



## PATIENT

Victoria Ann

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Female

## AGE

11 years

## WEIGHT

6 lbs

## 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

71303

## DATE

2/5/26

## PRESENTING CLINICAL SIGNS

- The patient presented 2 months ago with abdominal discomfort, a distended abdomen, decreased appetite, and diarrhea. Appetite and diarrhea have resolved.
- History of Pancreatitis
- Last BW 2 months ago Chem: Alk Phosphatase 169 HIGH Urea Nitrogen 36 HIGH Creatinine 0.3 LOW BUN/Creatinine Ratio 120 HIGH Magnesium 2.7 HIGH Triglycerides 956 HIGH PrecisionPSL 330 HIGH CBC: HGB 20.9 HIGH HCT 62 HIGH UA: Protein 3+ HIGH Blood TRACE HIGH Urine Protein Creatinine Reflex: Protein/Creatinine Ratio 4.2 HIGH Keyscreen: Toxocara spp. DETECTED

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is small 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 3.7 cm, right measured 3.7 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.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.38 cm in length x 0.45 cm in width. The right adrenal gland measured 1.15 cm in length x 0.3 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 1.0 cm in width.

### Liver

Normal size with a diffuse, increased echogenic and nodular appearance, normal portal markings, and regular curvilinear capsule. Nodules are hypoechogenic, parenchymal and measure up to 1.1 x 1.3 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.



## PATIENT

Victoria Ann

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Female

## AGE

11 years

## WEIGHT

6 lbs

## 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

71303

## DATE

2/5/26

## ***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. The stomach measured 0.17 cm. A small amount of ingesta is present in the stomach compatible with a recent meal.

## ***Pancreas***

The left and right pancreas measure 0.7 cm in width with a diffuse, increased echogenic appearance and an 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 versus 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.

Further assessment would be CPL/PSL assay and FNA cytology of the liver.

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

Specific therapy would be dependent on an etiological diagnosis.



## PATIENT

Victoria Ann

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Female

## AGE

11 years

## WEIGHT

6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Kim

## HOSPITAL NAME

Ridgefield Park AH

## REFERRING VET

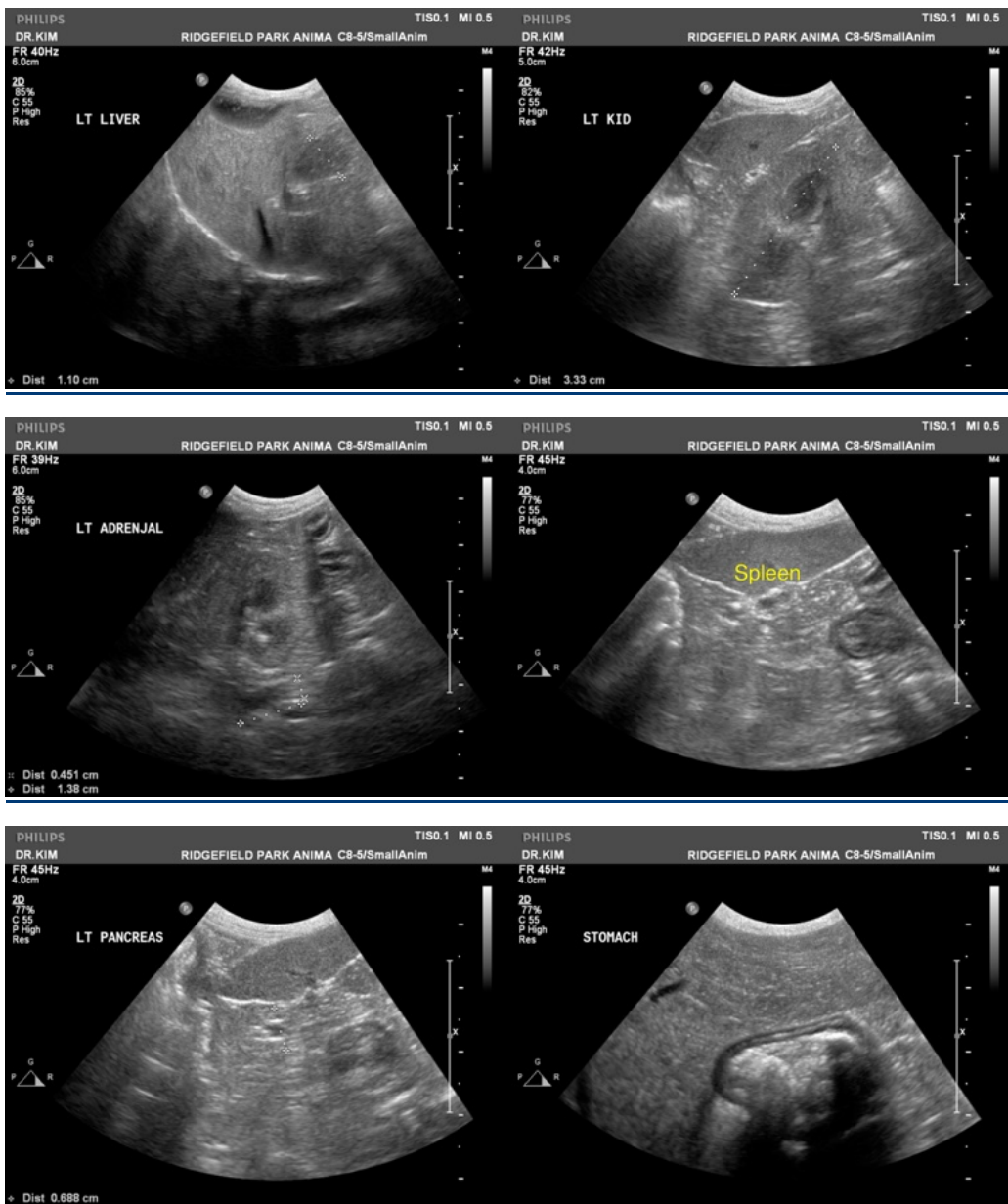
Dr. Kim

## INVOICE

71303

## DATE

2/5/26





## PATIENT

Victoria Ann

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Female

## AGE

11 years

## WEIGHT

6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Kim

## HOSPITAL NAME

Ridgefield Park AH

## REFERRING VET

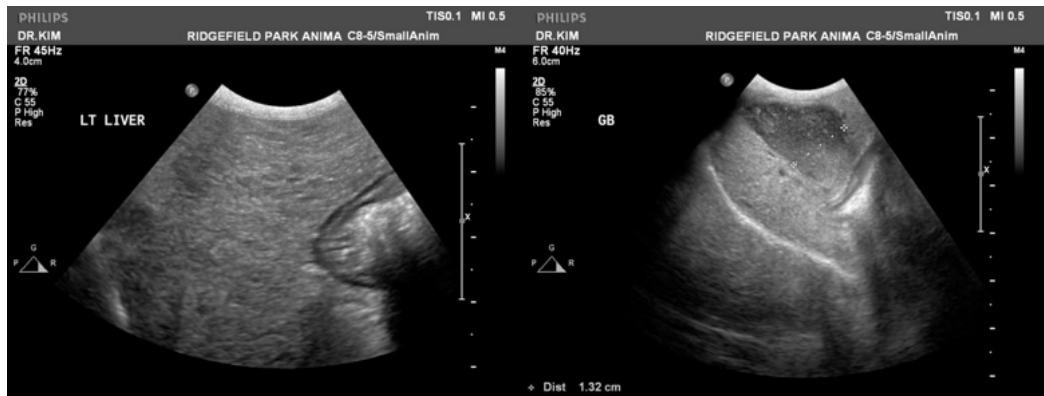
Dr. Kim

## INVOICE

71303

## DATE

2/5/26



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](mailto:info@sonopath.com)