



PATIENT

Elsa Kosempel

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed female

AGE

10 years

WEIGHT

72.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Basking Ridge AH

REFERRING VET

Lubach

INVOICE

69912

DATE

1/7/26

PRESENTING CLINICAL SIGNS

History: Distended abdomen. Polydipsia TLE Medications: Rimadyl, Denamarin(started 12/20/25), previously on Apoquel 16 mg
Abnormal PE/Chem/CBC/UA Results: Alt = 138 (previously 103) AlkPhos = 1587 (previously 714
Urine CCR = 5 SpGravity = 1.023, Prot 2+, pH = 5.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 5.9 cm, right measured 7.6 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.

Adrenal Glands

The adrenal glands are plump in size, but maintained normal shape, echogenic appearance, position and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 2.99 cm in length x 1.04 cm and 0.8 cm in width. The right adrenal gland measured 3.48 cm in length x 1.03 cm and 1.55 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. Incidental myelolipomas are present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.5 cm in width.

Liver

Normal size with a diffuse increased echogenic, coarse and nodular appearance, normal portal markings, and regular curvilinear capsule. Nodules are diffuse, small in size and measured up to 0.8 cm, hypoechoic and parenchymal. No masses evident. Normal appearance of the hepatic and portal vasculature.



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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

- Nodular hepatopathy.
- Plump adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the nodular hepatopathy would be nodular hyperplasia, chronic hepatitis, granulomatous disease, drug induced hepatopathy with infiltrative neoplasia a less likely differential diagnosis.

Etiologies for the plump adrenal glands would be age related reactive hyperplasia and disease, stress with emerging pituitary dependent Cushing's disease a less likely differential diagnosis.

Further assessment would be FNA cytology of the liver. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis. With a 2+ proteinuria a UPC would also be indicated.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be to continue with the current therapy and to add Ursodiol with regular monitoring of liver enzyme activity.



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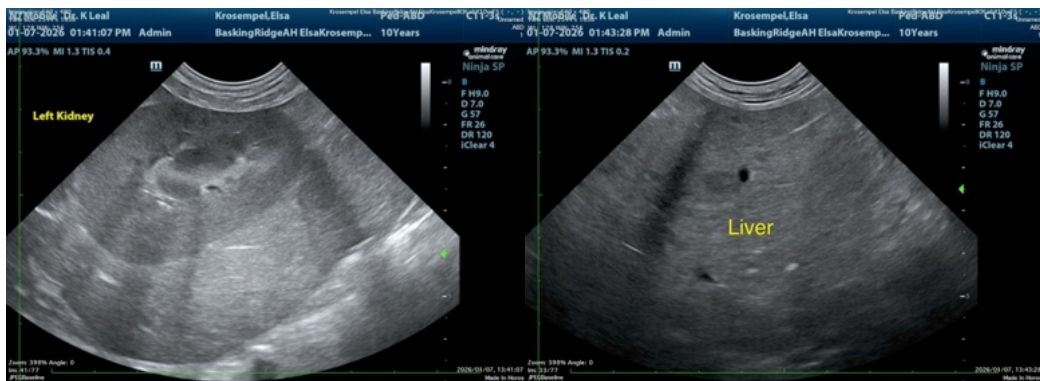
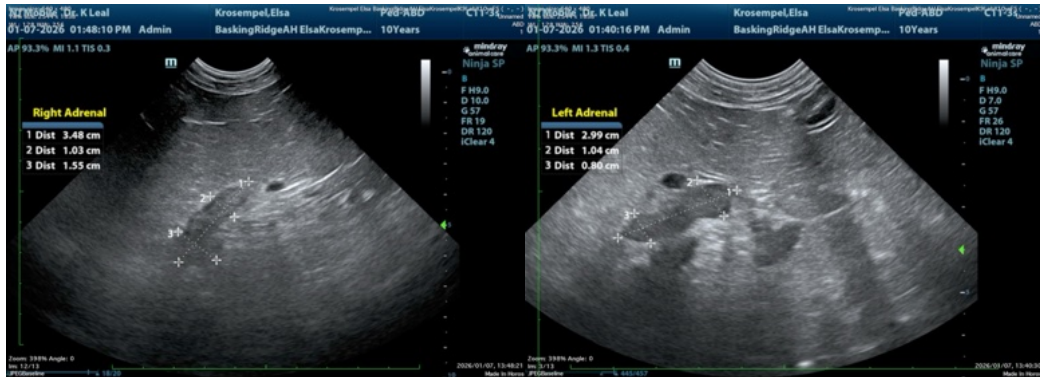
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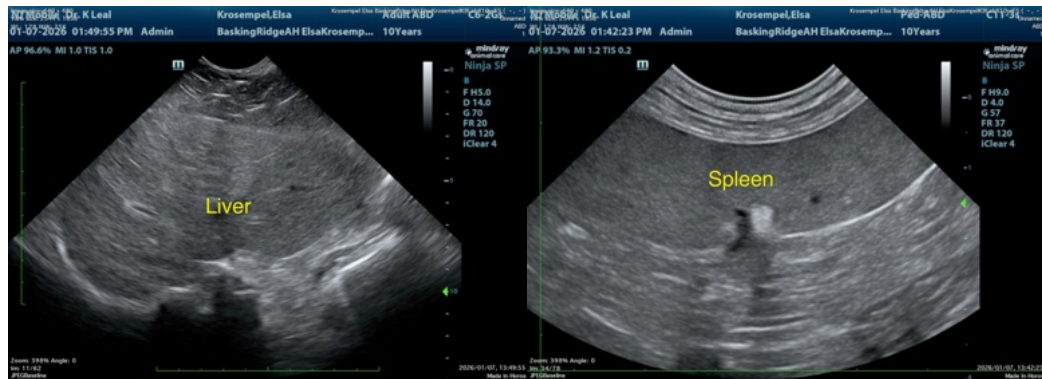
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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