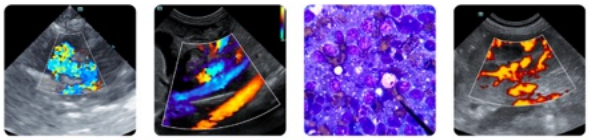




**PATIENT**

Spencer Snitzel

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Male

**AGE**

14 years

**WEIGHT**

20 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Danielle Shemanski, DVM, MA

**HOSPITAL NAME**

Western New York Vetererinay Service

**REFERRING VET**

Dr. Aimi

**INVOICE**

71838

**DATE**

2/24/26

## PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: Ongoing worsening of liver enzyme elevation (ALT). Ongoing hypercalcemia, suspect due to neoplasia.
- History: Patient recently had general anesthesia to have a large, ruptured cyst removed from the side of the neck/shoulder. Multiple smaller cysts throughout the body and head are still present. The abnormal blood work was discovered on pre-anesthetic testing for that procedure. The owner reports that he requires regular anal gland expression. He is a vomiter, especially when he eats too fast or runs around after eating.
- MEDICATIONS: None
- JAN '26 Calcium 12.5 mg/dL Chloride 103 mEq/L LOW 105 - 118 CO2 30 mEq/L ALT 442 U/L DEC '25 Total Protein 7.1 g/dL HIGH 5.1 - 6.9 Albumin 2.8 g/dL 2.7 - 3.9 Globulins 4.3 g/dL HIGH 2.2 - 3.7 Albumin:Globulin Ratio 0.7 Ratio LOW 0.8 - 1.7 ALT 279 U/L HIGH 17 - 115 AST 62 U/L HIGH 11 - 46 Alk Phos 241 U/L HIGH 8 - 196

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is small with a thickened and irregular appearance of the wall. The wall measured 0.5 cm in width. 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 5.1 cm, right measured 4.9 cm), normal echogenic appearance, but complete loss of cortico-medullary differentiation, normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

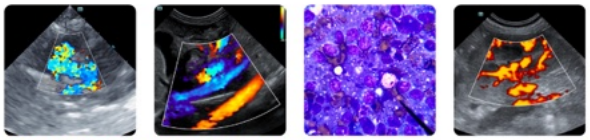
Small hypoechogenic prostate measuring 0.8 cm in width.

### *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 0.58 cm in width. The right adrenal gland measured 2.28 cm in length x 0.78 cm and 0.78 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 1.3 cm in width.





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### *Liver*

Normal size with an increased echogenic and coarse appearance, normal 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 moderate amount of adhered and non-adhered hyperechogenic sediment with the adhered sediment arranged in an early stellate pattern. 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.

### *Thorax*

Normal appearance of the heart. No pericardial or pleural effusion evident.

## ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Mucocele.
- Urinary bladder pathology.
- Age related renal changes versus early chronic kidney disease.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia a less likely differential diagnosis.

Etiologies for the urinary bladder pathology would be polypoid cystitis, bacterial cystitis and possibly emerging neoplasia.

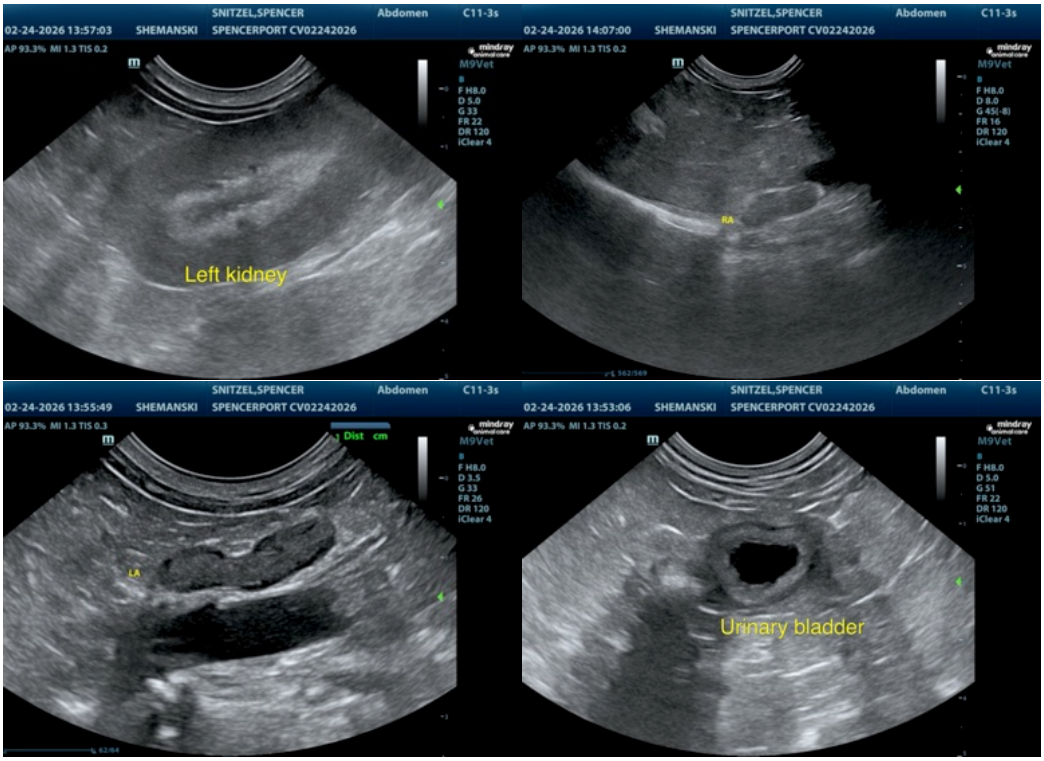
On this ultrasound there is no obvious etiology for the hypercalcemia.

Further assessment would be urinalysis, urine culture, hypercalcemia malignancy panel and FNA cytology of the liver.

Additionally a BRAF analysis and/or a catheter assisted aspirate of the urinary bladder wall can be considered for cytology/histopathology and culture.

Specific therapy would be dependent on an etiological diagnosis.

Management of the mucocele would either be cholecystectomy or the use of Ursodiol.



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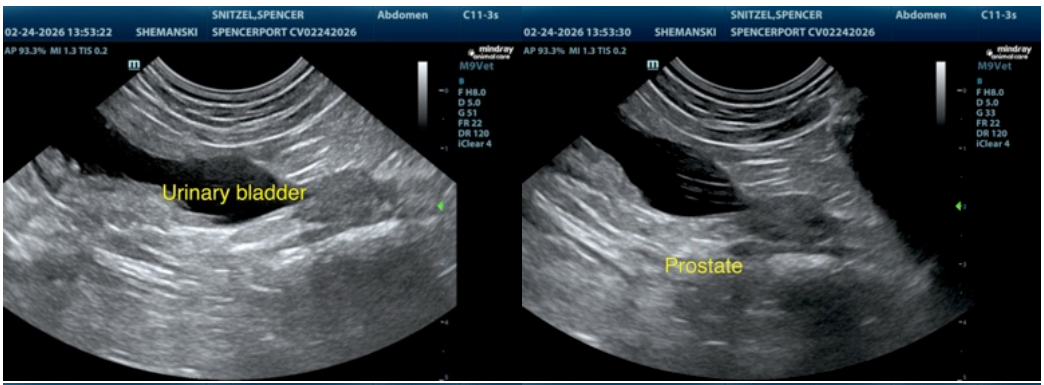
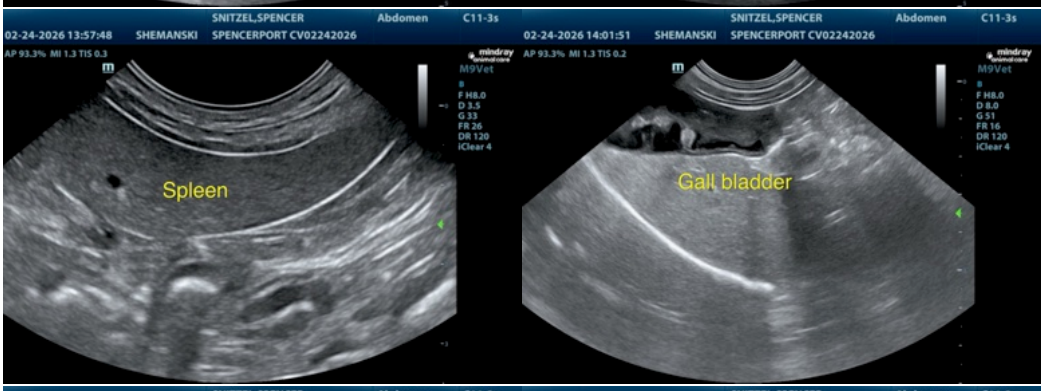
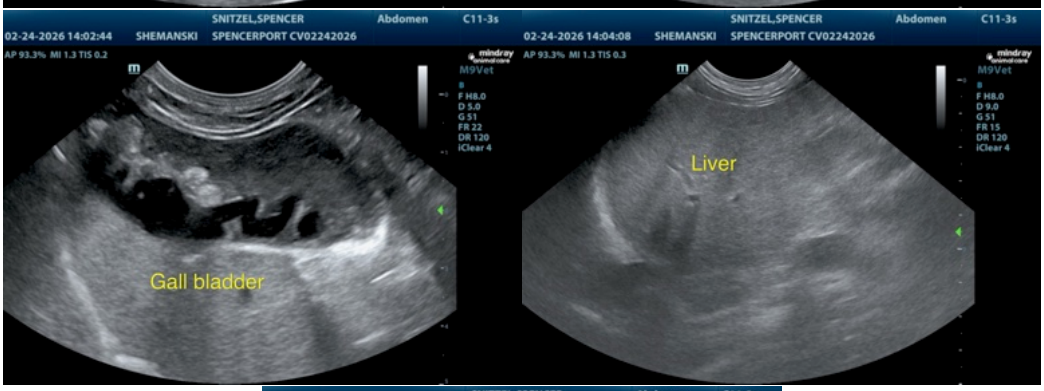
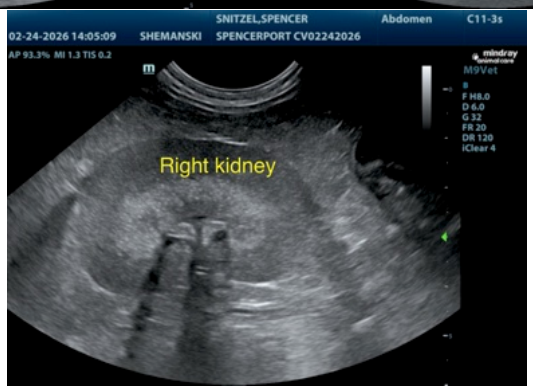
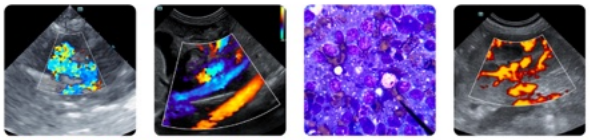



**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology**





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**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