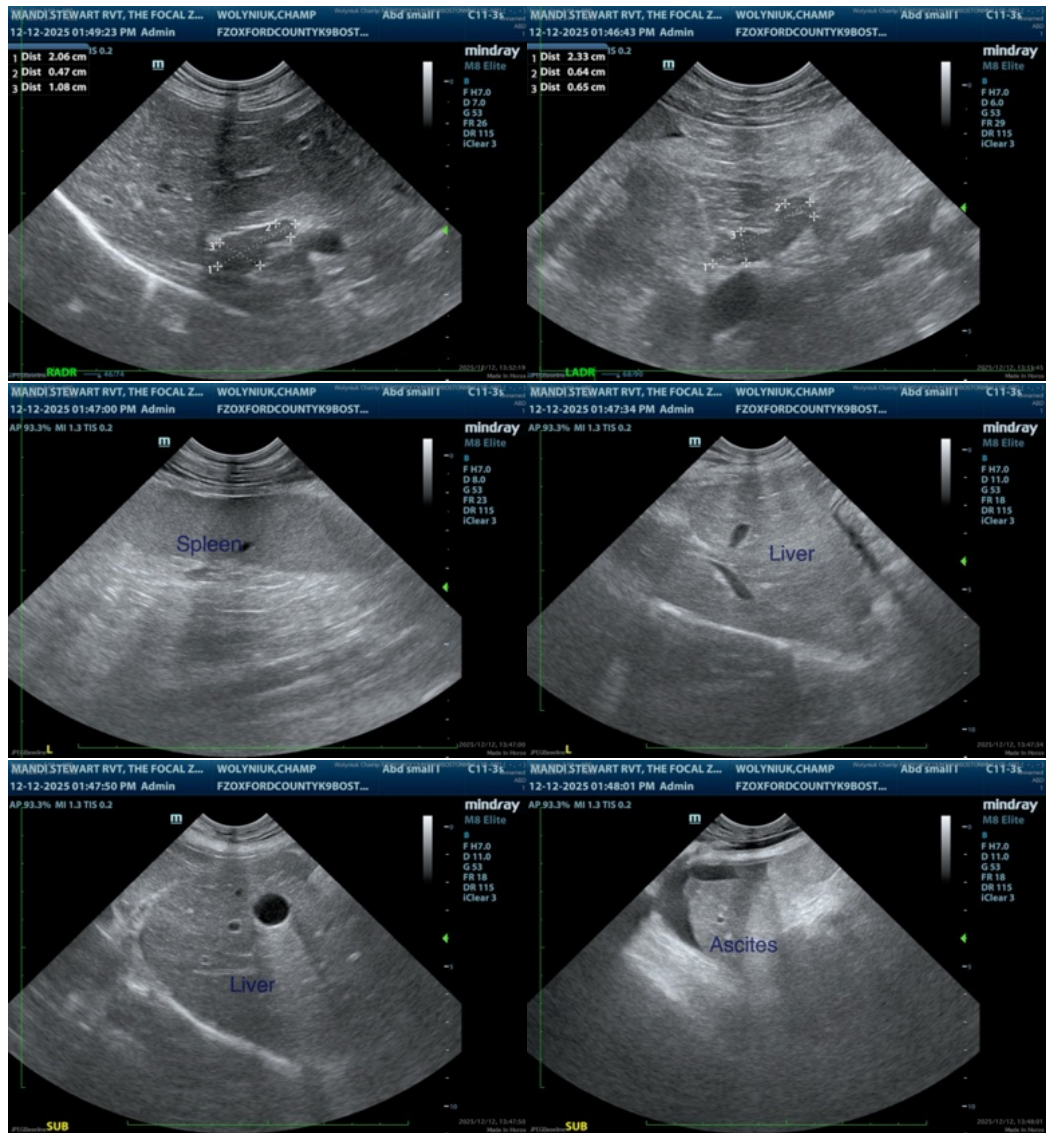
Dr. Halfon

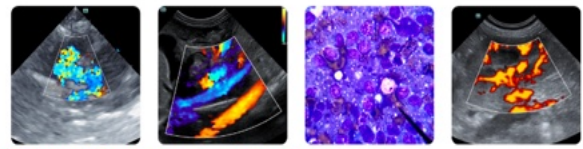
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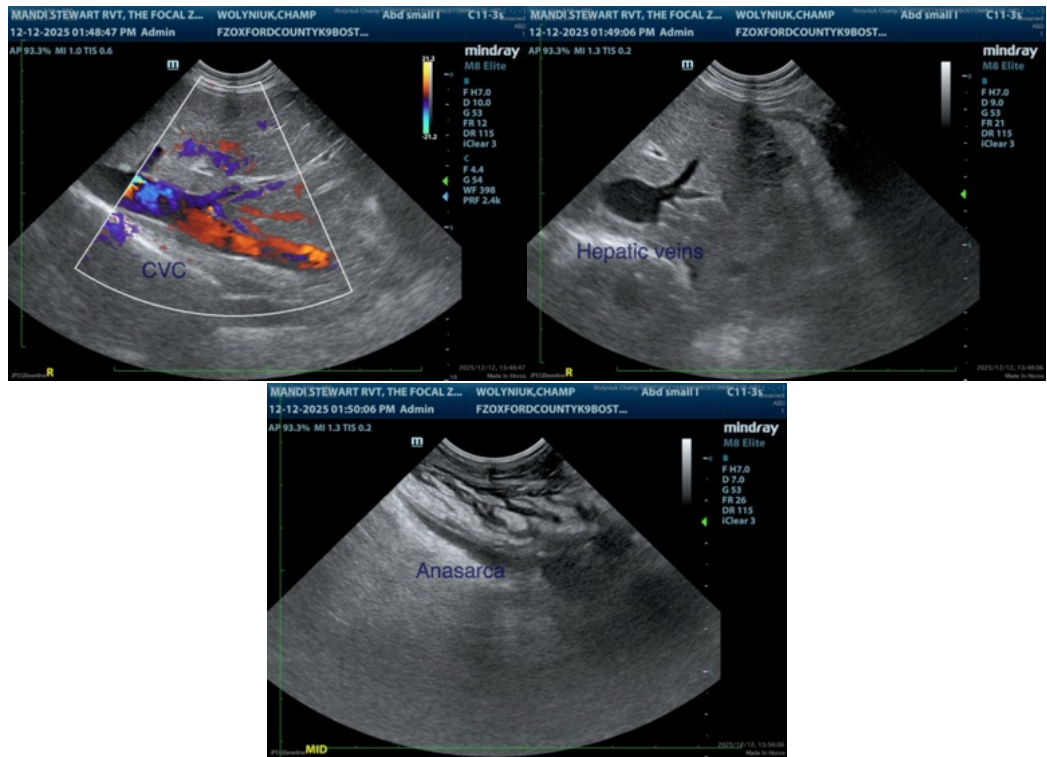
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)