



PATIENT PRESENTING CLINICAL SIGNS

Cooper Mazurek History: Liver dz, pancreatitis

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Hound Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

SEX Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Neutered male

AGE Normal renal size (left measured 6.0 cm, right measured 6.1 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.

10 years

The prostate is small and hypoechogenic.

WEIGHT

67 lbs

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.79 cm in length x 0.5 cm and 0.59 cm in width. The right adrenal gland measured 2.01 cm in length x 0.65 cm and 0.57 cm in width.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

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REFERRING VET

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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. Two parenchymal nodules are evident, one is noted in the head of the spleen with a mottled echogenic appearance measuring 0.7 x 1.1 cm in size. The other has a hypoechogenic appearance and measures 0.9 x 0.9 cm in size in the body of the spleen. Both nodules appear to non-vascularized. The spleen measures 1.8 cm in width.

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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.



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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. A small amount of ingesta is present in the stomach compatible with a recent meal.

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

- Hepatoapthy.
- Splenic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, nodular hyperplasia, vacuolar, and metabolic with hepatitis and infiltrative neoplasia highly unlikely differential diagnosis.

Etiologies for the splenic nodules would be reactive hyperplasia/extramedullary hemopoiesis, hematomas, granulomas with emerging neoplasia an important differential diagnosis.

Further assessment would be FNA cytology; however, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Further assessment of the splenic nodules would be three view thoracic radiographs and possibly FNA cytology.



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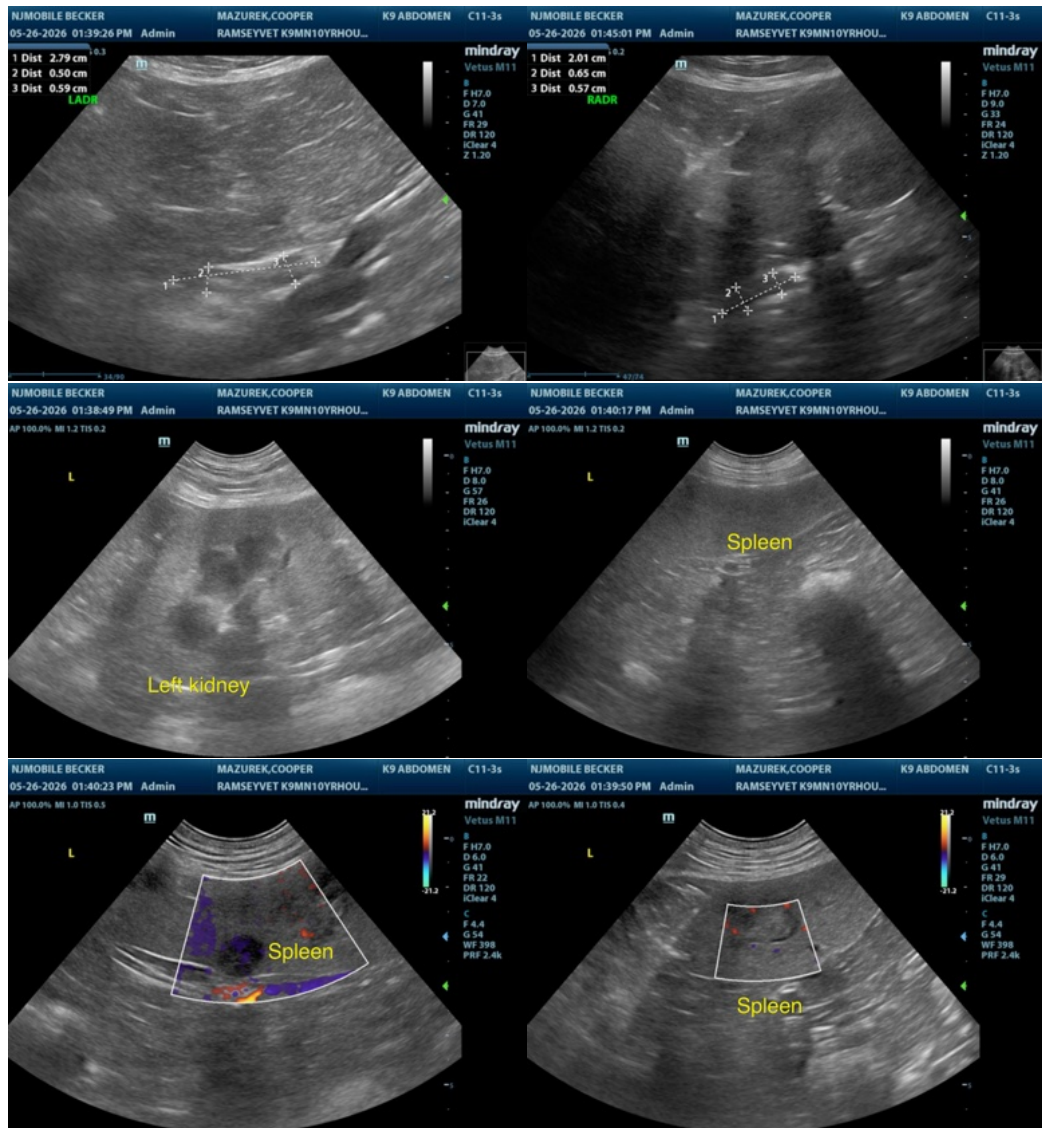
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Splenectomy should be considered as it could be both diagnostic and therapeutic as well as allowing for a wedge biopsy of the liver.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the hepatopathy that could be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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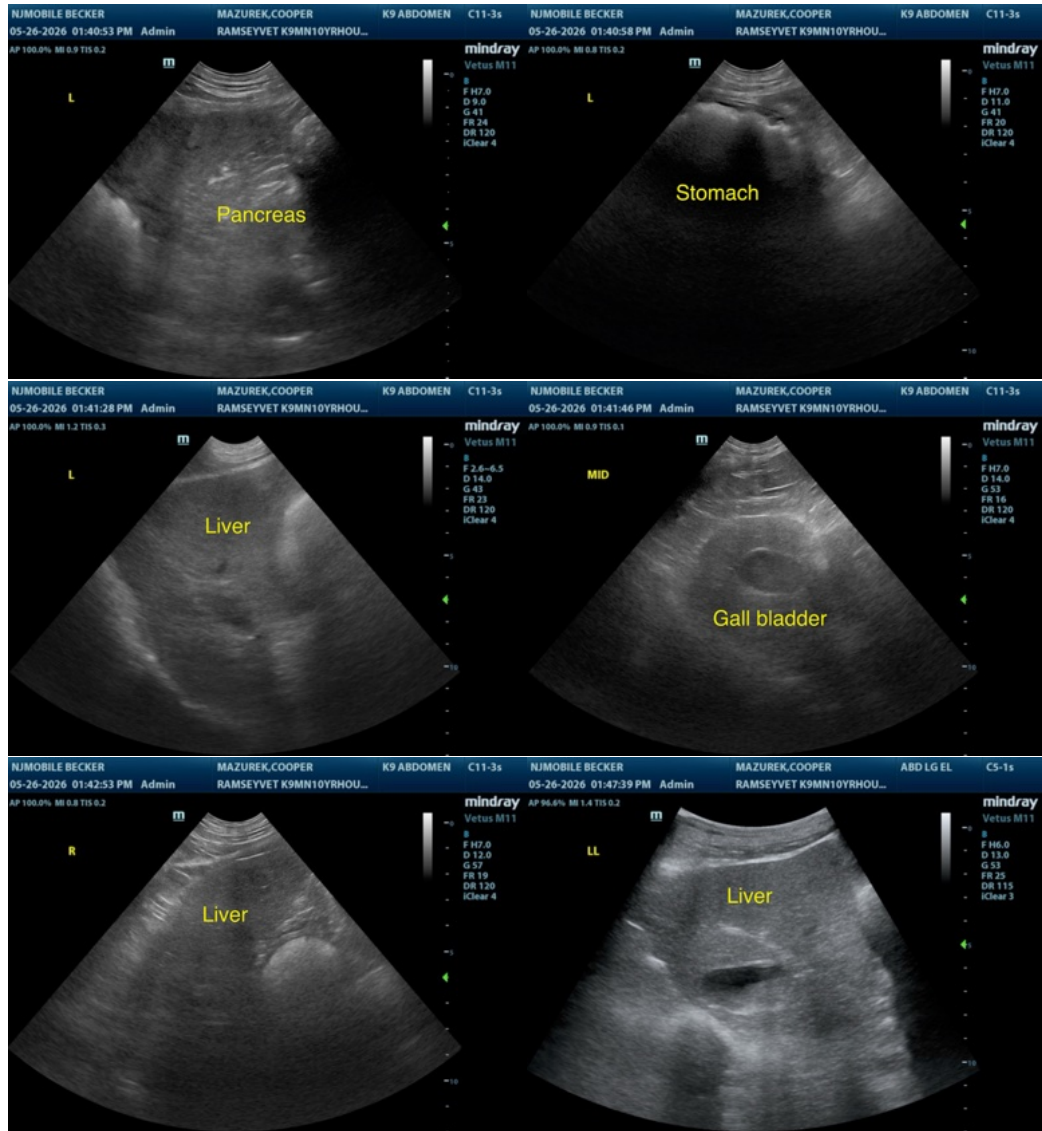
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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