



PATIENT

Wyatt Crawford

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered male

AGE

10 years

WEIGHT

29 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Willowbrook AC

REFERRING VET

Dr. Bott-Wentworth

INVOICE

73838

DATE

3/26/26

PRESENTING CLINICAL SIGNS

- Elev liver values, rule out mucocele liver mass
- HCT-60.9 wbc-5.2 lymph-0.88 chlor-104 alt-879 ast-104 alp-178 chol-363 ua trace protien ketones tace epi-2+ usg-1.037

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 5.4 cm, right measured 5.5 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 2.04 cm in length x 0.43 cm and 0.46 cm in width. The right adrenal gland measured 2.37 cm in length x 0.51 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, mottled echogenic, non-vascularized parenchymal nodule is noted in the body of the spleen measuring 1.3 x 1.6 cm in size. The spleen measures 2.4 cm in width.

Liver

Normal size with a diffuse increased echogenic 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 a small amount of non-adhered hyperechogenic sediment as well as a few small choleliths measuring up to 1.0 cm in size. 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

- Hepatopathy.
- Gallbladder sediment.
- Choleliths.
- Splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia a less likely differential diagnosis.

Etiologies for the splenic nodule would be reactive hyperplasia/extramedullary hemopoiesis, hematoma, granuloma and possibly emerging neoplasia.

The gallbladder sediment and choleliths can be considered incidental findings.



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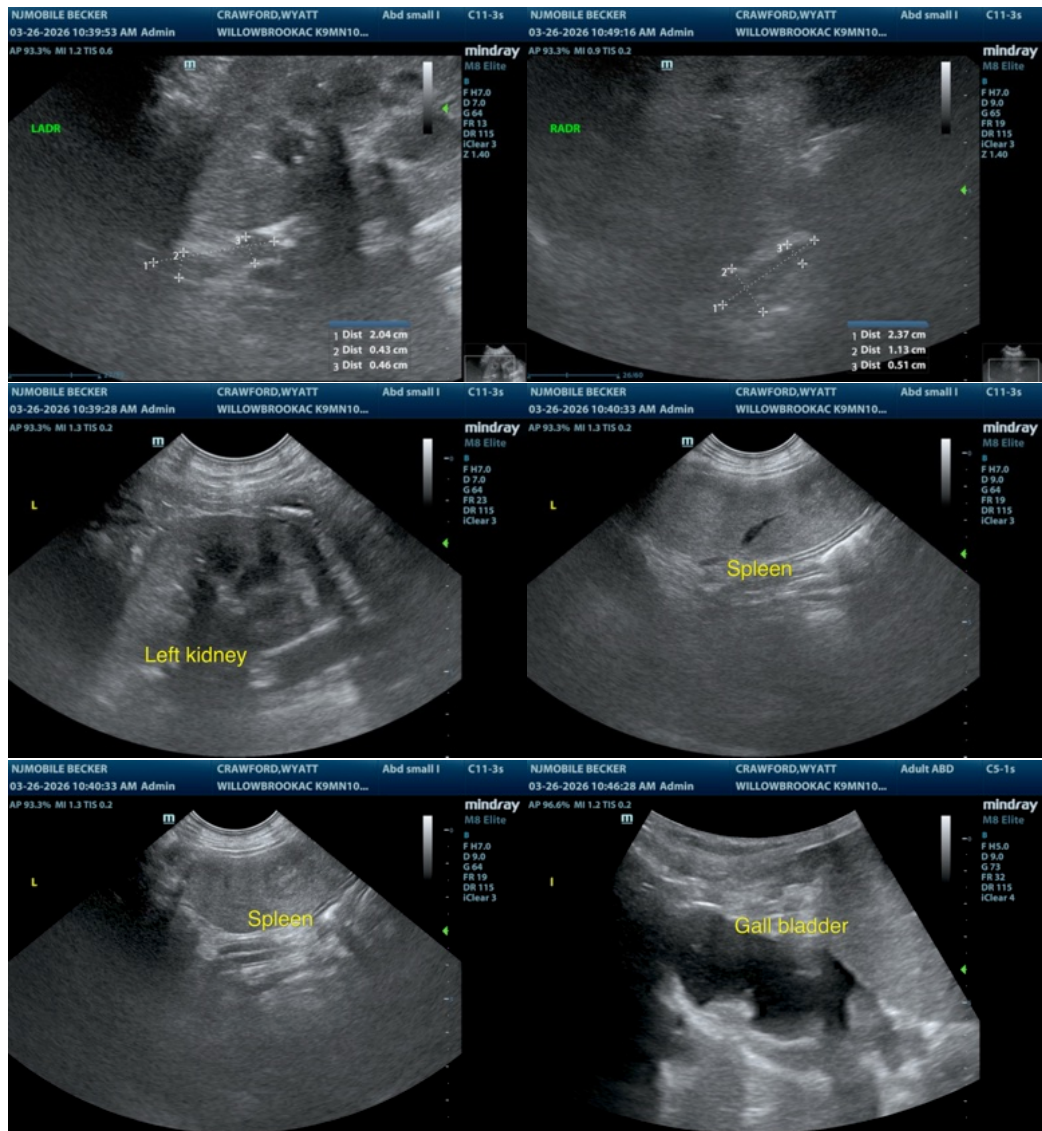
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Further assessment would be FNA cytology of the liver. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Symptomatic management that can be considered for both the hepatopathy and the gallbladder sediment and choleliths would be the use of Ursodiol with regular monitoring of liver enzyme activity.

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





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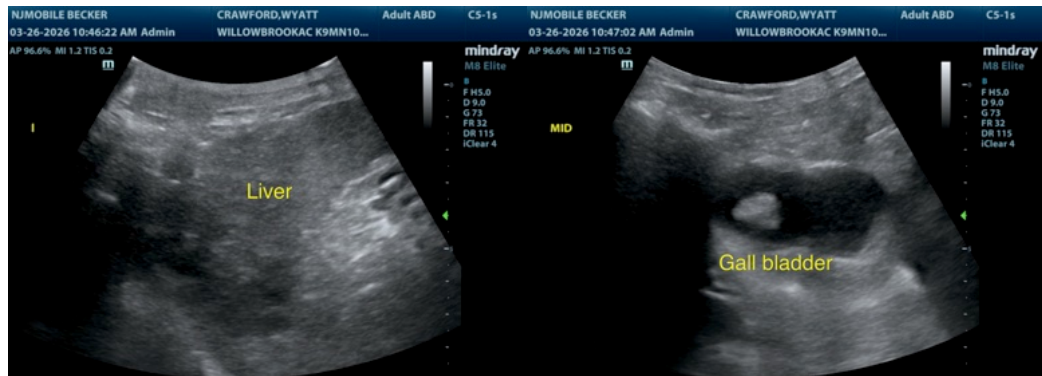
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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