



## PATIENT

Maximus Ebrahim

## SPECIES

Canine

## BREED

Miniature Schnauzer

## SEX

Neutered male

## AGE

8 years

## WEIGHT

20.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

VCA AVH

## REFERRING VET

Dr. Kaulins

## INVOICE

71045

## DATE

1/29/26

## PRESENTING CLINICAL SIGNS

- Workup elevated LE's and vomiting
- Presented on 1/27/26 for a few days of intermittent vomiting and anorexia.
- hx of CHF
- current meds: Cerenia; Denamarin; Clavamox; Gabapentin ; Pimobendan ; Torsemide; Benazepril; Spironolactone; K+ supp last given middle of Jan.
- 1/27/26: Alt 338 GGT 30 Ca 11.5 Chol 465 Trig 717 UA: USG 1.018; 4-10 RBC/hpf

## 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 4.7 cm, right measured 4.7 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. The kidneys have a normal color flow pattern.

The prostate is small and hypoechogenic measuring 0.7 cm in width.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.56 cm and 0.33 cm in width. The right adrenal gland measured 0.54 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 1.2 cm in width.

### Liver

Normal size with a diffuse, increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



## PATIENT

Maximus Ebrahim

## SPECIES

Canine

## BREED

Miniature Schnauzer

## SEX

Neutered male

## AGE

8 years

## WEIGHT

20.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

VCA AVH

## REFERRING VET

Dr. Kaulins

## INVOICE

71045

## DATE

1/29/26

## ***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.

No ascites evident.

## **ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy.

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

Etiologies for the hepatopathy would be secondary to the heart disease (hypoxic induced), reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia highly unlikely differential diagnosis.

Although the visible section of the pancreas appear ultrasonographically normal, with the presenting clinical signs and the breed of dog underlying pancreatitis should be considered.

Further assessment would be CPL/PSL assay and possibly 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 hepatopathy that can be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.



**PATIENT**

Maximus Ebrahim

**SPECIES**

Canine

**BREED**

Miniature Schnauzer

**SEX**

Neutered male

**AGE**

8 years

**WEIGHT**

20.6 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

VCA AVH

**REFERRING VET**

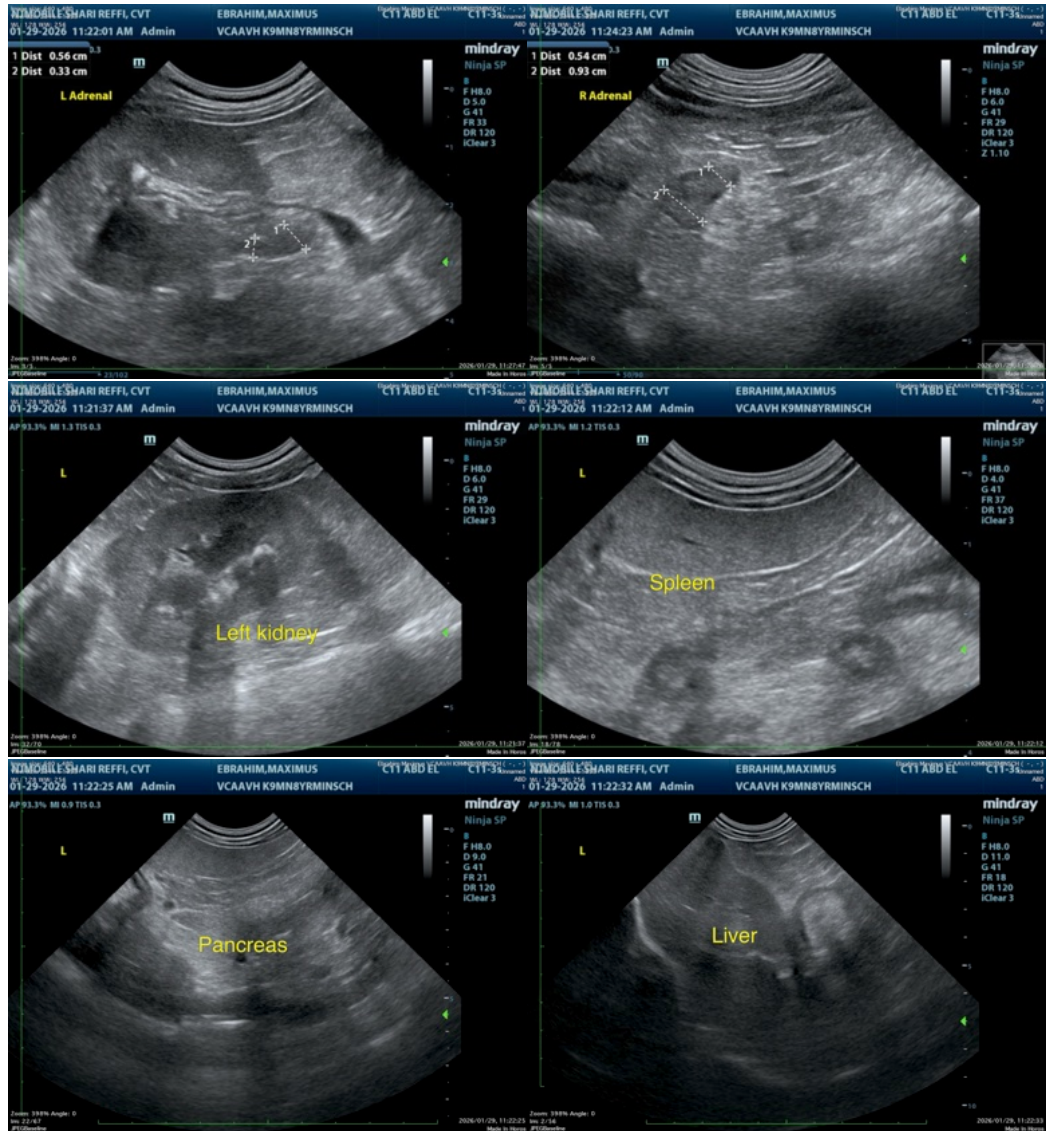
Dr. Kaulins

**INVOICE**

71045

**DATE**

1/29/26





**PATIENT**

Maximus Ebrahim

**SPECIES**

Canine

**BREED**

Miniature Schnauzer

**SEX**

Neutered male

**AGE**

8 years

**WEIGHT**

20.6 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

VCA AVH

**REFERRING VET**

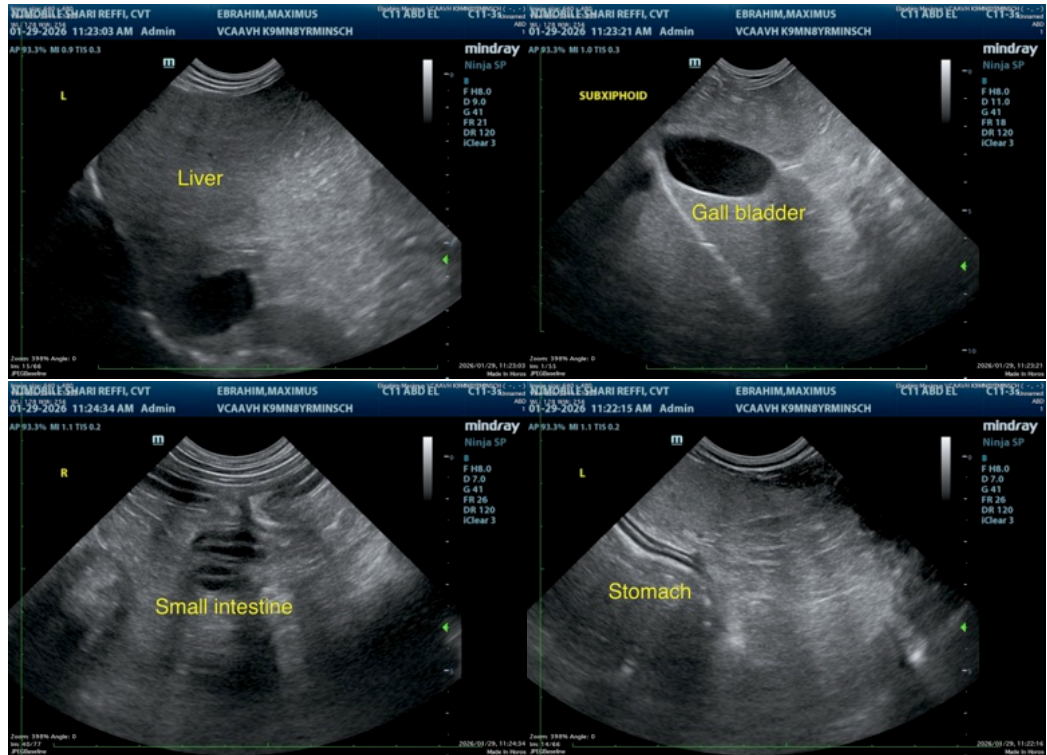
Dr. Kaulins

**INVOICE**

71045

**DATE**

1/29/26



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)