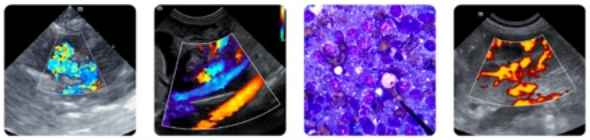


PATIENT

Winnie Smith

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed female

AGE

10 ½ years

WEIGHT

12.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Julie Kang

HOSPITAL NAME

Sabino VC

REFERRING VET

Dr. Kang

INVOICE

73918

DATE

3/30/26

PRESENTING CLINICAL SIGNS

- Working up a decrease in albumin since 9/2025. No chronic GI signs in history. Currently no peripheral edema. P is otherwise clinically normal.
- 3/24/2026: CBC - WNL. Chem10 - mild hypoproteinemia (4.5 <-- 5.9/WNL in 9/2025 <-- 6.5/WNL in 9/2024) with marked hypoalbuminemia (1.6 <-- 2.5/borderline low in 9/2025 <-- 2.6 in 9/2024); normalized ALT - was previously very mildly elevated (120) in 9/2025; mild BUN elevation (34 <-- 28/WNL in 9/2025), IRIS stage 1 otherwise. PT/APTT - WNL. 3/30/2026 - UA + UPCR (Pending).

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 3.6 cm, right measured 4.2 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

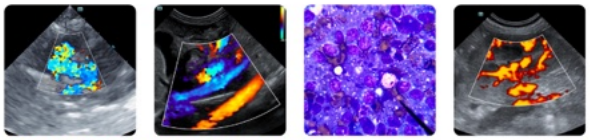
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.45 cm in width x 0.4 cm and 0.61 cm in width. The right adrenal gland measured 1.42 cm in length x 0.38 cm and 0.53 cm in width.

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, echogenic appearance, portal markings, and regular curvilinear capsule. Small, focal, hyperechogenic parenchymal nodule in the cranial aspect of the right lobe in the region of the gallbladder measuring 1.0 cm in size. No additional nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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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

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.

ULTRASONOGRAPHIC FINDINGS

- Hepatic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In essence a normal ultrasound examination of the abdomen with no obvious etiology for the hyperalbuminemia as the hepatic nodule can be considered an incidental nodular hyperplasia.

Although the GI tract appears ultrasonographically normal, with the progressive hypoproteinemia, an underlying enteropathy such as dietary hypersensitivity, parasitic enteritis and inflammatory bowel disease should still be considered.

Protein losing nephropathy would be a less likely differential diagnosis.

Further assessment (if the UPC is within reference range) would be fecal analysis, cobalamin and folate assay, endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management of a possible enteropathy would be feeding a hypoallergenic/novel protein diet, course of Fenbendazole, cobalamin supplementation and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.

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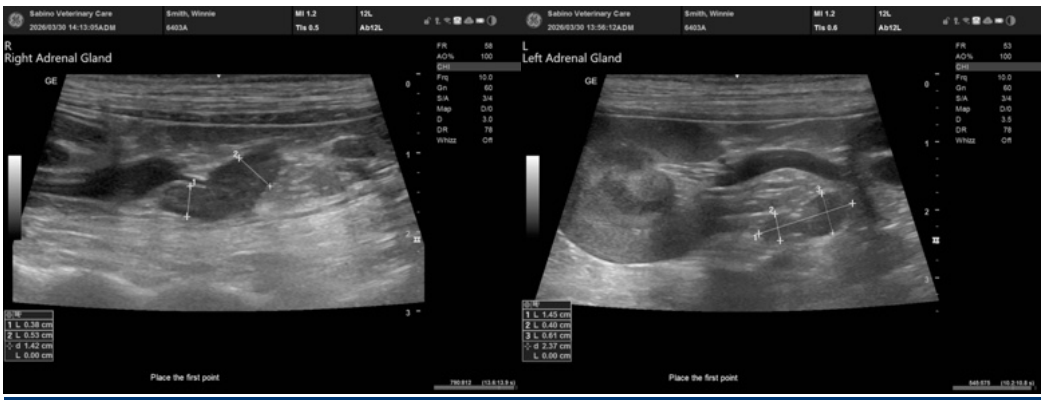

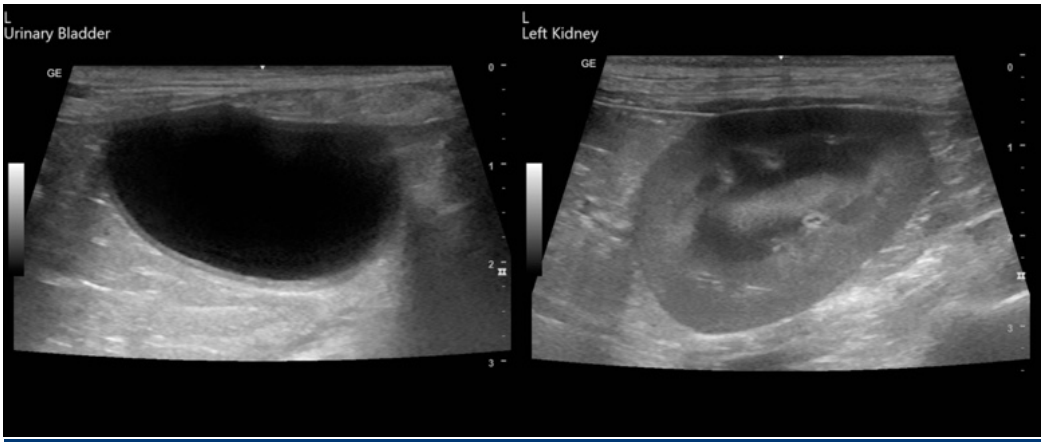

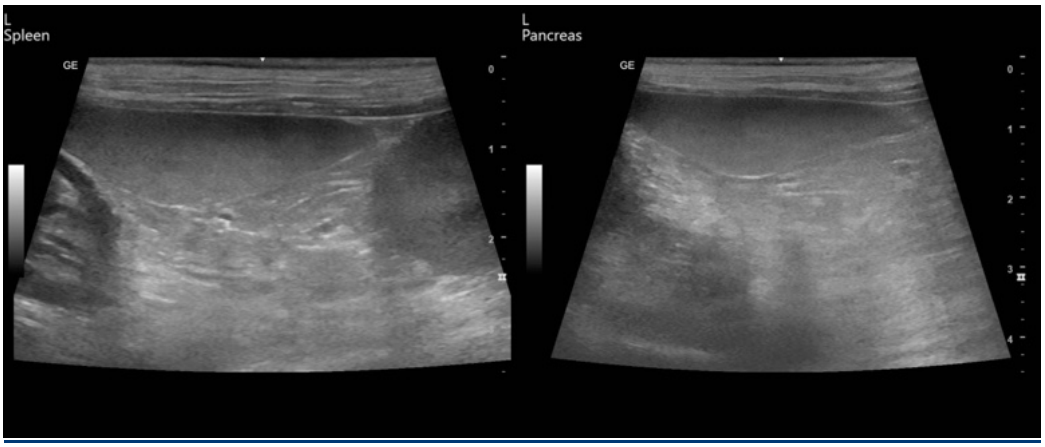

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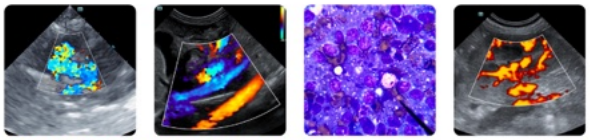

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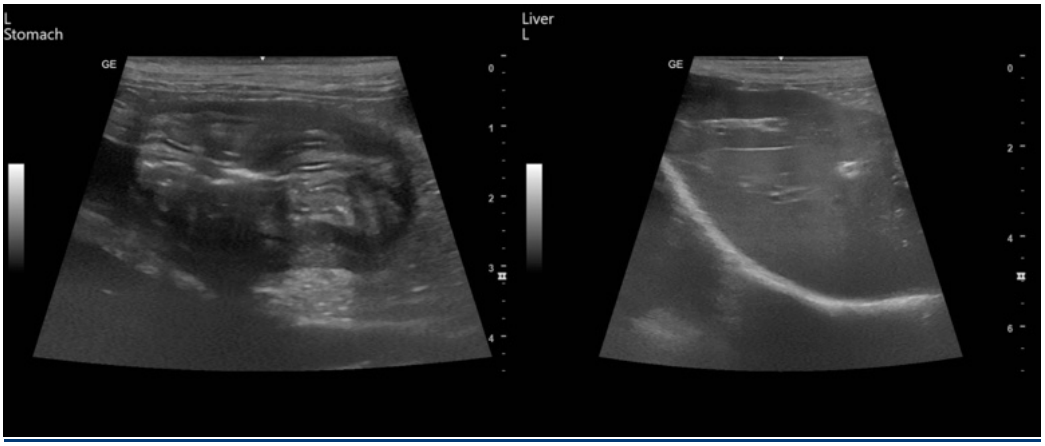

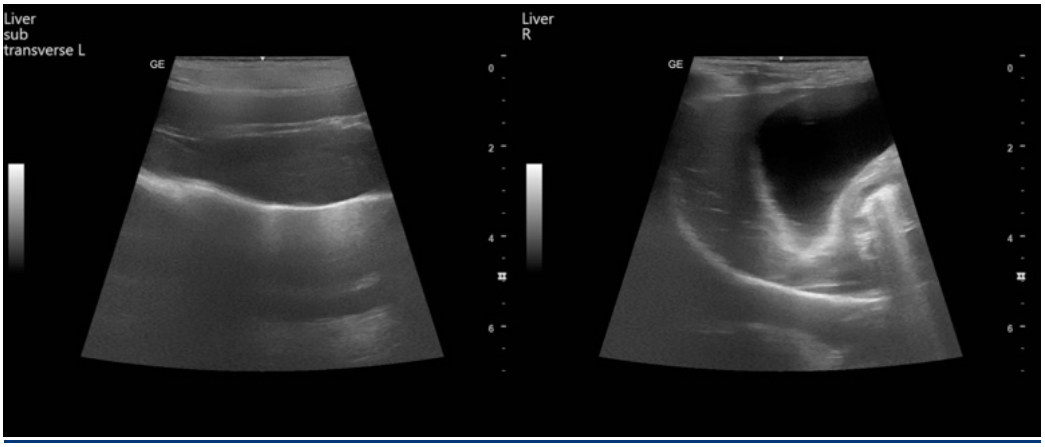

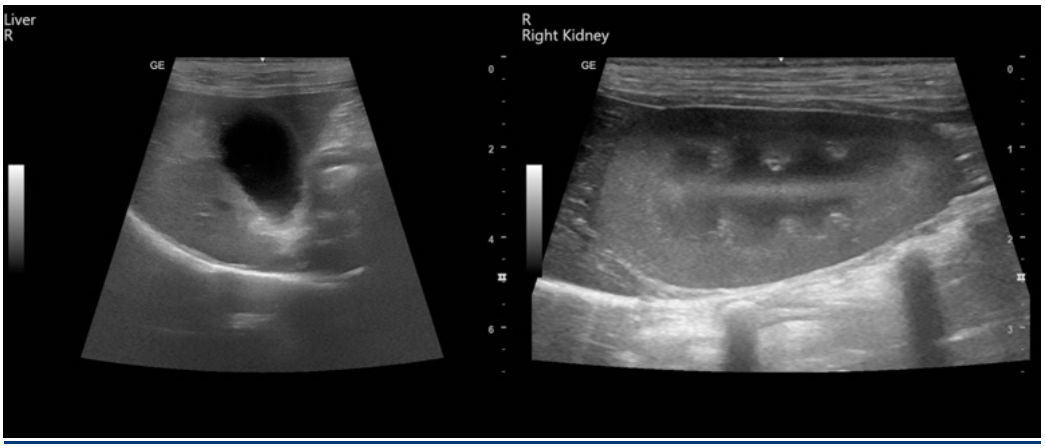

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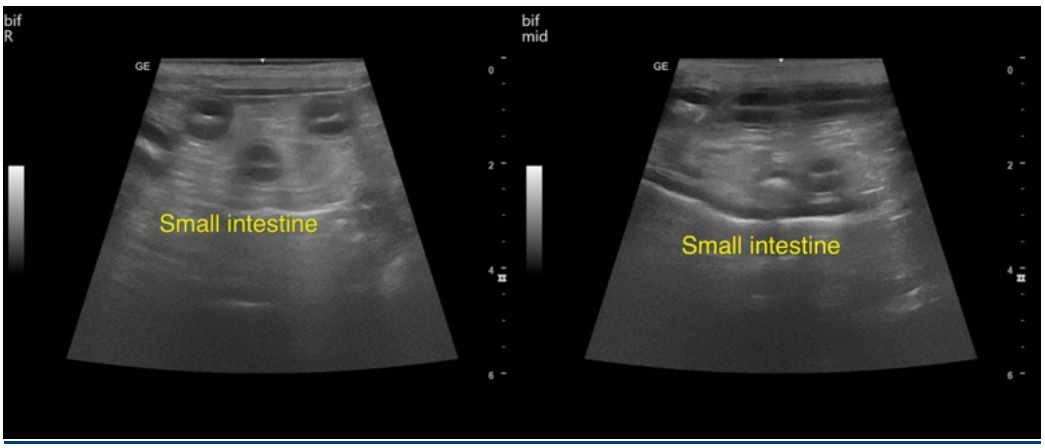

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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