



## PATIENT

Layla Heckelman

## SPECIES

Canine

## BREED

German Shepherd Mix

## SEX

Spayed female

## AGE

8 years

## WEIGHT

67.2 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

Barton Heights VH

## REFERRING VET

Dr. Candelaria

## INVOICE

74237

## DATE

4/7/26

## PRESENTING CLINICAL SIGNS

- BCS 5/9
- Elevated ALP, Neg LDDs test, PE wnl
- Current meds: Gabapentin 300mg PRN for anxiety (Dexdomitor/Torb sedation)
- ALP-1682; RBC-9.57; UA: PH 5; 3+ protein; USG : 1.027; (PLT 274; HCT 60%)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is small with a normal thickness and smooth appearance of the wall. A small amount of floating, hyperechogenic sediment is present. A small urolith measuring 0.7 cm in size is 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 6.8 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 2.53 cm in length x 0.59 cm and 0.87 cm in width. The right adrenal gland measured 2.75 cm in length x 1.21 cm and 1.13 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 myelolipoma is present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.4 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. FNA was taken of the liver.



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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

- Hepatopathy.
- Urinary bladder sediment.
- Urolith.

## 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 an unlikely differential diagnosis.

Etiologies for the urinary bladder sediment would be incidental debris, crystalluria, bacterial cystitis and possibly hematuria.

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

Further assessment of the urinary bladder would be urinalysis and urine culture.



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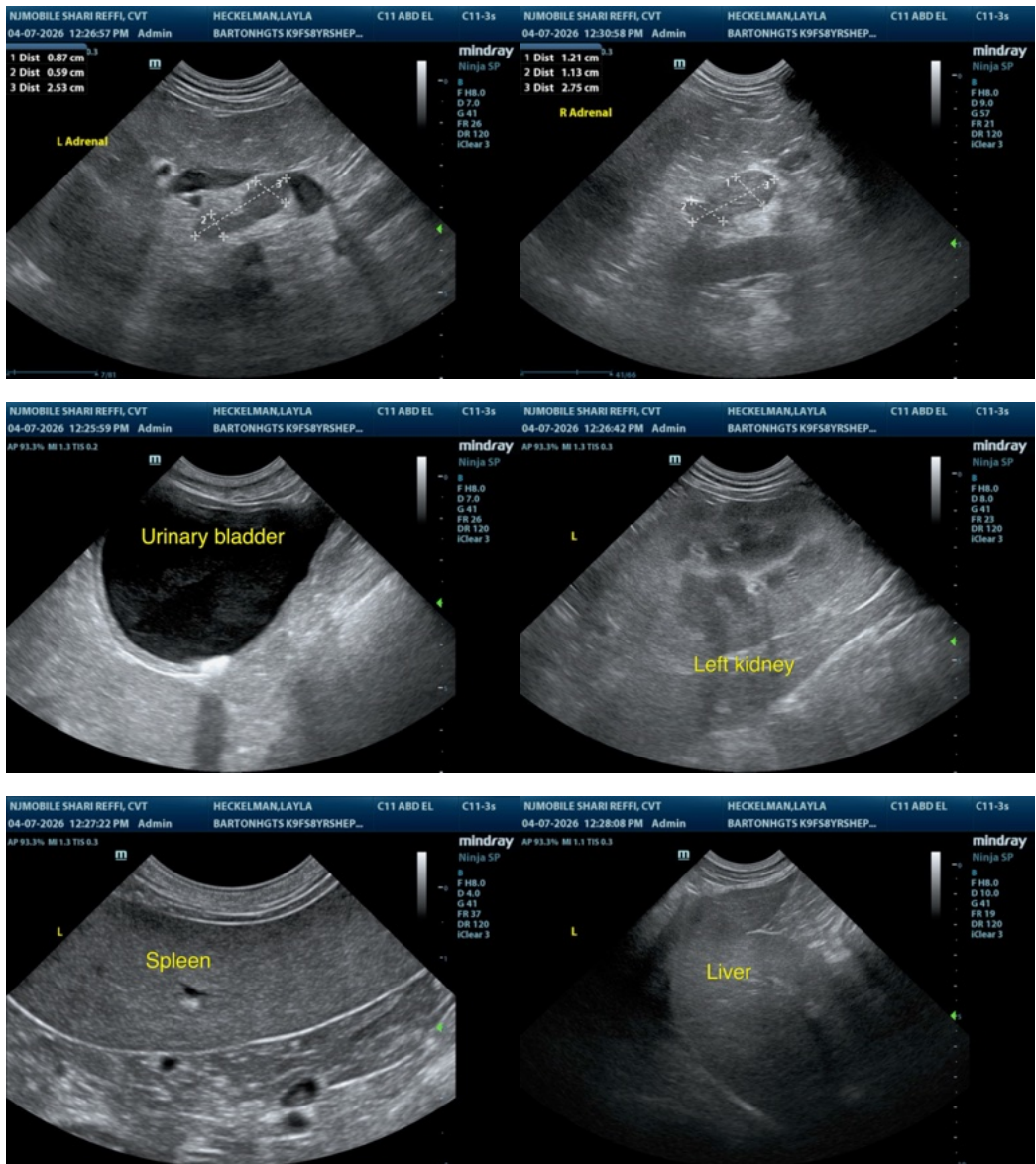
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Specific management would be dependent on an etiological diagnosis. Management of the urolith would either be surgical removal or medical dissolution.





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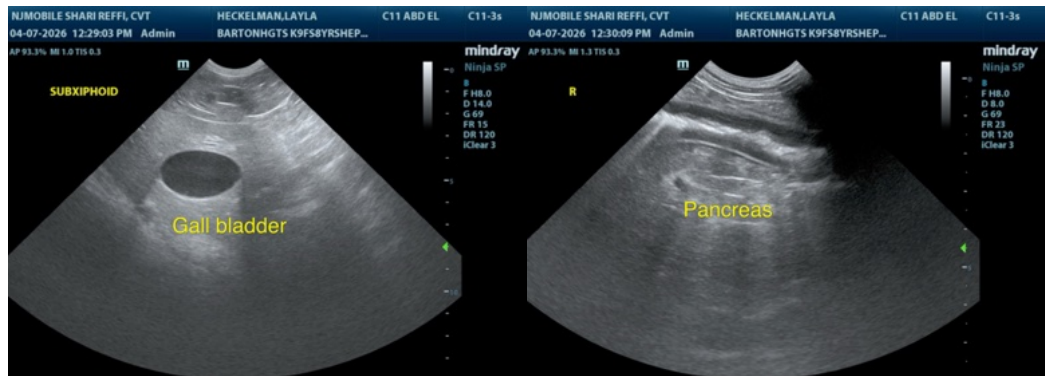
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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