

PATIENT

Oscar Friedberg

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

13 Years

WEIGHT

18.15 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Kenilworth Animal
Hospital

REFERRING VET

Dr. Mansour

INVOICE

74747

DATE

4/23/26

PRESENTING CLINICAL SIGNS

^ AST 119 (15-66), ^ALT 251 (12-118), ^Globulin 4.3 (1.6 -3.6). Evaluate for neoplasia. labs attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder containing a small amount of floating hyperechogenic sediment, with a normal thickness and smooth appearance of the wall.

Normal appearance of the trigone area, proximal urethra (0.40 cm), 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. Bilateral small infarcts and non-obstructive renoliths evident. No mineralization present. Normal color flow pattern evident in both kidneys. Left kidney measured 4.8 cm. Right kidney measures 5.4 cm.

Reproductive System

Small, hypoechogenic prostate measuring 1.0 cm in width.

Adrenal Glands

Bilaterally enlarged, with a rounded shape, but maintaining normal echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.82 cm in length x 0.91 cm ad 0.59 cm in width. Right adrenal gland measured 1.9 cm in length x 0.79 cm and 0.74 cm in width.

Spleen

Normal size (1.0 cm in width) 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.

Liver

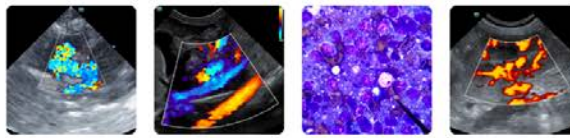
Enlarged, with rounded edges, with a diffuse nodular appearance with a swiss cheese-like appearance. Portal markings were not evident. Irregular capsule present. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full containing normal anechoic bile. Multiple small non-obstructive choleliths were present. 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. Small intestinal wall measures up to 0.40 cm.



PATIENT

Oscar Friedberg

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

13 Years

WEIGHT

18.15 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Kenilworth Animal
Hospital

REFERRING VET

Dr. Mansour

INVOICE

74747

DATE

4/23/26

Pancreas

Visible sections present normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Bilateral adrenomegaly.
- Urinary bladder sediment.
- Choleliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver is consistent with hepatocutaneous syndrome.

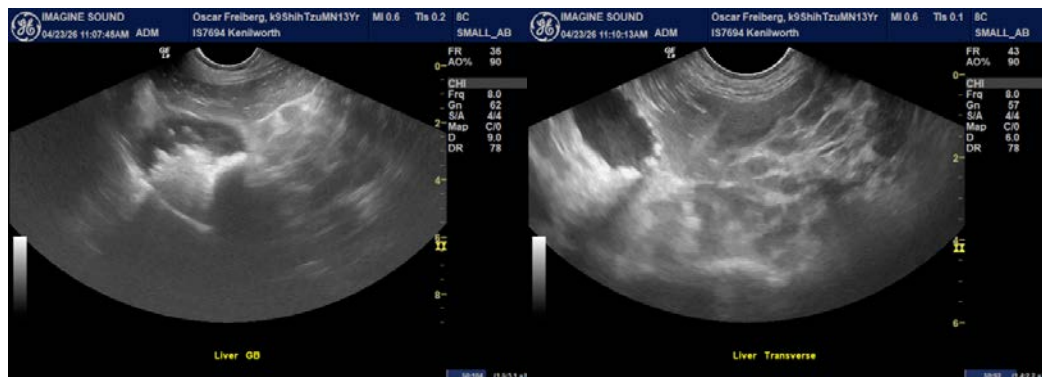
Etiologies for the adrenomegaly would be age related reactive hyperplasia, disease stress, and possibly emerging pituitary dependent Cushing's disease.

The most likely etiology for the urinary bladder sediment would be incidental debris, with crystalluria, bacterial cystitis and hematuria being less likely differential diagnoses.

The choleliths at this point can be considered incidental findings.

Further assessment would be skin biopsies (if a dermatopathy is present), adrenal function testing (ACTH stimulation/LDDST), and FNA cytology of the liver. A tru-cut or wedge biopsy may, however, be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.



Imaging performed by



dbimagesound@gmail.com
917-647-4318



Clinical Sonography & Telectology
Educational Teleconsultation Services™

SonoPath

FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Oscar Friedberg

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

13 Years

WEIGHT

18.15 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Kenilworth Animal
Hospital

REFERRING VET

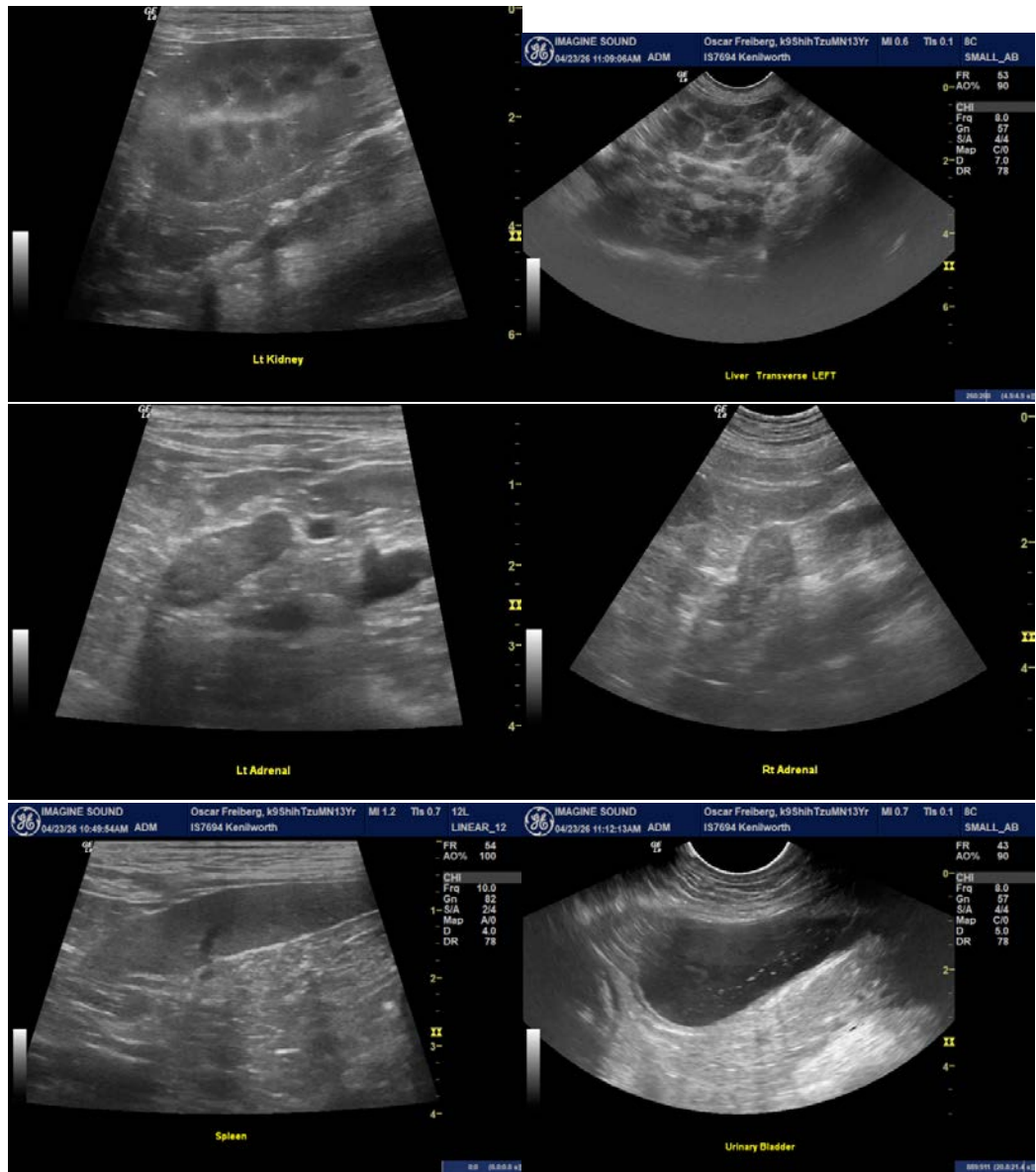
Dr. Mansour

INVOICE

74747

DATE

4/23/26



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