



## PATIENT

Ace Takacs

## SPECIES

Canine

## BREED

Pitbull

## SEX

Male

## AGE

3 years

## WEIGHT

84.5 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

William Penn VH

## REFERRING VET

Dr. Bouzaout

## INVOICE

74071

## DATE

4/2/26

## PRESENTING CLINICAL SIGNS

- Lethargic, not eating, febrile
- Low WBCs
- Meds: Ampicillin, Metro 500mg sid; Enro 136 2 sid
- WBC-0.49; Neuts-0.06; Lymphs-0.30; Monos=0.13; Eos-0; PLTs-94; MPV-14.3; Plate crit-0.13

## 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 8.6 cm, right measured 7.9 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 size and appearance of the prostate measuring 3.2 x 3.9 cm in size.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.36 cm in length x 0.46 cm and 0.54 cm in width. The right adrenal gland measured 2.65 cm in length x 0.71 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 2.9 cm in width.

### Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Small, focal, hypoechoic parenchymal nodule in the right lobe measuring 1.5 x 1.7 cm in size. No additional nodules or 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. Liquid fecal material is present in the colon.

## 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. The left pancreas measured 1.0 cm in width.

## Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Hepatic nodule.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatic nodule would be an incidental nodular hyperplasia with abscessation and granuloma a less likely differential diagnosis.

On this ultrasound there is no obvious etiology for the presenting clinical signs or the leukopenia.

Etiologies to consider would be intrathoracic pathology, vector borne disease and possibly emerging Parvo virus infection.

Further assessment would be survey thoracic radiographs, PCR, serology for vector borne disease and possibly fecal PCR for Parvo virus.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be to continue with the current therapy.



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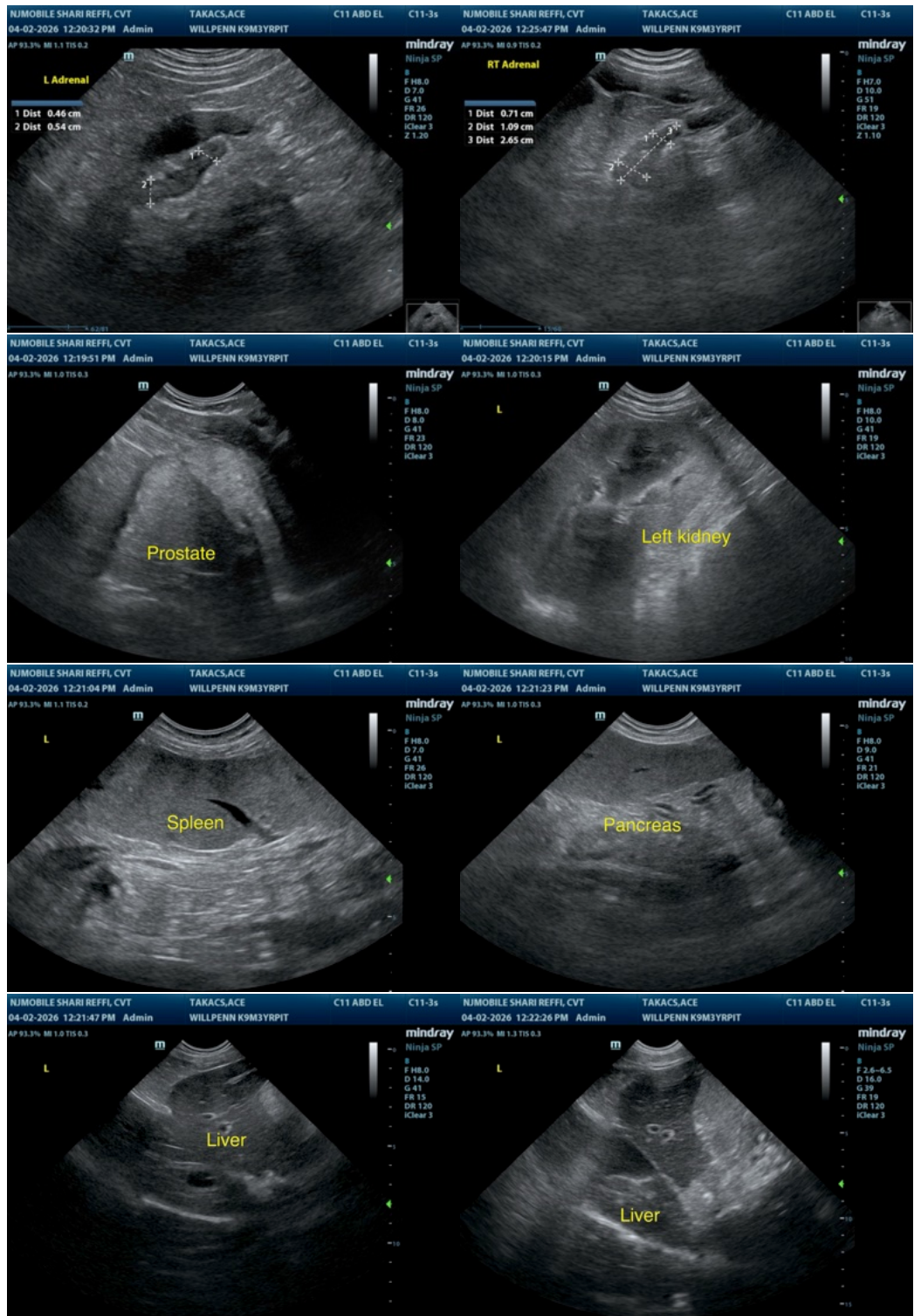
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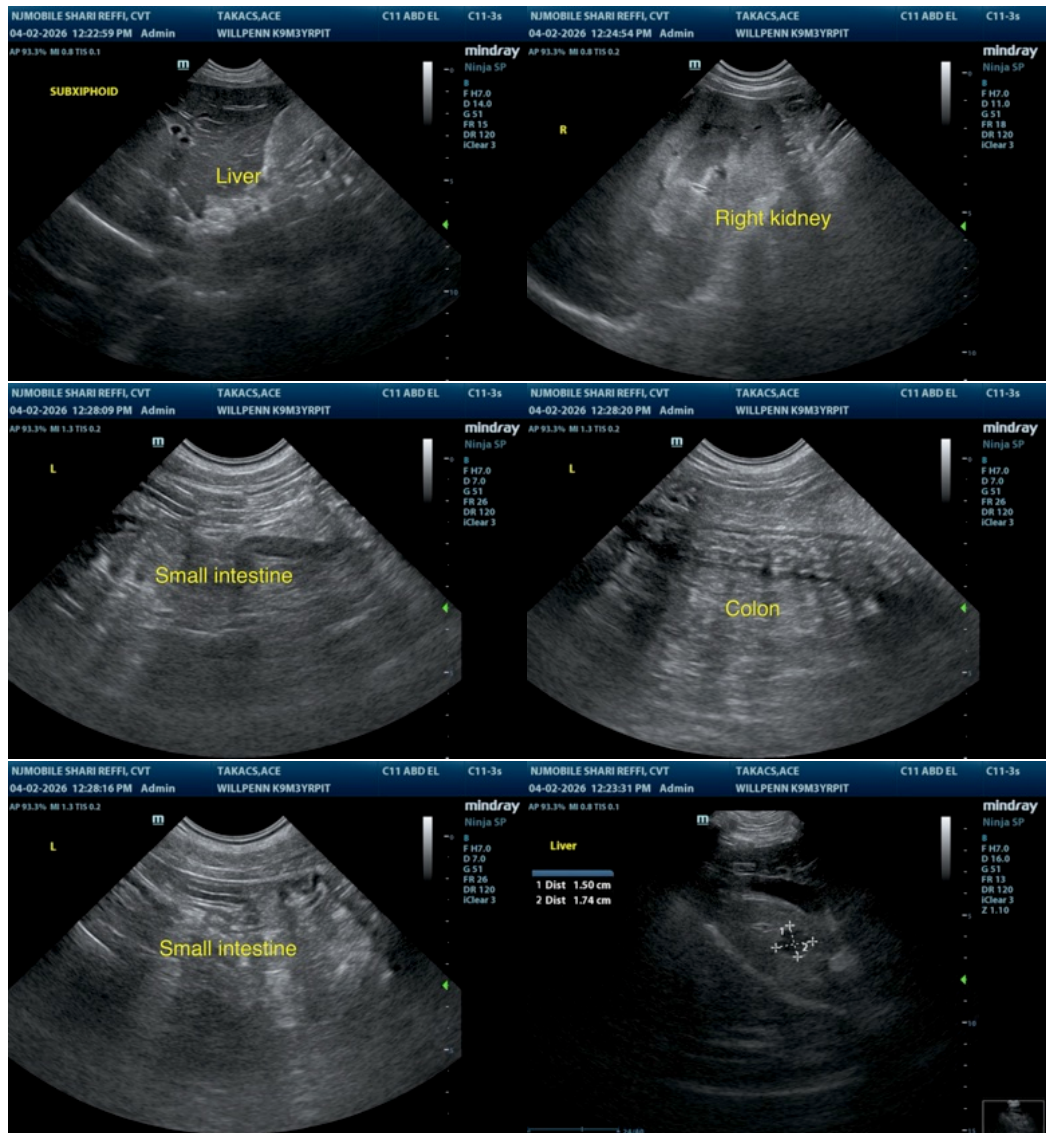
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)