



## PATIENT

Coco Rogers

## SPECIES

Canine

## BREED

Shih Tzu

## SEX

Spayed female

## AGE

15 years

## WEIGHT

12 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Smatt

## HOSPITAL NAME

The Pets I Love

## REFERRING VET

Dr. Smatt

## INVOICE

68326

## DATE

11/5/25

## PRESENTING CLINICAL SIGNS

History: Patient increased being pu/pd. There are changes in the blood work that indicates further diagnostics (ultrasound). Patient is eating and drinking okay at this time. Patient had ultrasound at specialty hospital on 03/16/25: AUS: at Oradell ( hospitalized overnight for gastroenteritis ) - Bowel changes are consistent with underlying acute or acute-on-chronic enterocolitis. - Nodular/hyperechoic pancreatic parenchyma may represent chronic or prior pancreatitis. A component of acute pancreatitis cannot be entirely ruled out. - There is a right adrenal nodule. Based on the size and lack of significant interval progression, benign disease is prioritized. This mass may be nonfunctional or functional. The contralateral adrenal gland was normal. - Bilateral adrenomegaly may represent underlying endocrinopathy (pituitary dependent HAC (micro vs macroadenoma) vs chronic stress/illness. Correlate with history/clinicopathologic changes and consider functional pituitary-adrenal axis testing if clinically indicated. - Age-related degenerative kidney changes. - Urinary bladder debris may represent sterile/crystalline debris vs inflammatory/infectious cystitis. Correlate with history and consider UA/culture if clinically indicated. - GB Debris - correlate with clinicopathologic changes.

Abnormal PE/Chem/CBC/UA Results: chem shows: ALT 234 ( - 118) was 93 on 3/15/2025 alk phos 122 (-131) was 3 on 3/15/2025 GGT 12 (-12) was 8 on 3/15/2025 bun/creat / sdma 31/1.9 / 11.5 creat was 0.7 on 3/15/2025 CBC shows ; HCT 67% (60%) was 62 on 5/2024 , was 63% on 3/15/2025 , was 54% on 3/16/2025 U/A shows ; via cysto 2+ hematuria SG 1.015 neg protein T4 1.8

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is small 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 3.8 cm, right measured 3.9 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.

### Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.54 cm in width. The right adrenal gland was not visualized.

### 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 1.1 cm in width.



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## Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. A mottled, irregular mass is noted in the caudal aspect of the right lobe measuring 2.5 x 2.8 cm in size. No nodules or additional masses are evident. Normal appearance of the hepatic and portal vasculature.

## Gallbladder

The gallbladder is full containing a large amount of non-adhered, hyperechogenic sediment. 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.

## ULTRASONOGRAPHIC FINDINGS

- Hepatic mass.
- Gallbladder sediment.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatic mass would be hepatoma, organized hematoma, granuloma and emerging primary hepatocellular carcinoma.

Although the gallbladder sediment is most likely an incidental finding, monitoring for the development of a mucocele would be recommended.

Further assessment would be three view thoracic radiographs and FNA cytology of the hepatic mass.

A tru cut or wedge biopsy may be required for a final etiological diagnosis.



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If surgery is being contemplated for the mass then a CT scan would be recommended.

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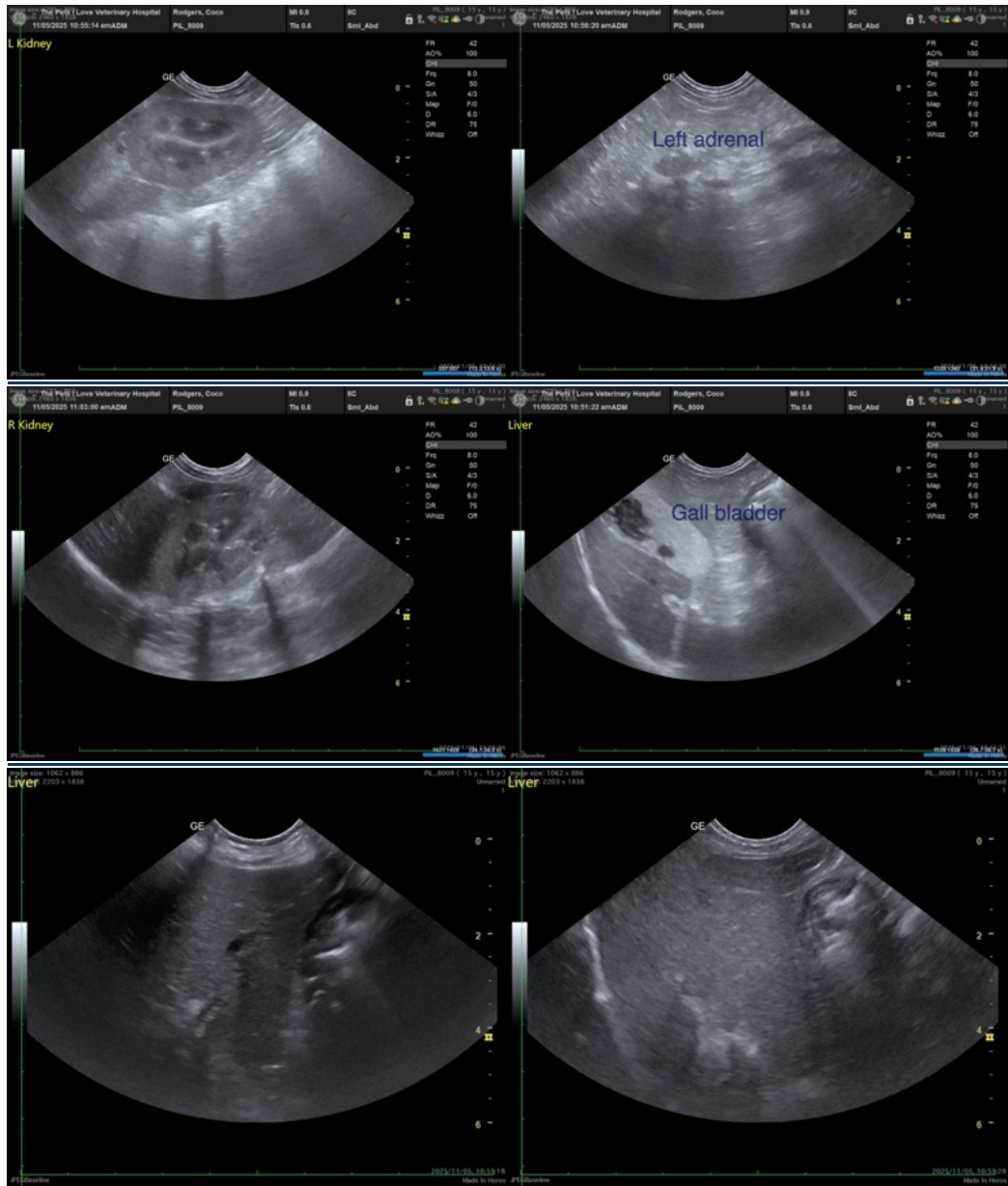
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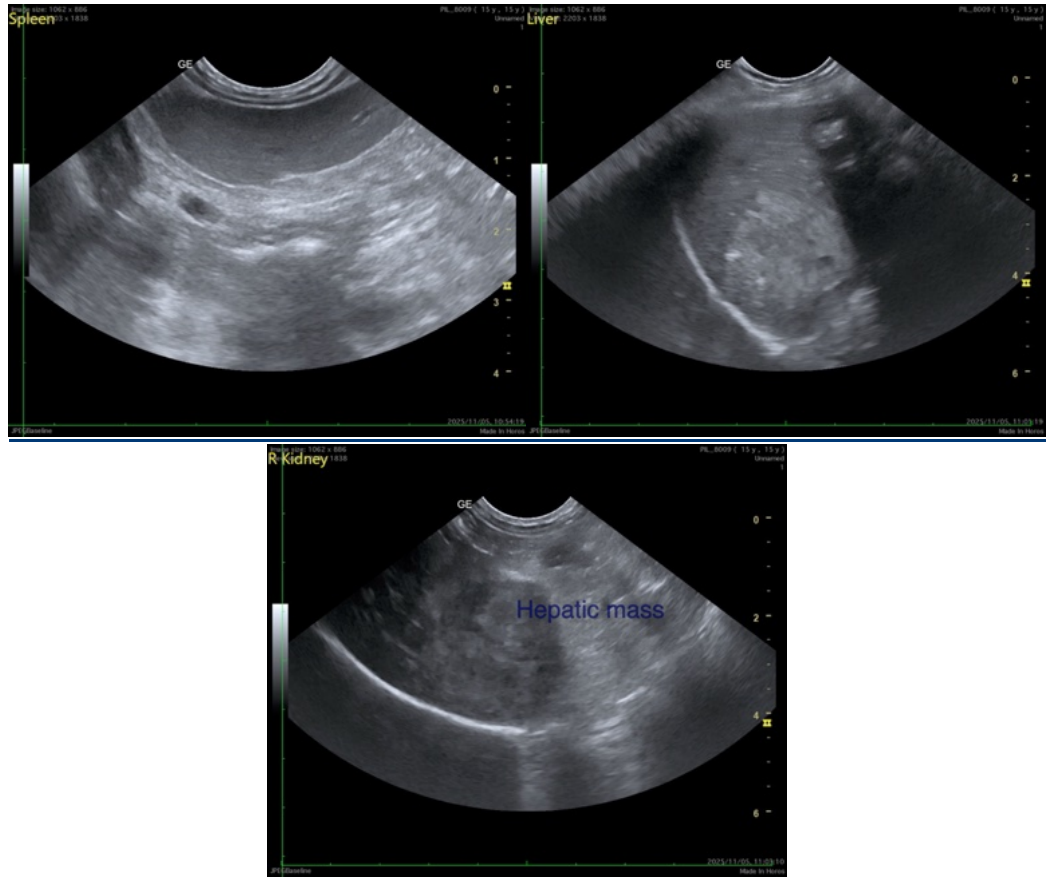
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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