



PATIENT

Tinker Devereaux

SPECIES

Canine

BREED

Terrier

SEX

Spayed female

AGE

15 years

WEIGHT

19.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Service

REFERRING VET

Dr. Handler

INVOICE

74556

DATE

4/16/26

PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL: Vomiting for four days, decrease in drinking, urinating, and defecating.

Abnormal blood work:- ALP: 5980, ALT: 2779, GGT: 57, Total bilirubin: 1.3

History: Patient has been vomiting for four days, with a decrease in drinking, urinating, and defecating. She has had similar episodes like this starting April 4, 2026. A UTI was diagnosed on April 4, 2026 as well.

CLINICAL SIGNS: Vomiting for 4 days. Decreased appetite and water intake (hypodipsia). Decreased urination and defecation. Recurrent episodes of vomiting since 04 Apr 2026

UTI diagnosed on 04 Apr 2026 (recent history)

MEDICATIONS: Amoxicillin 100 mg 1 tab BID, Famotidine 10mg - 1 tab PO BID

Abnormal PE/Chem/CBC/UA Results: April 14, 2026 Blood chem: Bili 1.3 mg/dL (0.000-0.900) HIGH GGT 57.0 U/L (0.000-11.000) HIGH ALT/SGPT 2,779.0 U/L (10.000-125.000) HIGH ALKP 5,980 U/L (23.000-212.000) HIGH January 20, 2026 Blood Chem: ALB 4.1 g/dL (2.300-4.000) HIGH ALKP 3,291.0 U/L (23.000-212.000) HIGH ALT 346 U/L (10.000-125.000) HIGH BUN 32 mg/dL (7.000-27.000) high Ggt 55 U/L (0.000-11.000) HIGH CBC: WNL

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 4.4 cm, right measured 4.8 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 in the right kidney. No infarcts or renoliths in the left kidney. Focal mineralization is present in the left kidney. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

The left adrenal gland revealed a hypoechogenic parenchymal nodule in the caudal pole measuring 1.1 x 1.3 cm in size. Normal size of the cranial pole and measuring 0.41 cm and normal length of the left adrenal gland measuring 2.45 cm. The right adrenal gland has a normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The right adrenal gland measured 2.34 cm in length x 0.74 cm and 0.6 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.



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No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.6 cm in width.

Liver

A large, irregular, mottled echogenic, poorly vascularized mass measuring 5.0 x 6.0 cm. The rest of the liver is of normal size, maintaining a normal echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or additional masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing a moderate 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

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.

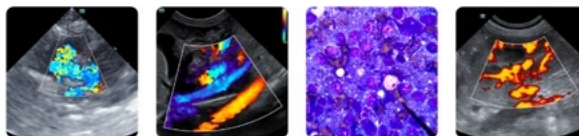
No ascites evident.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatic mass.
- Left adrenal nodule.
- Gallbladder sediment.



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- Left renal mineralization.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

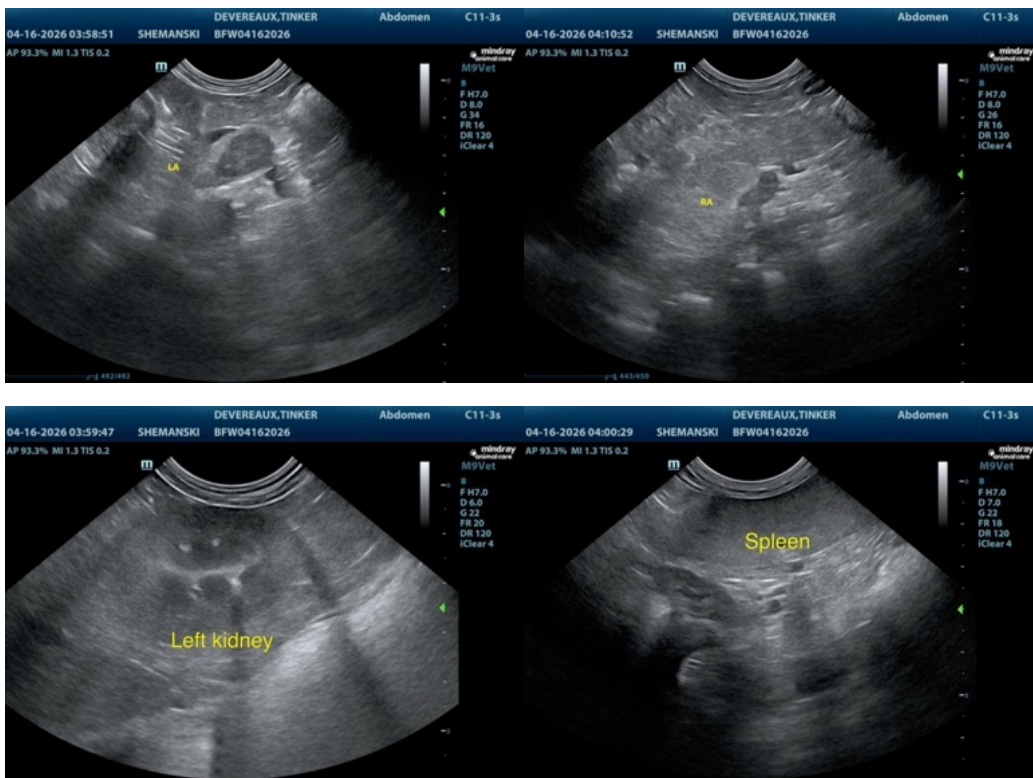
The most likely etiology for the hepatic mass would be neoplasia with granulomatous disease a less likely differential diagnosis.

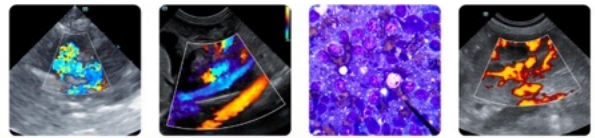
The most likely etiology for the left adrenal nodule would be a non-functional adenoma.

The renal mineralization as well as the gallbladder sediment can both be considered incidental findings.

Further assessment would be three view thoracic radiographs and FNA cytology of the hepatic mass. A tru cut or wedge biopsy of the mass may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis. If surgery is being contemplated for the hepatic mass, then a CT scan would be recommended.





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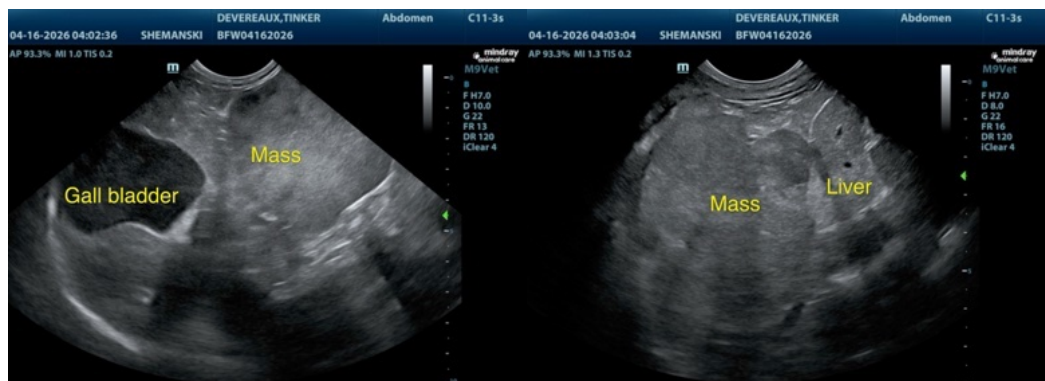
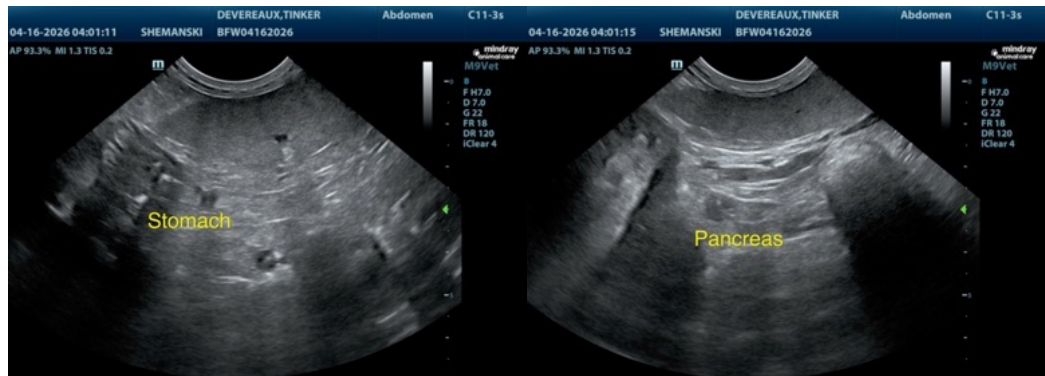
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com