



## PATIENT

Luca Jahraus

## SPECIES

Canine

## BREED

Shih Tzu Cross

## SEX

MN

## AGE

12 years

## WEIGHT

8.7 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Gira

## HOSPITAL NAME

Petzoic Emergency

## REFERRING VET

Dr. Kayla Nielsen

## INVOICE

11488

## DATE

3/13/2026

## PRESENTING CLINICAL SIGNS

- Chronic liver enzyme elevation.

Abnormal PE/Chem/CBC/UA Results: ALT 346 ( 10-125) last year 332 ALP 428 ( 23-212) last year 869 BUN 10.2 (2.5- 9.6) , ALB is normal. Rest of biochemistry and CBC is wnl.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Small 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. Left kidney measures 5.0 cm and the right kidney measures 4.8 cm.

### Reproductive System

Small, hypoechogenic prostate measuring 0.7 cm in width.

### Adrenal Glands

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

Left adrenal measures 0.44 cm, and 0.42 cm in width. Right adrenal measures 0.48 cm, and 0.47 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. Focal, non-vascularized hyperechogenic panrechymal nodule in the body of the spleen measuring approximately 0.8 cm x 0.9 cm in size. The spleen measures 1.4 cm in width.

### Liver

Enlarged with rounded edges, a diffuse increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. Few hypoechogenic parenchymal nodules measuring up to 1.0 cm x 2.2 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.

### 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.



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## Gastrointestinal

Normal appearance of the stomach, 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. There is mild mucosal stippling evident in the duodenum.

## Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. Left pancreas measures 0.6 cm in width, and the right pancreas measures 1.3 cm in width.

## Free Abdomen

Normal mesenteric lymph nodes, measuring up to 0.5 cm in size.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Hepatic nodules.
- Splenic nodule.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The most likely etiology for the hepatic nodules would be nodular hyperplasia.

Etiologies for the splenic nodule would be reactive hyperplasia/extramedullary hematopoiesis, organized hematoma or granuloma, and possibly emerging neoplasia.

The mucosal stippling evident within the duodenum can be considered incidental and most likely associated with a recent meal.

Further assessment would be FNA cytology of the liver, hepatic nodules and possibly the splenic nodule. A Tru-Cut or wedge biopsy of the liver and the hepatic nodules may however be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be considered for the hepatopathy would be the use of ursodiol with regular monitoring of liver enzyme activity. Monitoring of the splenic nodule would be recommended, and if there's any progressive enlargement or bulging of the overlying capsule noted, then a splenectomy should be considered.



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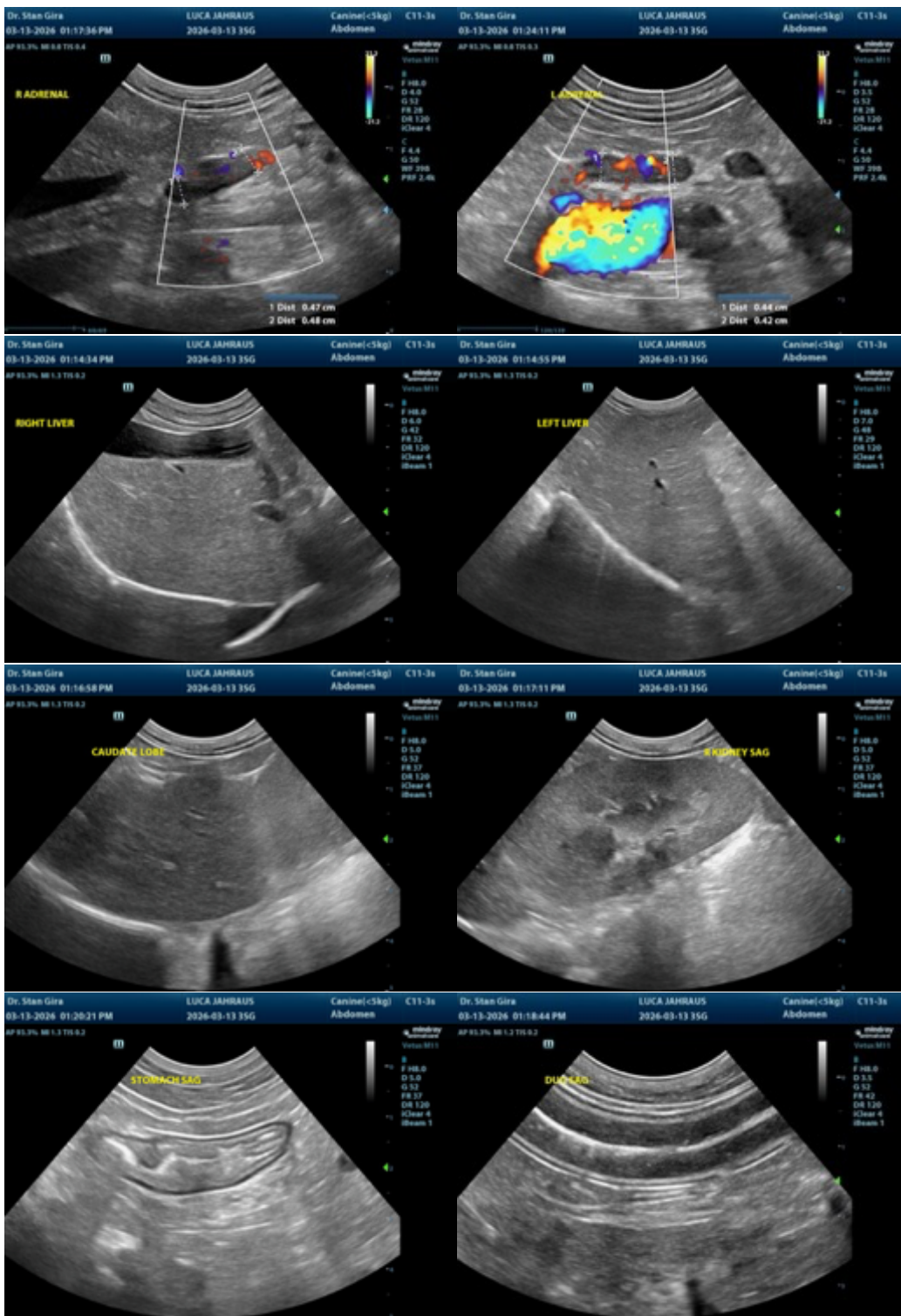
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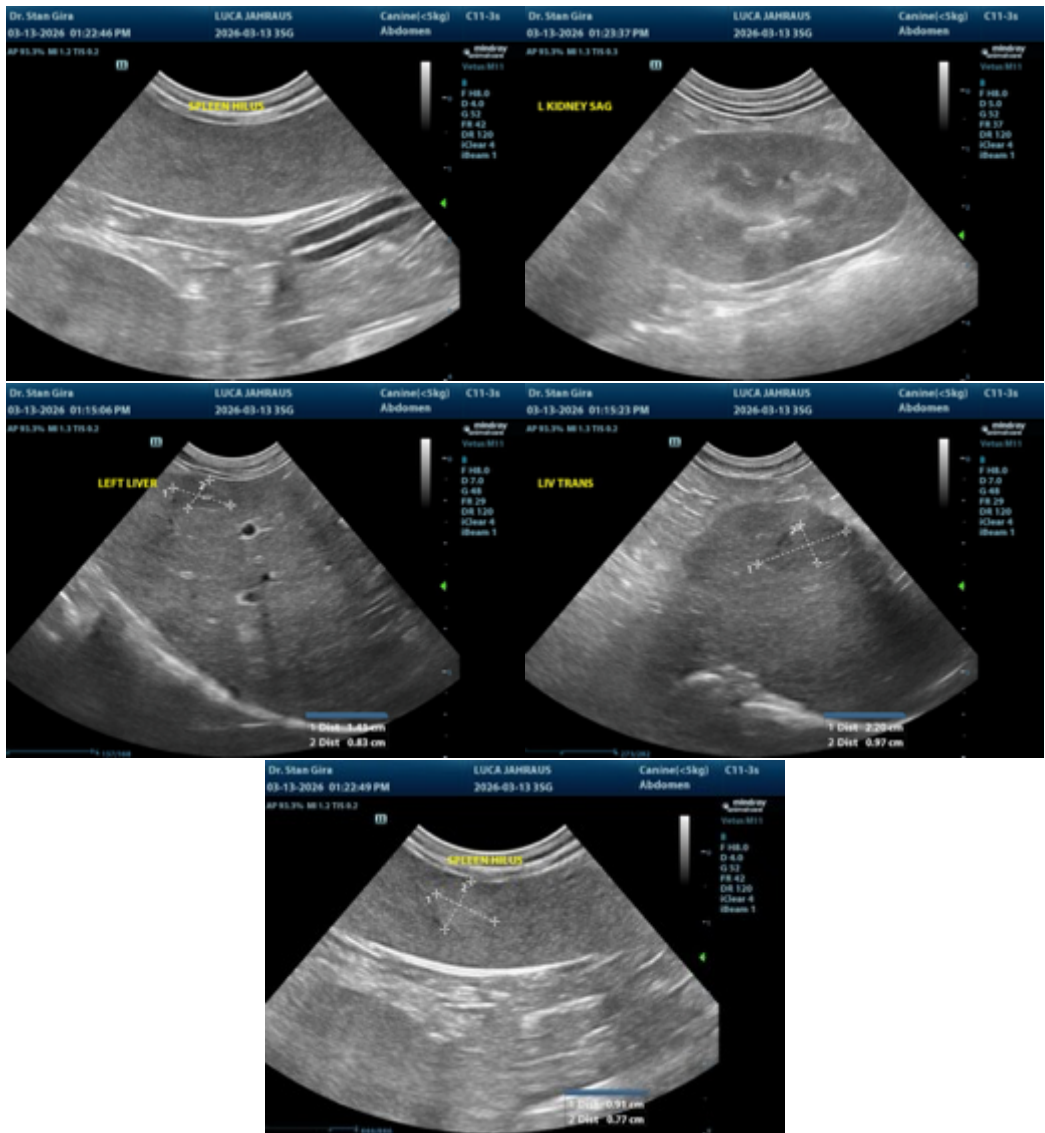
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)