



PATIENT

Misty Rudman

SPECIES

Canine

BREED

Yorkie

SEX

Female

AGE

12 years

WEIGHT

10.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Service

REFERRING VET

Dr. Jessica Demers

INVOICE

71243

DATE

2/4/26

PRESENTING CLINICAL SIGNS

- Continuous vomiting, painful cranial abdominal mass or firm swelling, and significant azotemia with ALT and ALP elevation (hepatopathy). RDVM also reports cardiac arrhythmia with a 2/6 murmur.
- Misty, a 13-year-old, fully vaccinated dog, was treated for pancreatitis (vomiting resolved, diarrhea present since yesterday) at the rDVM (Banfield) for two days. She has a slightly decreased appetite but is eating. She received fluids for dehydration and is now urinating more than normal, but drinking less, with a normal urinary stream. She is mostly an indoor dog.
- MEDICATIONS: Denamarin Advanced Sm. Dog- 0.25 chew q 24 hours, Gabapentin 250mg/5ml- 1 ml q 12 hours. Started 2/2/26, Cerenia 16mg- 0.5 tab q 24 hours- given injection 2/2/26
- ALKP é 3,101.0 cPLI = ABNORMAL HCT é 35.1 % (HGB) é 12.3 g/dL (RBC) é 5.15 10⁶/µL (ALB) 3.7 g/dL (ALKP) é >2,000.0 U/L ALT/SGPT (ALT) é 578.0 U/L BUN (é 83.0 mg/dL (CA) 9.3 mg/dL CHOL) 241.0 mg/dL (CREA) é 3.8 mg/dL (GGT) é 20.0 U/L (GLOB) 3.2 g/dL (GLU) 135.0 mg/dL (Na⁺) 147.0 mmol/L (K⁺) 5.4 mmol/L (CL⁻) é 103.0 mmol/L (PHOS) é 12.9 mg/dL (TBIL) 0.2 mg/dL (TP) 7.0 g/dL CBC - no stress leukogram WBC 7.08 10³/µL Neu 4.92 10³/µL Lym 1.49 10³/µL Mono 0.62 10³/µL Eos 0.05 10³/µL Baso 0.0 10³/µL

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 4.0 cm, right measured 5.0 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.48 cm in length x 0.43 cm and 0.44 cm in width. The right adrenal gland measured 2.0 cm in length x 0.54 cm and 0.58 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 0.9 cm in width.



PATIENT

Misty Rudman

SPECIES

Canine

BREED

Yorkie

SEX

Female

AGE

12 years

WEIGHT

10.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Service

REFERRING VET

Dr. Jessica Demers

INVOICE

71243

DATE

2/4/26

Liver

The liver is enlarged with rounded edges, diffuse increased echogenic appearance, normal portal markings, and regular curvilinear capsule. No nodules evident. Hyperechogenic, irregular mass measuring 2.0 x 4.0 cm in size was situated in the cranial aspect of the left lobe. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is 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.

Pancreas

Normal size (left pancreas measured 0.6 cm in width) with a hypoechogenic appearance and an irregular capsule. Hyperechogenic 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

- Pancreatitis.
- Hepatopathy.
- Hepatic mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatic mass would be neoplasia, granuloma and organized hematoma.



PATIENT

Misty Rudman

SPECIES

Canine

BREED

Yorkie

SEX

Female

AGE

12 years

WEIGHT

10.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Service

REFERRING VET

Dr. Jessica Demers

INVOICE

71243

DATE

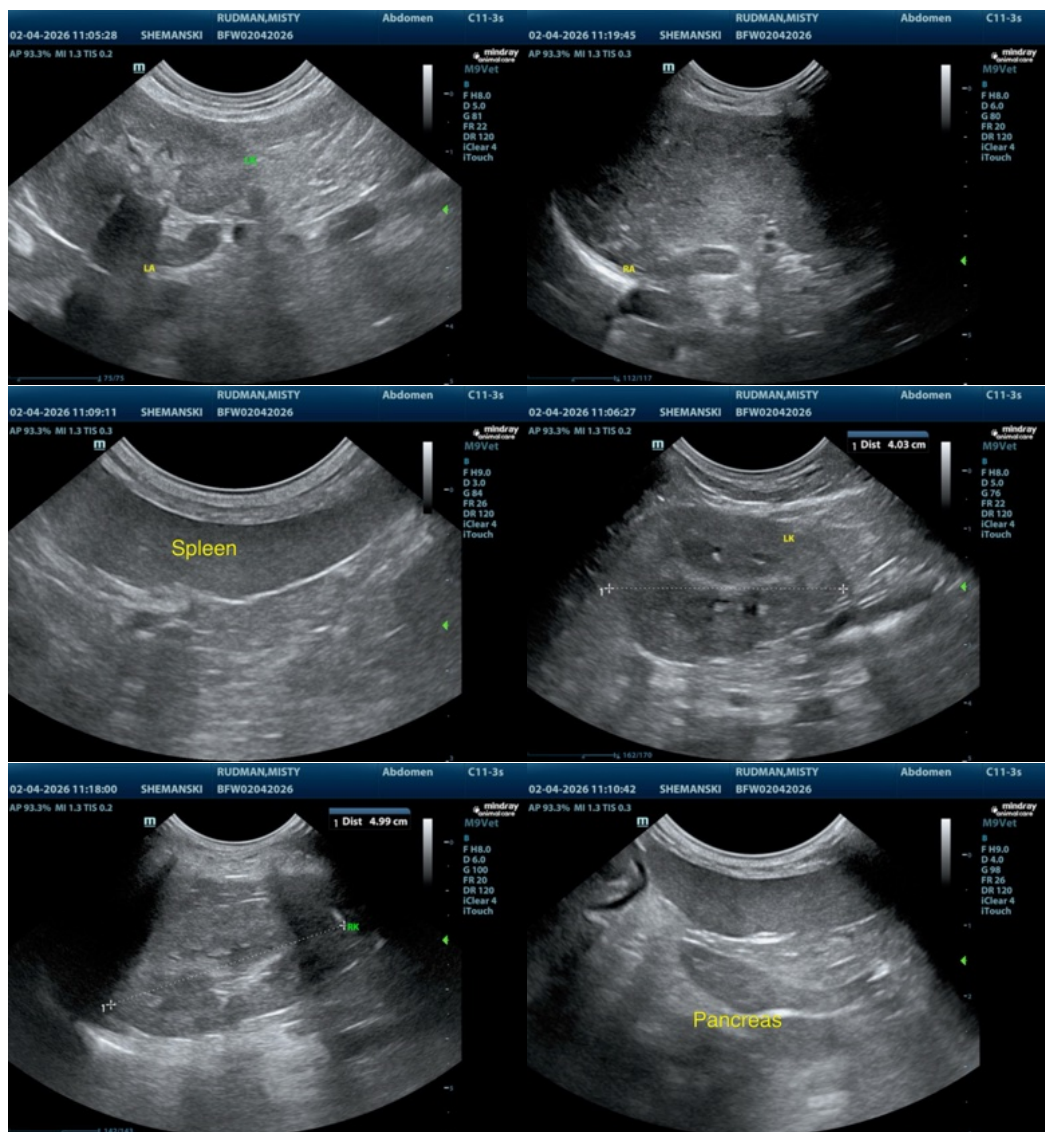
2/4/26

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

Further assessment would be three view thoracic radiographs, CPL/PSL assay and FNA cytology of the liver and mass.

A tru cut or wedge biopsy of the liver and mass may be required for a final etiological diagnosis.

Further therapy would be dependent on an etiological diagnosis.





PATIENT

Misty Rudman

SPECIES

Canine

BREED

Yorkie

SEX

Female

AGE

12 years

WEIGHT

10.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Service

REFERRING VET

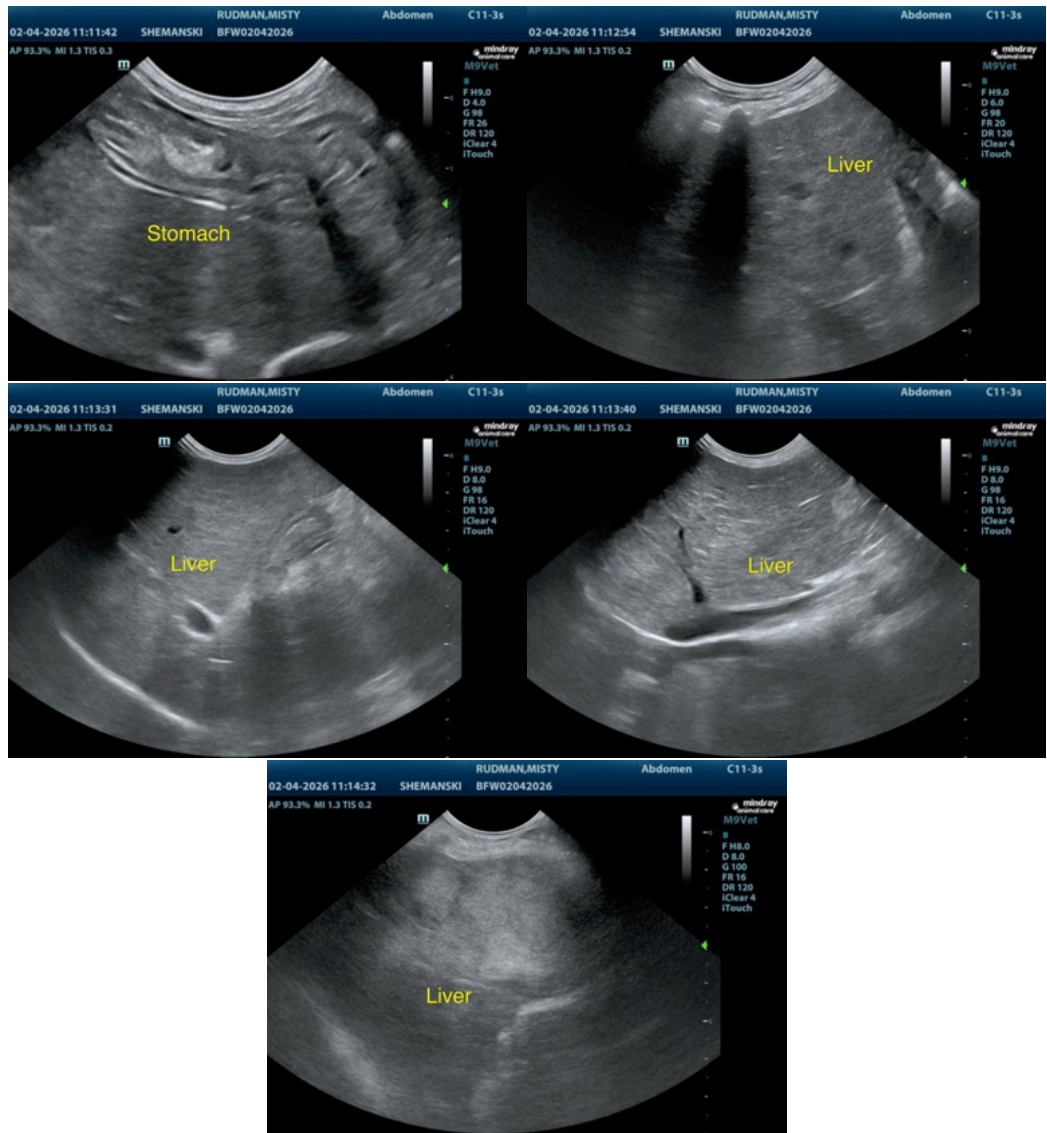
Dr. Jessica Demers

INVOICE

71243

DATE

2/4/26



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