



PATIENT

Lily Byko

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

14 years

WEIGHT

15.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Grace Jayne, CVT

HOSPITAL NAME

Ark Animal Homecare

REFERRING VET

Dr. Penraat

INVOICE

74523

DATE

4/16/26

PRESENTING CLINICAL SIGNS

Abnormal lab results prompted ultrasound. Labs drawn as part of a physical exam. Some weight loss was noticed at that time (a couple of weeks ago) but weight is up today. Some vomiting yesterday that resolved. Normal appetite. On a liver support supplement and cough tablets PRN. GJ
Abnormal PE/Chem/CBC/UA Results: Hacking - coughing noted after stress or pressure on cervical area r/o collapsing trachea - inflammation vs other - RX cough tablet 1/2 tab q 8 hours - if worsens or trouble breathing return for recheck Small mass on the lower left eyelid r/o meibomian gland tumor - possible mass under the tongue bilaterally noted as pink fleshy swelling - r/o sublingual salivary glands vs tumor vs other - owner to make an appointment for sedated exam and possible removal of eyelid mass. Chem elevated ALT ALP TG and GLOB r/o cholangiohepatitis vs other hepatic pathology such as neoplasia

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 4.3 cm, right measured 4.7 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. Normal color flow pattern is evident.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.48 cm and 0.49 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

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 1.2 cm in width.



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Liver

Normal size with a diffuse increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. No nodules evident. Mottled echogenic, cystic mass measuring 1.6 x 2.6 cm in the left lobe. No additional masses are evident. Normal appearance of the hepatic and portal vasculature.

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.

Pancreas

Normal size with a mottled echogenic appearance and an irregular capsule, mild increased echogenic appearance of the mesentery and fat surrounding the pancreas. The right pancreas measures 1.2 cm in width.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatic mass.
- Hepatopathy.
- Chronic pancreatitis versus pancreatic fibrosis.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatic mass would be hematoma, granuloma, organized abscessation and possibly primary hepatocellular carcinoma.



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

The gallbladder sediment is most likely an incidental finding.

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

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

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered for the hepatopathy would be the use of Ursodiol with regular monitoring of liver enzyme activity.

If surgery is being contemplated for the hepatic mass, then a CT scan would be recommended.





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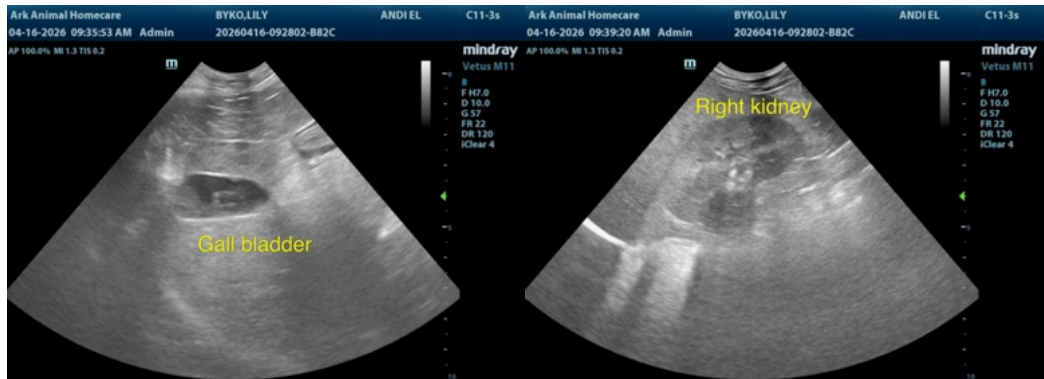
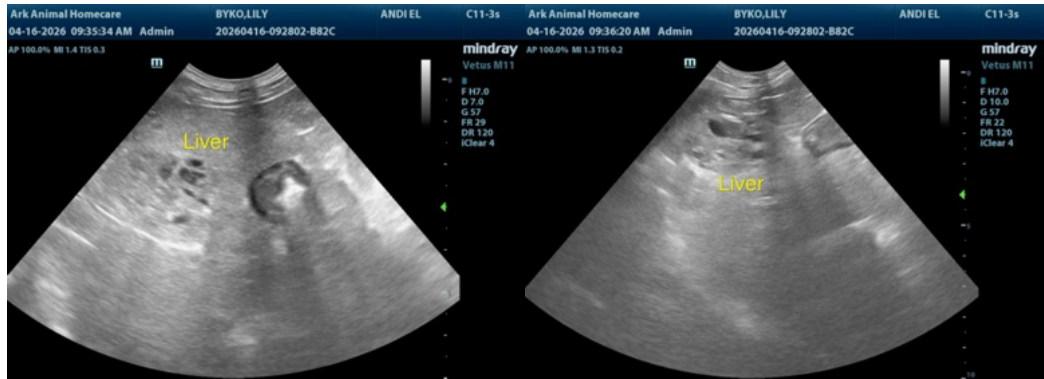
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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