



PATIENT

Clementine
Winterbottom

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed female

AGE

13 years

WEIGHT

67.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Shohola VH

REFERRING VET

Dr. DeMeo

INVOICE

73742

DATE

3/24/26

PRESENTING CLINICAL SIGNS

- Recheck US from 6/2024 (report attached)-nodular hyperplasia
- Rising SAP, ALT
- Current Meds: Standard Process Hepatic support (gaba/traz)
- ALT-278; SAP-546; UA: PH 5.0; 1+ protein; USG: 1.043

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 7.0 cm, right measured 7.4 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.61 cm and 0.52 cm in width. The right adrenal gland measured 0.5 cm and 0.86 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, non-vascularized, hypoechoic parenchymal nodule in the tail of the spleen measuring 0.7 cm in size. The spleen measures 2.6 cm in width.

Liver

Normal size with a diffuse, increased echogenic, coarse and nodular appearance, prominent portal markings, and regular curvilinear capsule. Nodules are small, hypoechoic and parenchyma. 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.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Nodular hepatopathy.
- Splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver on this ultrasound is similar to that of the previous ultrasound thus making the most likely etiology age related nodular hyperplasia with granulomatous disease and chronic hepatitis a less likely differential diagnosis and infiltrative neoplasia a highly unlikely differential diagnosis.

Etiologies for the splenic nodule would be incidental reactive hyperplasia/extramedullary hemopoiesis, hematoma and granuloma with emerging neoplasia an unlikely differential diagnosis.

Further assessment if not already done would be FNA cytology of the liver. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.



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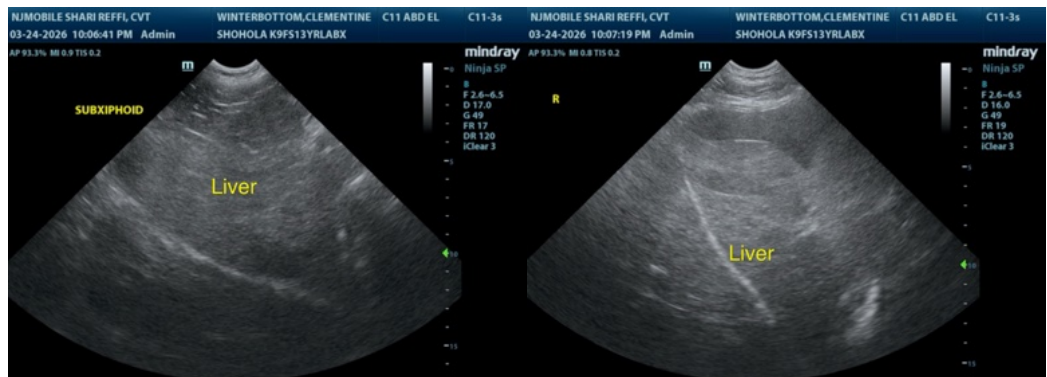
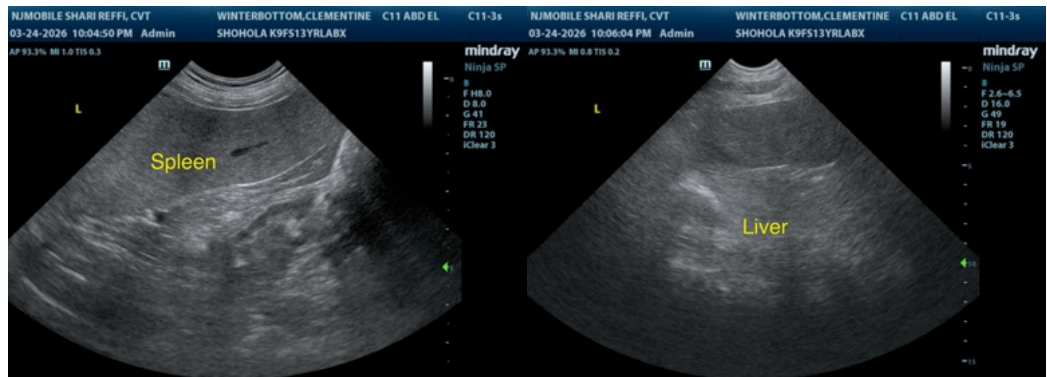
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Ultrasound monitoring of the splenic nodule would be recommended and if there is any progressive enlargement or bulging of the overlying capsule noted then splenectomy should be considered.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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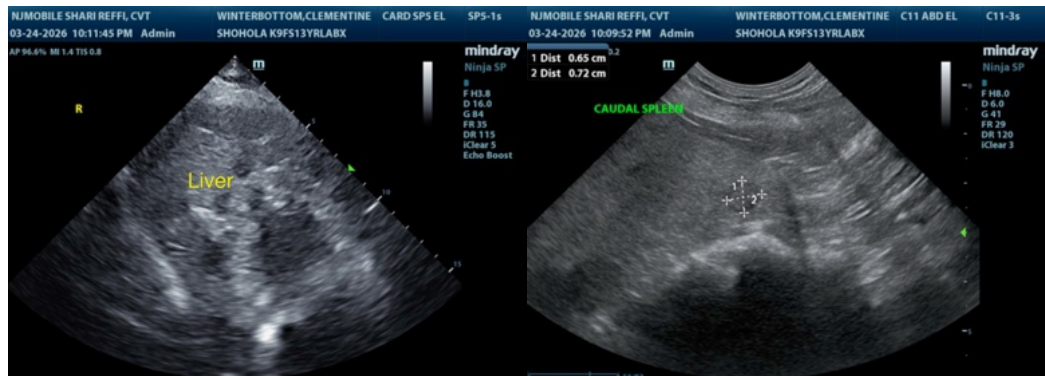
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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