



## PATIENT

Gizmo Williams

## SPECIES

Canine

## BREED

Shih Tzu

## SEX

Intact male

## AGE

18 years

## WEIGHT

10 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Melissa Rosen

## HOSPITAL NAME

South Bellmore  
Veterinary Group

## REFERRING VET

Dr. Foley

## INVOICE

69271

## DATE

12/3/25

## PRESENTING CLINICAL SIGNS

History: vomiting Sunday multiple times eats people food still. vomited little more Tuesday morning weight loss on vetmedin, benazepril and sildenafil, no coughing, tachypnea noted  
Abnormal PE/Chem/CBC/UA Results: chest rads Tuesday, no signs of CHF unilateral cryptorchid, palpable testicular tumor (L) testicle

## 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 left renal size (left measured 3.7 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. A small, cortical cyst was present in the caudal pole of the left kidney measuring 0.6 cm in size. No infarcts, mineralization or renoliths evident. The right kidney was not visualized.

Normal size and appearance of the prostate measuring 1.3 x 1.6 cm in size. A single testicle was visualized and measured 2.4 cm in length and contained an irregular, hyperechogenic parenchymal mass that measured 1.2 x 1.4 cm in size.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.54 cm and 0.61 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 1.0 cm in width.

### Liver

Normal size with a diffuse, increased, 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 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 moderate amount of ingesta is present in the stomach and chyme within the proximal small intestine. Both are compatible with a recent meal.

## ***Pancreas***

The pancreas is not clearly visualized, but 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.
- Testicular mass.

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

The most likely etiology for the hepatopathy would be age related reactive hyperplasia with vacuolar, metabolic and emerging nodular hyperplasia differential diagnosis.

Hepatitis and infiltrative neoplasia would be highly unlikely differential diagnosis.

The most likely etiology for the testicular mass would be neoplasia with granuloma a less likely differential diagnosis.

On this ultrasound there is no obvious etiology for the presenting clinical signs and acute gastroenteritis such as dietary indiscretion, toxins and viral would be an important diagnosis.

Further assessment that can be considered would be CBC and serum biochemistry (if not already done) and possibly FNA cytology of the liver.

Specific therapy would be dependent on an etiological diagnosis.



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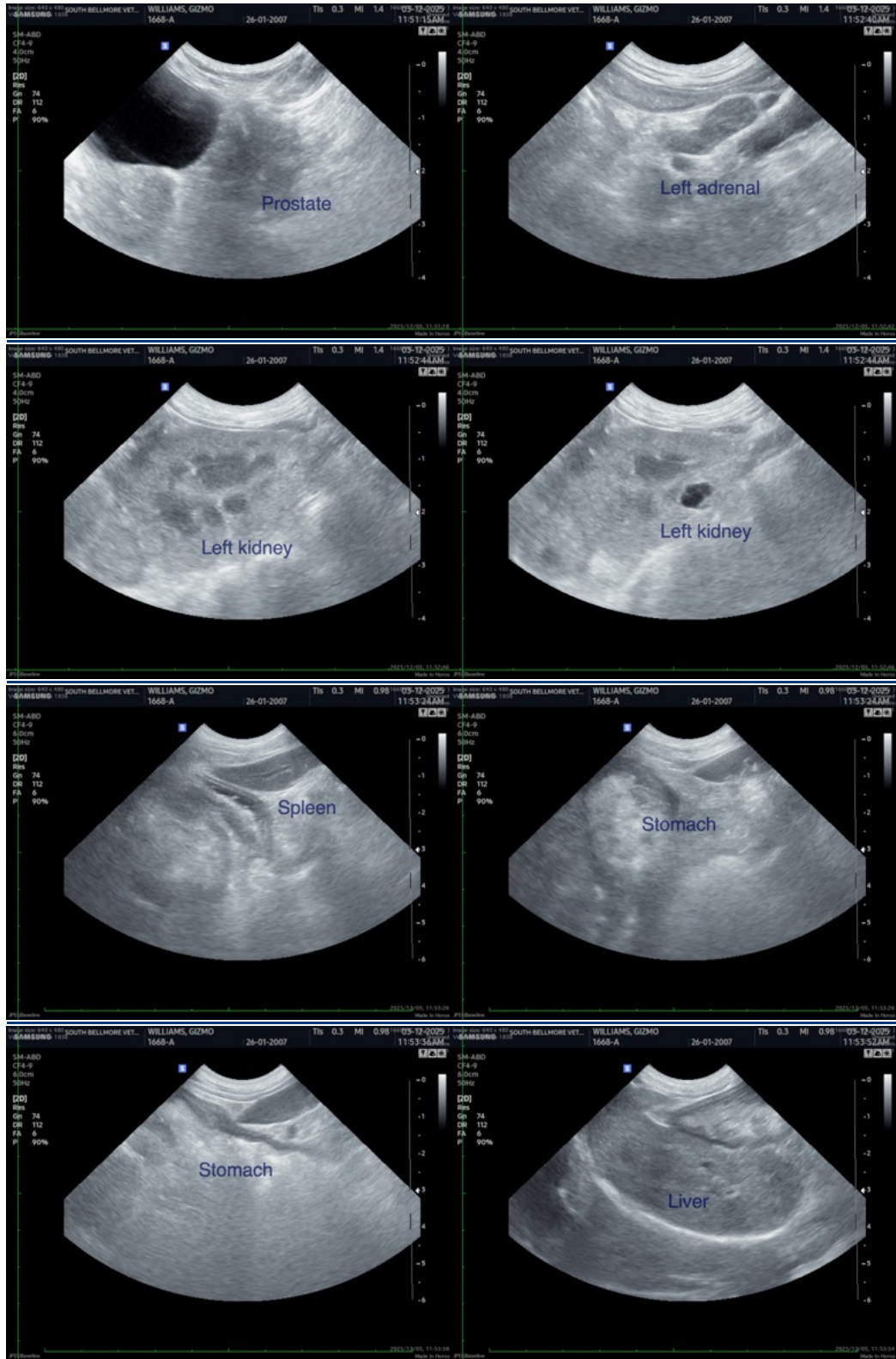
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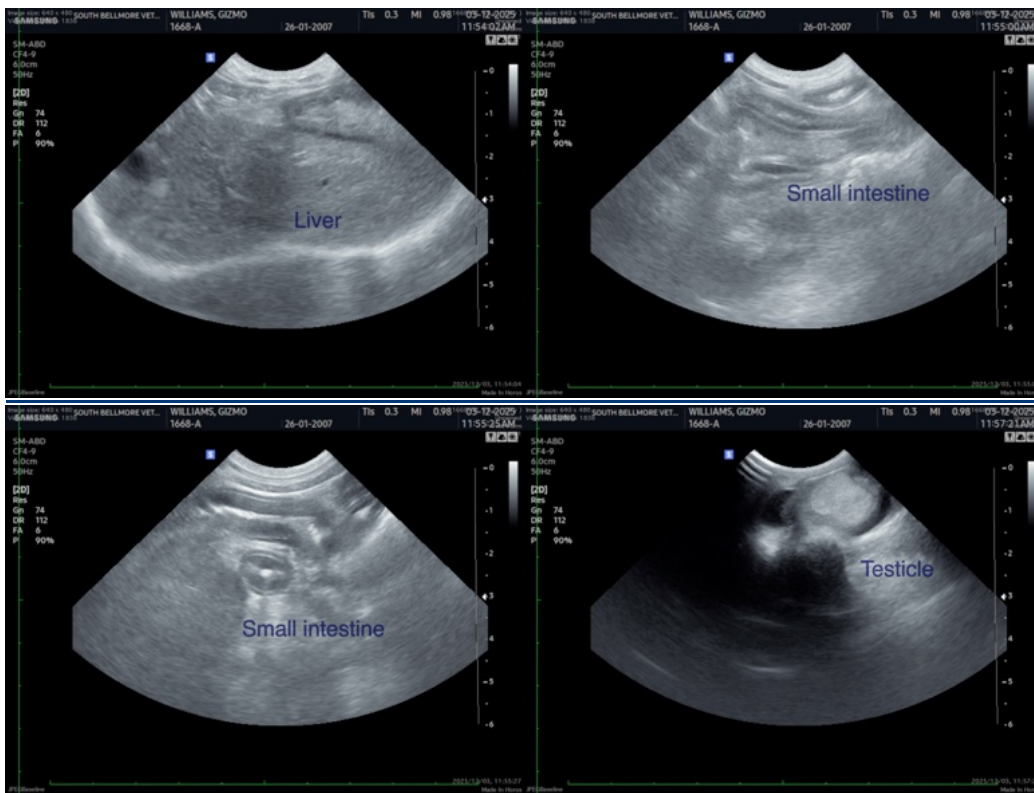
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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