



PATIENT

Max Crocker

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered male

AGE

13 years

WEIGHT

16 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Wyckoff VH

REFERRING VET

Dr. Eisenberg

INVOICE

73456

DATE

3/16/26

PRESENTING CLINICAL SIGNS

- Hx of PLN never really worked up
- Acute history of hematuria and stranguria
- USG 1.019, blood and calcium oxalate crystals, UPC 3.1, urine culture negative
- CBC/chem- ALP 900

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a large amount of mottled echogenic, non-adhered, sediment as well as floating and dependent mineralized sediment/small uroliths.

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 4.3 cm, right measured 4.1 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. Incidental, focal, cortical cysts were present in the caudal pole of the left kidney measured 0.7 cm in size.

The prostate is small and hypoechogenic measuring 0.9 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.44 cm and 0.42 cm in width. The right adrenal gland measured 0.66 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 1.1 cm in width.

Liver

Normal size with a diffuse, increased echogenic appearance, normal portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing a small amount of non-adhered, hyperechogenic sediment. 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. A moderate amount of ingesta is present in the stomach compatible with a recent meal.

Pancreas

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.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment/small urolith.
- Hepatopathy.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the urinary bladder sediment would be hematuria, as per the patient's history.

The likely etiologies for the hepatopathy would be reactive hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia a highly unlikely differential diagnosis.

The gallbladder sediment can be considered an incidental finding.

With the presence of stranguria, urethral obstruction needs to be considered especially with the presence of mineralized sediment/small uroliths within the urinary bladder.

Further assessment would be urethral catheterization and flushing of the urinary bladder and FNA cytology of the liver.



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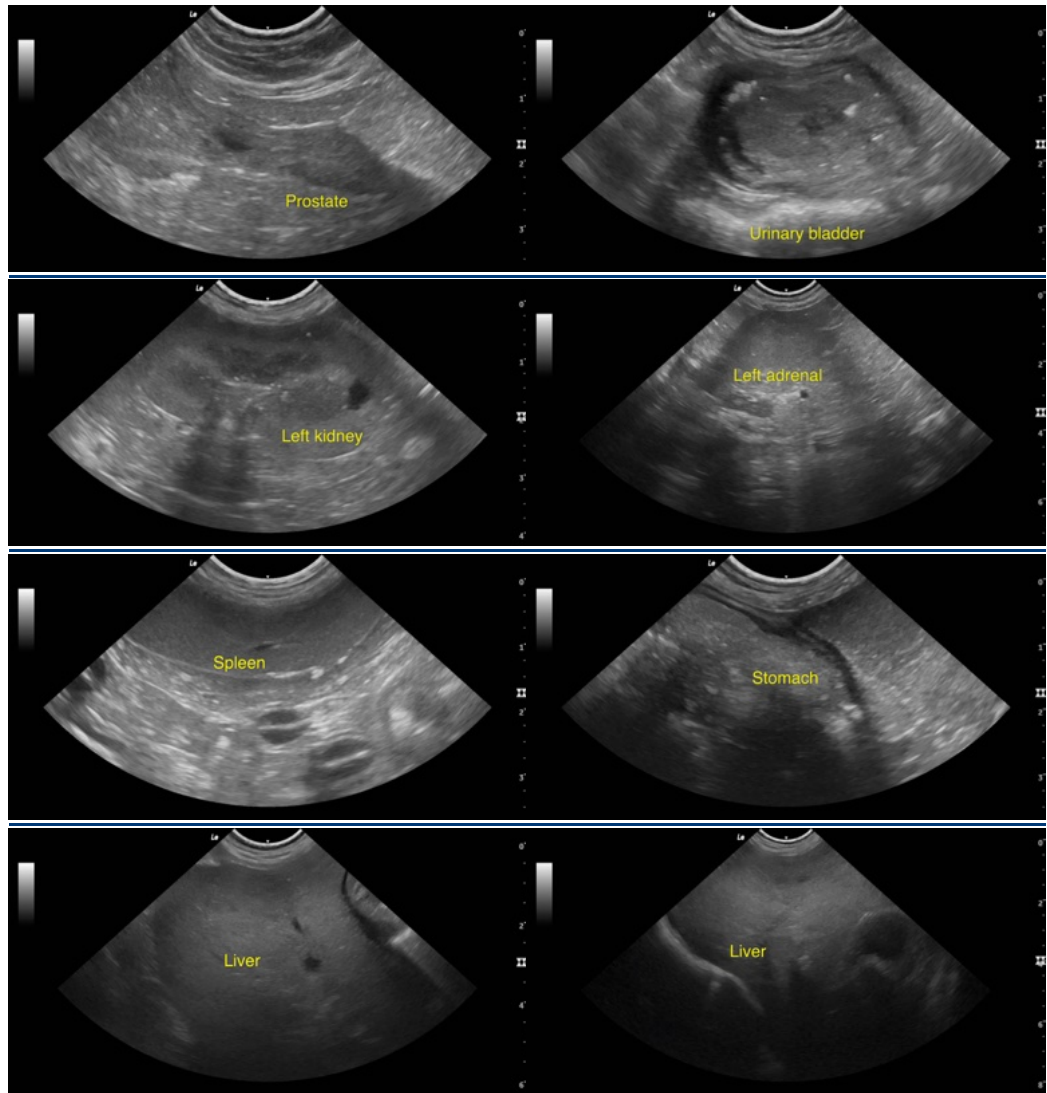
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A tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the hepatopathy and gallbladder sediment would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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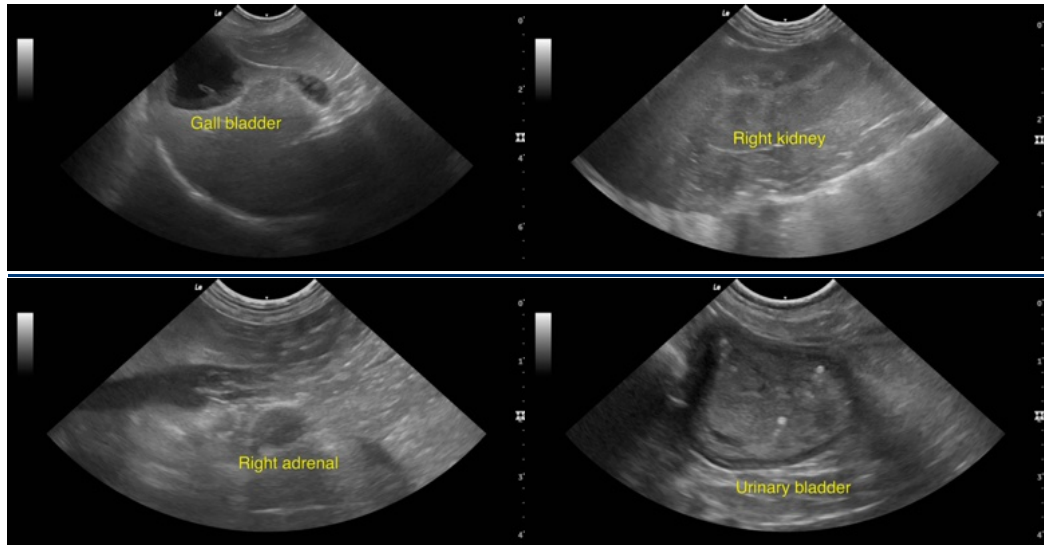
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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