



## PATIENT

Tazz Aboseff

## SPECIES

Canine

## BREED

Pitbull

## SEX

MN

## AGE

12yr

## WEIGHT

84.4lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Kim

## HOSPITAL NAME

Ridgefield Park AH

## REFERRING VET

Dr Kim

## INVOICE

23884

## DATE

02/13/2026

## PRESENTING CLINICAL SIGNS

- P has been limping on and off for a month, unable to walk almost at all, starting a week ago. Drinking water constantly. Takes Gabapentin, Rimadyl and Denamarin. On Rimadyl already one week and just started Denamarin.
- Spot Blood Glucose was 92 at appointment
- Abnormal PE/Chem/CBC/UA Results: AST (SGOT) 95 (HIGH) 15-66 ALT (GSPT) 417 (HIGH) 12-118 ALK PHOS 3,530 (HIGH) 5- 131 GGT 47 (HIGH) 1-12 SDMA 17.8 (HIGH) <14.0 Glucose 55 (Low) 70-138 Calcium 11.5 (HIGH) 8.9-11.4 Cholesterol 423 (HIGH) 92-324 PrecisionPSL 539 (HIGH) 24-140 Platelet Count 543 (HIGH) 170-400

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Full urinary bladder 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

The left kidney measured 5.4 cm in length.

The right kidney measured 6.5 cm in length.

The prostate was not visualized.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-renal vasculature.

The left adrenal gland measured 1.78 cm in length x 1.69 cm in width.

The right adrenal gland measured 2.97 cm in length x 1.75 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 2.2 cm in width. Incidental myelolipoma present.

### Liver

Normal size, diffuse increased echogenic coarse and nodular appearance, normal portal markings, and regular curvilinear capsule. The nodules are hypoechoic parenchymal and measure up to 1.8 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.



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## Gallbladder

Full 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. The stomach measured 0.44 cm in width.

## Pancreas

Normal size (left 1.1 cm in width, right 1.8 cm in width) and increased echogenic appearance. Irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

## Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

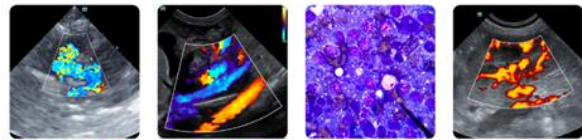
## ULTRASONOGRAPHIC FINDINGS

- Nodular hepatopathy
- Chronic pancreatitis vs pancreatic fibrosis

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the nodular hepatopathy would be nodular hyperplasia, granulomatous disease, chronic hepatitis and possibly infiltrative neoplasia. With the presence of hypoglycemia an insulinoma would be an important consideration for this patient. Further assessment would be three view thoracic radiographs, insulin assay and FNA cytology of the liver. Further assessment of the hypercalcemia would be a hypercalcemia malignancy panel.

Specific therapy will be dependent on an etiological diagnosis.



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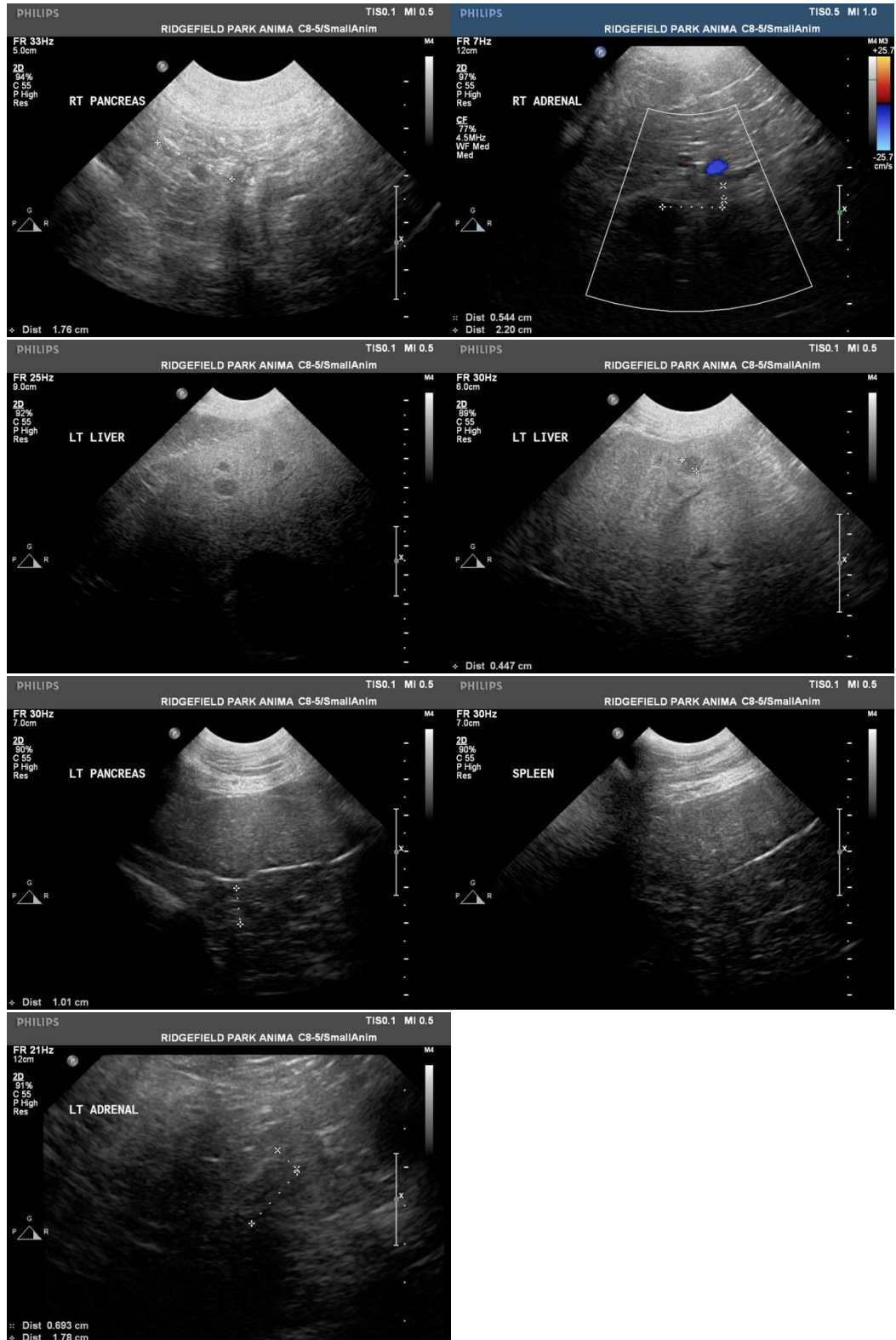
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Pitbull

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

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

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