



## PATIENT

Boots Aultman

## SPECIES

Canine

## BREED

Shih Tzu Mix

## SEX

Male

## AGE

15 years

## WEIGHT

5 Lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Christina Karkanis

## HOSPITAL NAME

Bay City AH

## REFERRING VET

Dr. Lima

## INVOICE

69592

## DATE

12/24/25

## PRESENTING CLINICAL SIGNS

History: - Presented last week with a month long history of weight loss and hyporexia - Exam finding significant dental disease and muscle wasting - CBC Mildly elevated ALT/BUN and marked hypercalcemia - Radiographs showed multiple mineral density in bladder and gallbladder - Specific gravity of 1.012, quiet sediment

## 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 3.0 cm, right measured 3.3 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis, and capsule. No infarcts, mineralization or renoliths evident. A few, small, incidental cortical cysts are present in both kidneys.

The prostate is small and hypoechogenic.

### *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 0.42 cm in width. The right adrenal gland was not visualized.

### *Spleen*

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Incidental myelolipomas are present. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.2 cm in width.

### *Liver*

Normal size, echogenic appearance, 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 containing a large amount of dependent, mineralized sediment or small choleliths. 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.

Irregular, mottled echogenic mass in the cranial right abdomen measuring 2.6 x 3.2 cm in size but appears to be originating off the caudal aspect of the right liver lobe with differential diagnosis being a right adrenal mass or a mesenteric mass.

## **ULTRASONOGRAPHIC FINDINGS**

- Abdominal mass
- Age related renal changes versus early chronic kidney disease.
- Gallbladder sediment/choleliths.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology for the mass would be neoplasia, which could account for the hypercalcemia.

Granulomatous disease would be a less likely differential diagnosis.

The gallbladder sediment/choleliths can be considered an incidental finding.

Further assessment would be three view thoracic radiographs (if not already done) and FNA cytology of the mass.

Specific therapy would be dependent on an etiological diagnosis.

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



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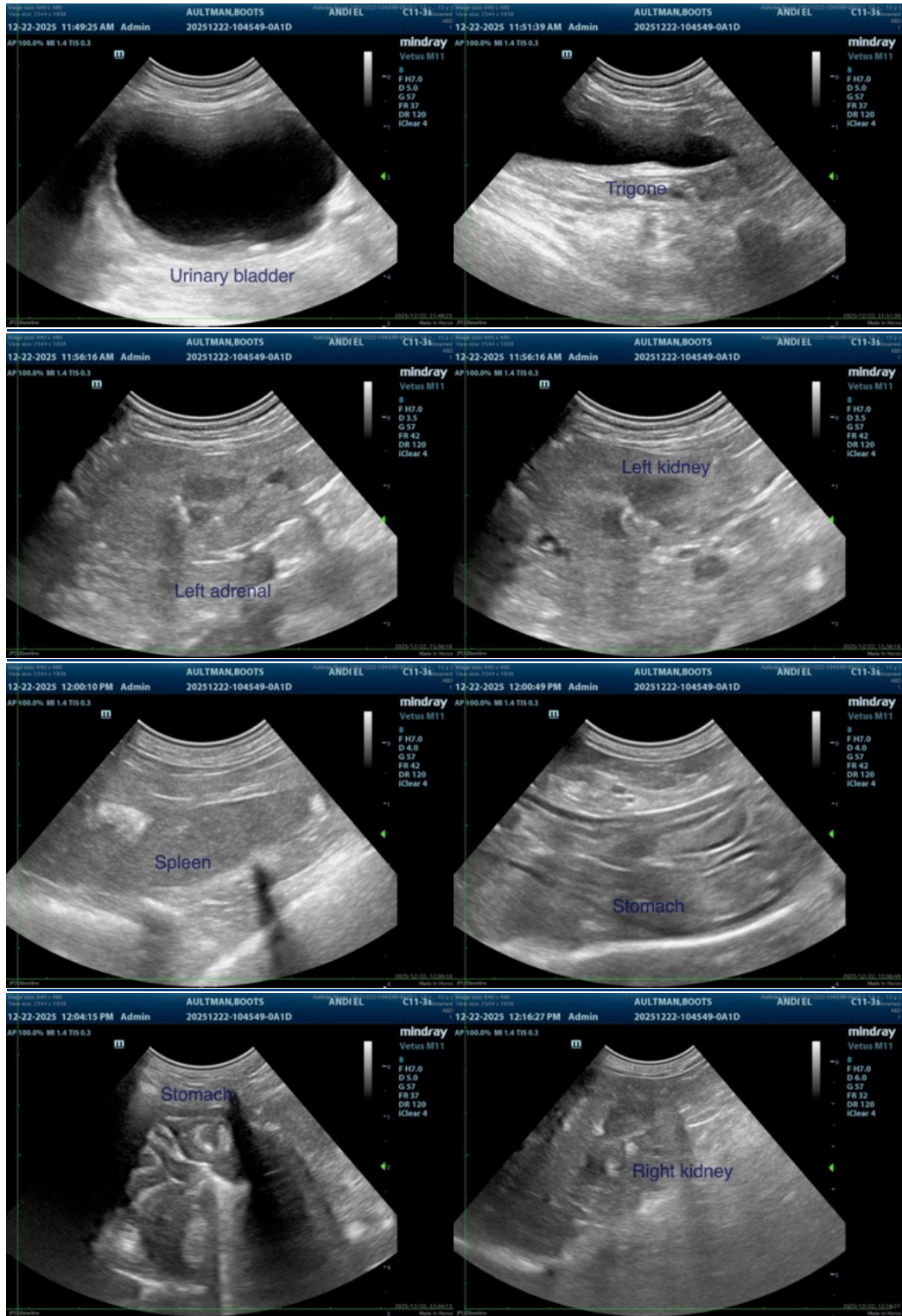
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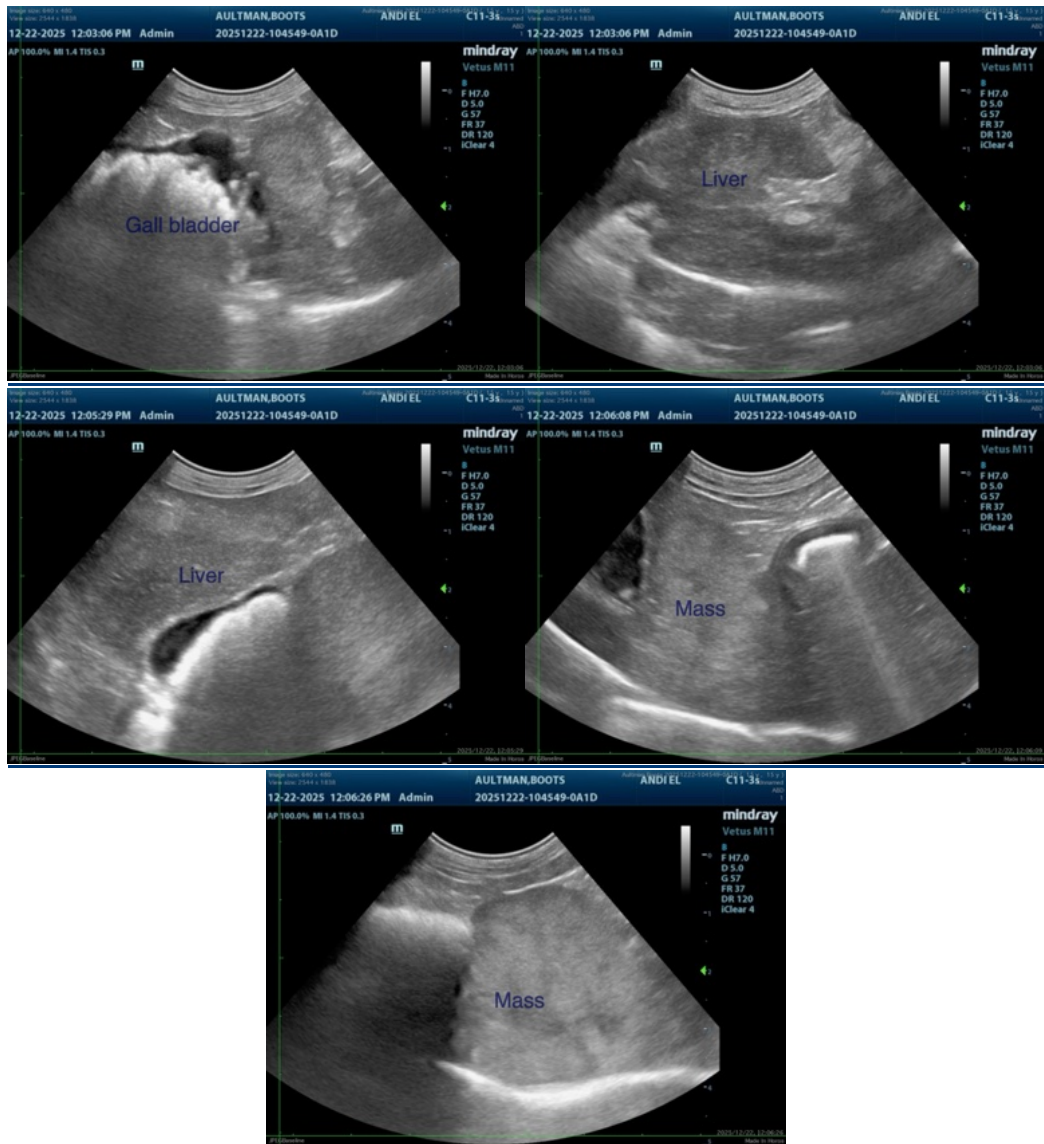
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

[info@sonopath.com](mailto:info@sonopath.com)