



**PATIENT**

Wyatt Chia

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

26.8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Ken Leal

**HOSPITAL NAME**

Newton VH

**REFERRING VET**

Dr. Wyman

**INVOICE**

69320

**DATE**

12/4/25

**PRESENTING CLINICAL SIGNS**

History: Elevated Liver enzymes  
Abnormal PE/Chem/CBC/UA Results: ALT = 191 AlkPhos = 386

**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 5.6 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. Both kidneys showed a normal color flow pattern. Small, incidental cortical cysts are present in the cranial pole of the left kidney measuring 1.0 cm in size.

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 2.21 cm in length x 0.85 cm and 0.73 cm in width. The right adrenal gland measured 2.72 cm in length x 0.72 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. Focal, irregular, hypoechogenic, non-vascularized parenchyma nodule/small mass in the body of the spleen measuring 1.2 x 1.4 cm in size with bulging of the overlying capsule noted. The spleen measures 1.3 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.



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***Gallbladder***

The gallbladder is full 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.
- Splenic nodule/small mass.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The likely etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia a highly unlikely differential diagnosis.

As there is bulging of the overlying capsule, the most likely etiology for the splenic nodule/small mass would be emerging neoplasia with hematoma and granuloma differential diagnosis, extramedullary hemopoiesis/nodular hyperplasia would a less likely differential diagnosis.

Further assessment of the hepatopathy would be FNA cytology. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Further assessment of the splenic nodule would be echocardiography to evaluate the right atrium and right auricle and three view thoracic radiographs.

Specific therapy would be dependent on an etiological diagnosis. Splenectomy should be considered as it could be both diagnostic and therapeutic. An alternative approach would be regular monitoring of the splenic nodule and if there is progressive enlargement then splenectomy would then be indicated.



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Symptomatic management of the hepatopathy that can be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.

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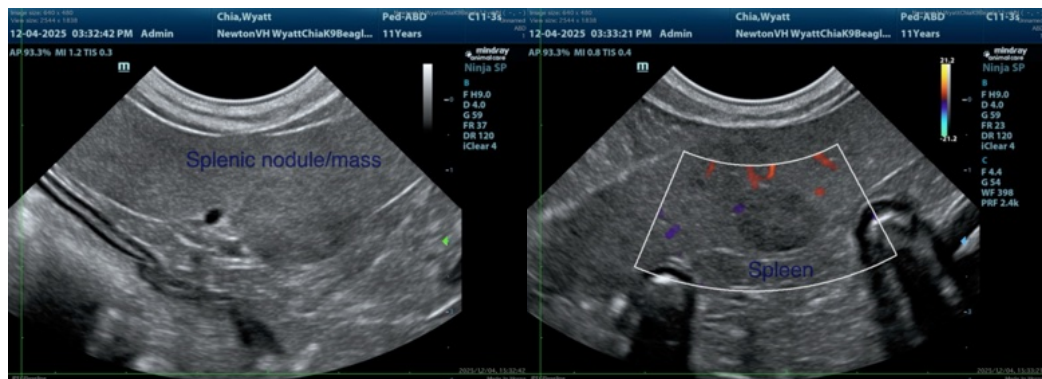
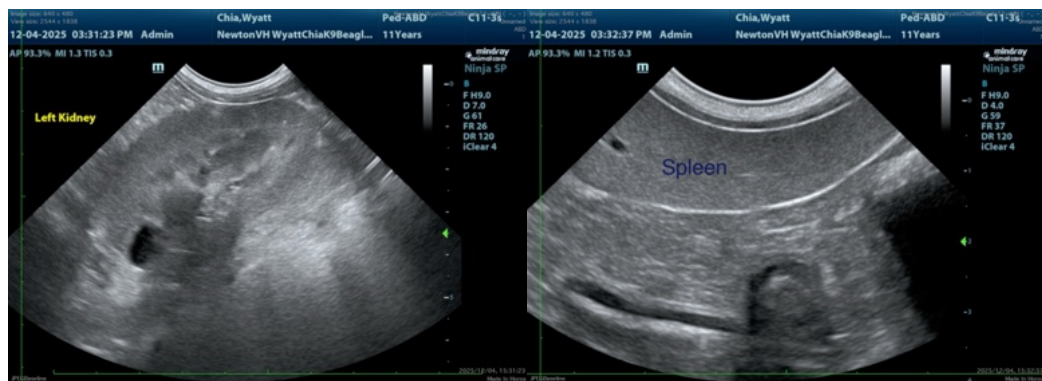
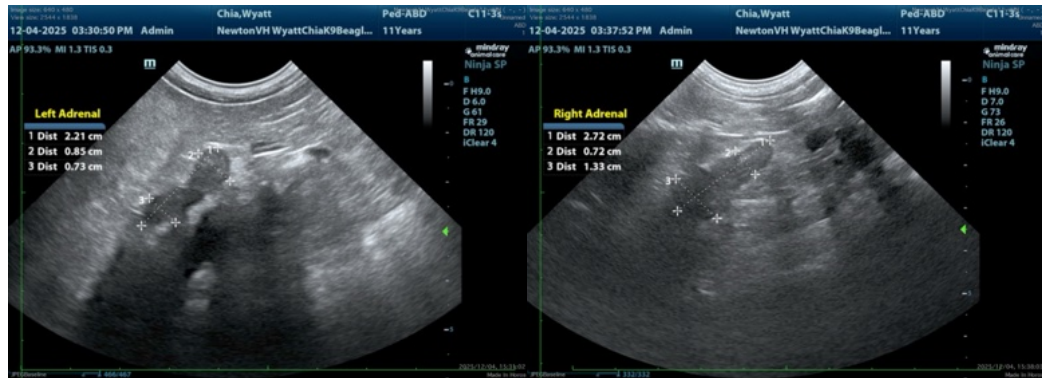
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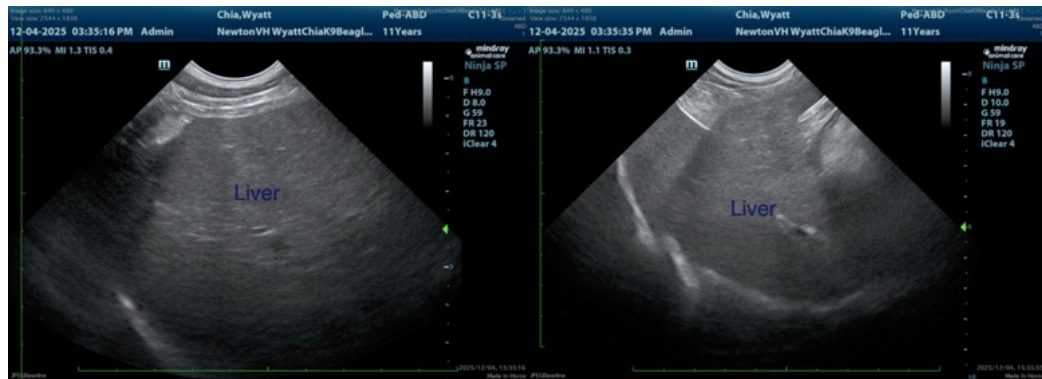
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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