



PATIENT

Bella Martynowicz

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Spayed female

AGE

9 years

WEIGHT

68.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Summit Dog and Cat
Hospital

REFERRING VET

Dr. Nada

INVOICE

77839

DATE

5/21/26

PRESENTING CLINICAL SIGNS

History: Elevated liver enzymes.

Severe ALT elevation.

Soft tissue sarcoma subQ on right shoulder

Did ultrasound on 5/19/2025 and was WNL. Has history of elevated liver enzymes.

ALT = 822 ALK Phos = 264 Cholesterol = 249

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 6.1 cm, right measured 7.2 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.74 cm in length x 0.57 cm and 0.49 cm in width. The right adrenal gland measured 3.4 cm in length x 0.73 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. Small, focal, hypoechoic parenchymal nodule in the tail of the spleen measuring 0.3 cm in width. The spleen measured 2.1 cm in width.

Liver

Normal size with a mottled echogenic and coarse appearance, prominent 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 almost distended containing small amount of floating, hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Dilated cystic bile duct measuring 0.4 cm in diameter with no obvious obstruction evident. Normal size of the 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.
- Gallbladder sediment.
- Bile duct distension.
- Splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, cholangiohepatitis and possibly chronic active hepatitis with infiltrative neoplasia an unlikely differential diagnosis.

Although the appearance of the bile and gallbladder may be incidental findings, underlying low-grade cholecystitis needs to be considered.

Further assessment would be based on the pending cytology results, but could include cholecystitis for cytology and culture and possibly a tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.



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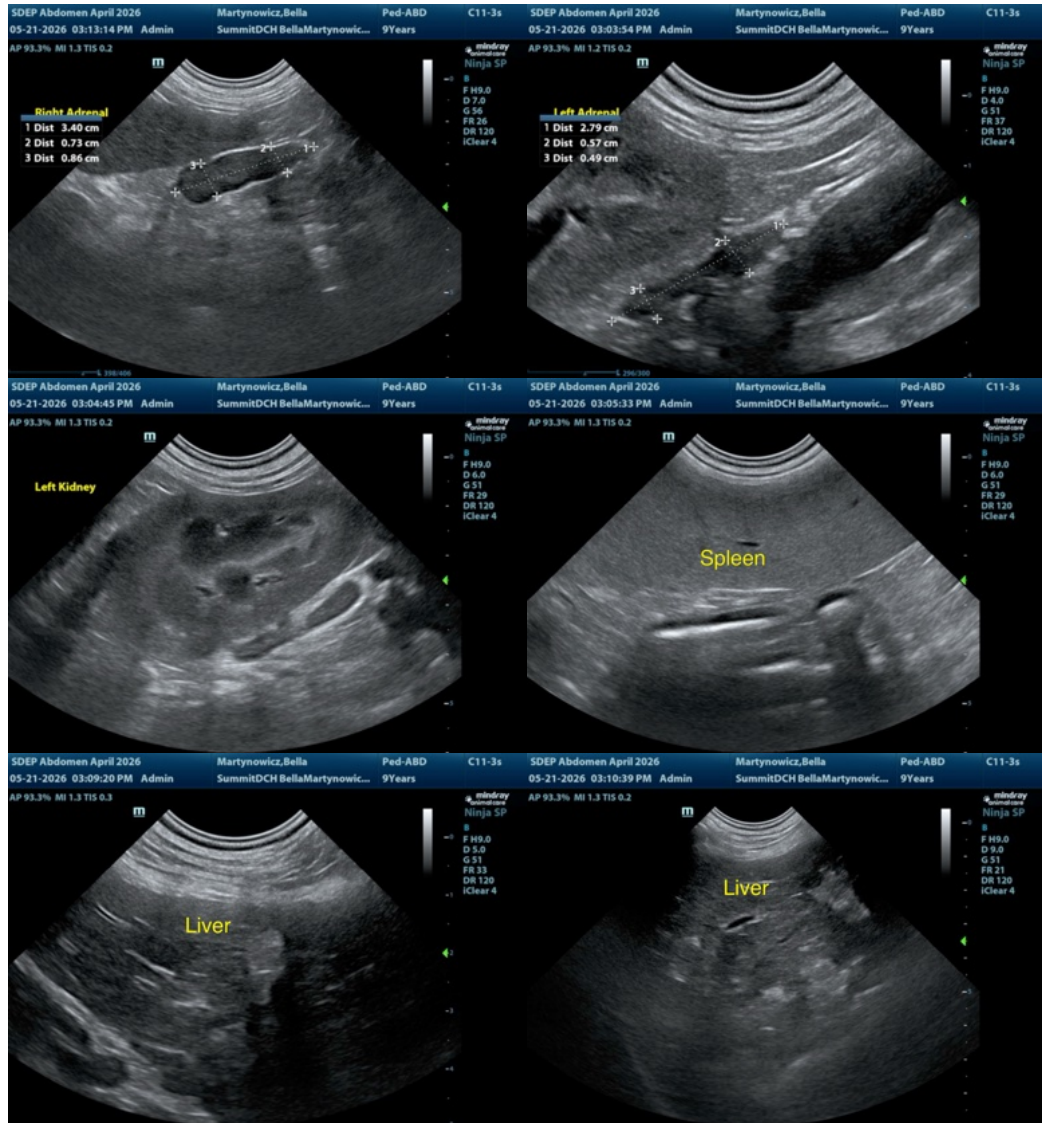
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Symptomatic management that can be considered would be a course of antibiotics (Penicillin, Cephalosporin, quinolones) and Ursodiol with regular monitoring of liver enzyme activity as well as the size of the gallbladder by means of ultrasound.





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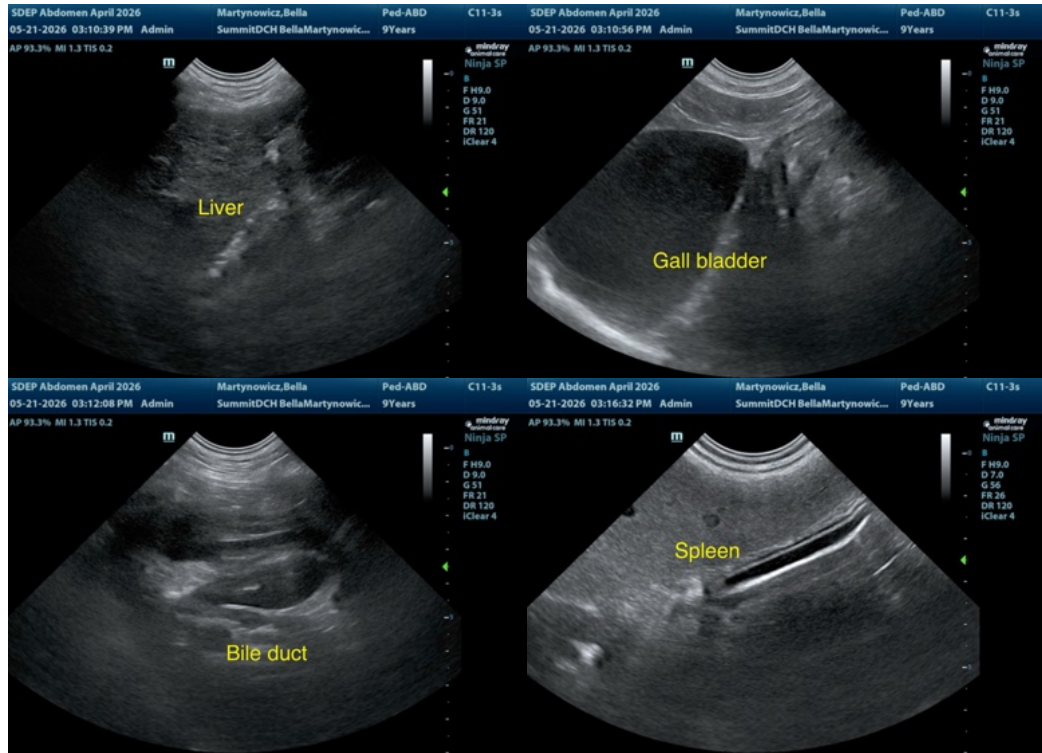
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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