



## PATIENT

Zeus Mahar

## SPECIES

Canine

## BREED

Pit Mix

## SEX

Neutered male

## AGE

10 years

## WEIGHT

62 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Danielle Shemanski,  
DVM, MA

## HOSPITAL NAME

Western New York VS

## REFERRING VET

Dr. Chambery

## INVOICE

69402

## DATE

12/17/25

## PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: Alkphos elevated again despite being on Ursodiol. History: Alkphos was elevated. Restarted Ursodiol as owner had stopped. ALT is normal now, but ALKPHOS remains elevated. Low dose dexamethasone suppression test was normal. Owner reports appetite is good. Vomiting occurred when he was first put back on Ursodiol but has since stopped. He continues to drink a lot and has recurrent bacterial skin infections. He was having accidents at night (leaking urine where he was laying), but this has stopped since ensuring he urinates before bed. When he urinates, it is a large volume. There has been no UTI, bloody urine, or licking. He has lost a little weight, which the owner attributes to a food transition. He has not put the weight back on as he normally would for winter. Diet: Freshpet, tilapia, and raw carrots. In the morning, he receives Freshpet, a fried egg (in canola oil) with blueberries, spinach, and banana. Treats are carrots or bananas. MEDICATIONS: Ursodiol 250 mg PO BID. He has been back on this for approximately 2.5 months. Abnormal PE/Chem/CBC/UA Results: - No stressed leukogram - ALT: 109 U/L - AST: 32 U/L (normal) - ALP: 554 U/L - Total T4: 3.2

## 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. The bladder wall measured 0.4 cm.

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 6.4 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. Normal color flow pattern is evident in both kidneys.

The prostate is small and hypoechogenic.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.32 cm in length x 0.68 cm and 0.75 cm in width. The right adrenal gland measured 2.79 cm in length x 0.58 cm and 0.68 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 1.6 cm in width.



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### *Liver*

A mottled echogenic, poorly vascularized mass is noted in the parenchyma of the left lobe measuring 4.0 x 5.5 cm in size. The rest of the liver is of normal size, maintaining normal echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

### *Gallbladder*

The gallbladder is full containing a small 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. The stomach measured 0.51 cm

### *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

- Hepatic mass.
- Gallbladder sediment.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatic mass would be hepatoma, organized hematoma or granuloma, focal hepatitis and possibly low grade hepatocellular carcinoma.



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The gallbladder sediment is most likely an incidental finding.

Zeus Mahar

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

**SPECIES**

A tru cut or wedge biopsy of the mass may be required for a final etiological diagnosis. Although the mass appears to be surgically resectable, a CT scan would be recommended if surgery is being contemplated.

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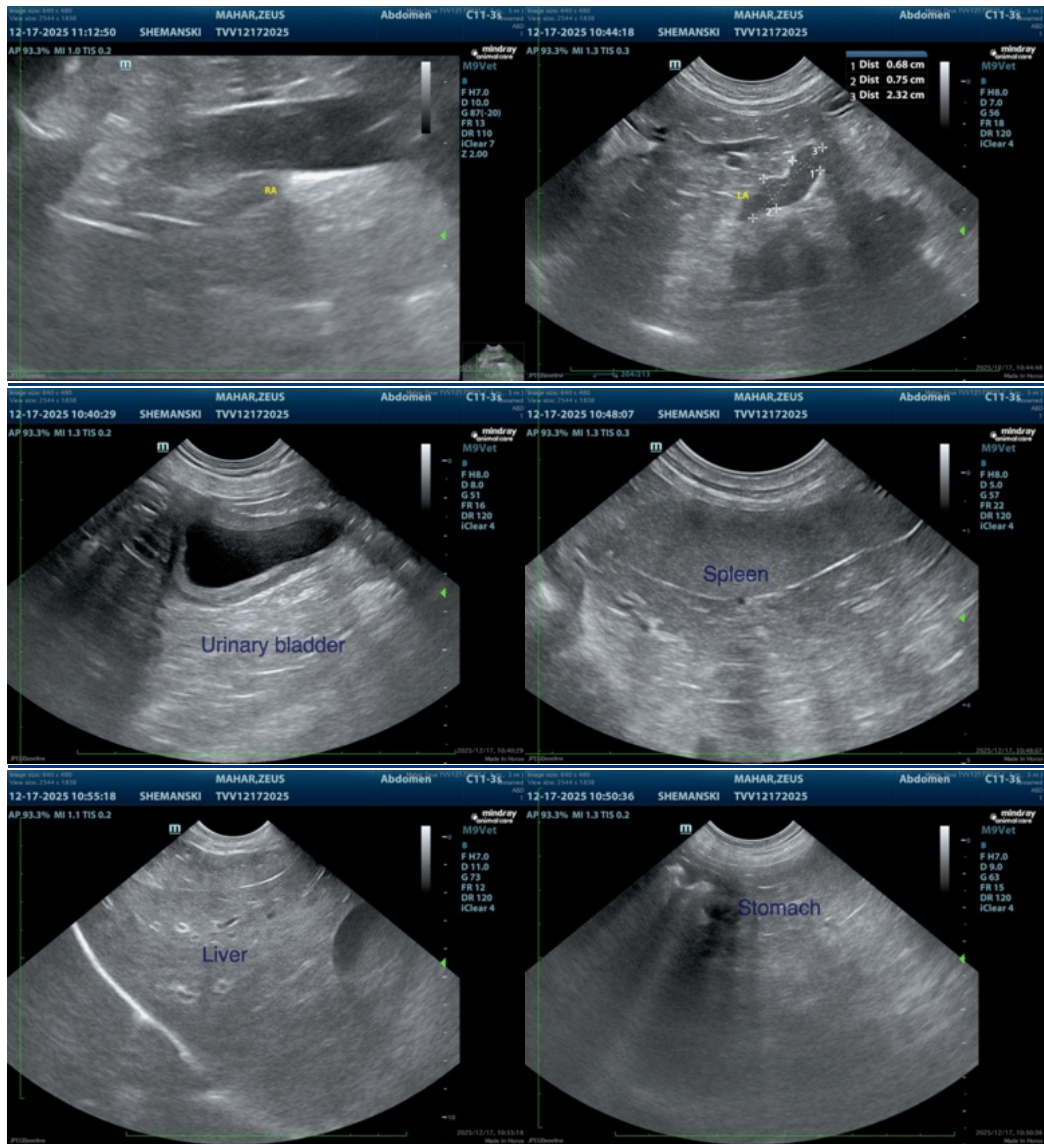
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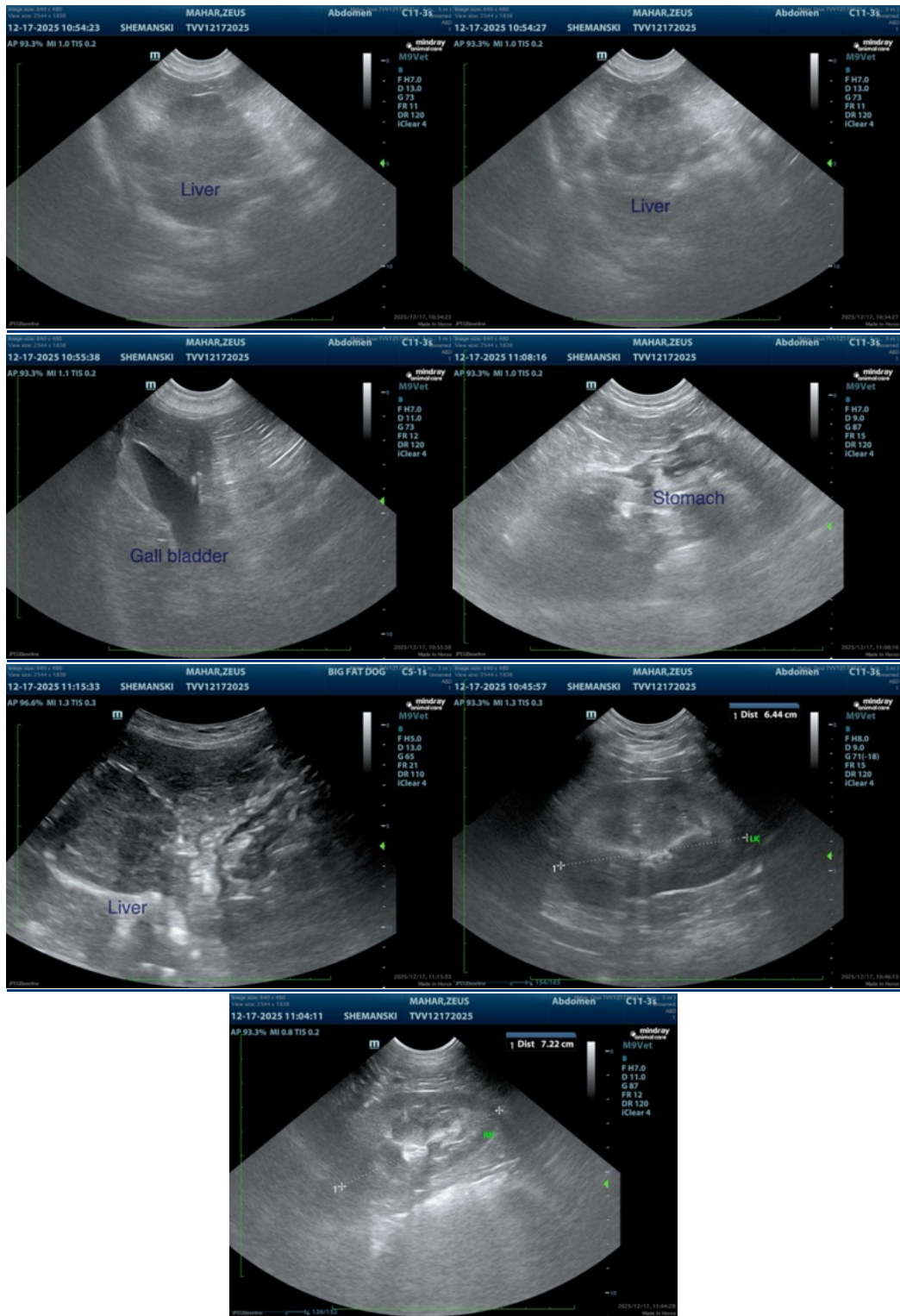
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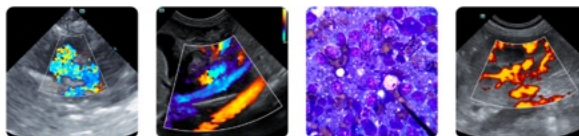
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The information and recommendations provided are based on the images presented by the



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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)