



PATIENT

Bishop Naegler

SPECIES

Canine

BREED

Beagle Mix

SEX

Neutered male

AGE

11 years

WEIGHT

33.2 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. Licata

INVOICE

75123

DATE

5/1/26

PRESENTING CLINICAL SIGNS

Weight loss and elevated liver enzymes. Elevated bile acid test. Marked unintentional weight loss over the past year. Bishop presents for an abdominal ultrasound due to elevated liver enzymes found on senior blood work. The owner reports significant weight loss over the past year, from 40 lbs down to 32 lbs. There has been no vomiting. Appetite is described as finicky; he is a "social eater" and sometimes only eats one meal a day. He is currently on a salmon-flavored Natural Balance diet.

CLINICAL SIGNS: Weight loss

MEDICATIONS: Simparica Trio

Abnormal PE/Chem/CBC/UA Results: April 21, 2026 Bile acids Pre/Resting 22.0 umol/L Bile acids Post 52.0 umol/L HIGH April 10, 2026 Blood Chem Calcium 11.2 mg/dL HIGH Total Protein 7.4 g/dL HIGH Albumin 4.0 g/dL HIGH ALT 331 U/L HIGH Alk Phos 2205 U/L HIGH GGT 12 U/L HIGH CBC MCV 78 fL HIGH MCHC 32 g/dL LOW CHCM 30 g/dL LOW Platelets 696 K/uL HIGH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 5.6 cm, right measured 6.0 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.

The prostate is small and hypoechogenic.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.19 cm in length x 0.63 cm and 0.6 cm in width. The right adrenal gland measured 2.28 cm in length x 0.74 cm and 0.89 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. Small, focal, hypoechogenic parenchymal nodule is noted in the body of the spleen measuring 0.6 cm in size. The spleen measures 2.1 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. A large, irregular, poorly vascularized, mottled echogenic mass measuring 5.0 x 6.0 cm in size adjacent to the gallbladder, but not involved in the gallbladder. 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

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.
- Hepatopathy.
- Splenic nodule.
- Gallbladder sediment.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatic mass would be hepatoma, granuloma, organized hematoma and emerging hepatocellular carcinoma.

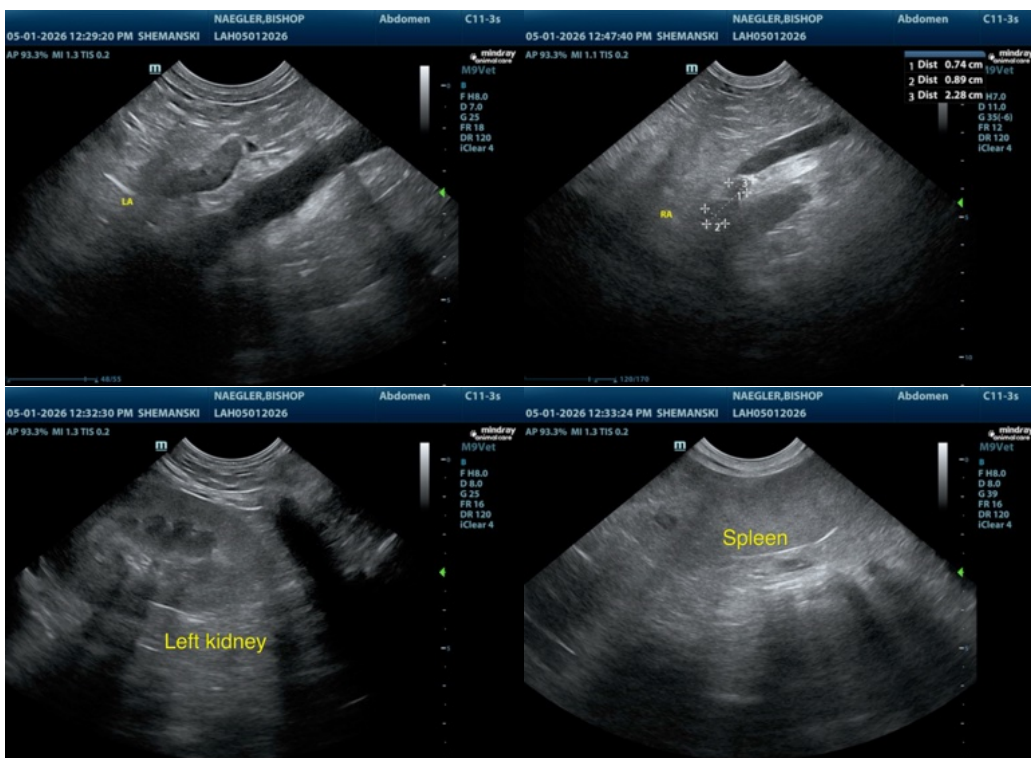
Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic.

The most likely etiology for the splenic nodule would be an incidental reactive hyperplasia/extramedullary hemopoiesis with granuloma and hematoma differential diagnosis and emerging neoplasia an unlikely differential diagnosis.

The gallbladder sediment can be considered an incidental finding.

Further assessment would be based on the pending cytology results. However, 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. Ultrasound monitoring of the splenic nodule would be recommended. and if there is any progressive enlargement or bulging of the overlying capsule noted then a splenectomy would be recommended.





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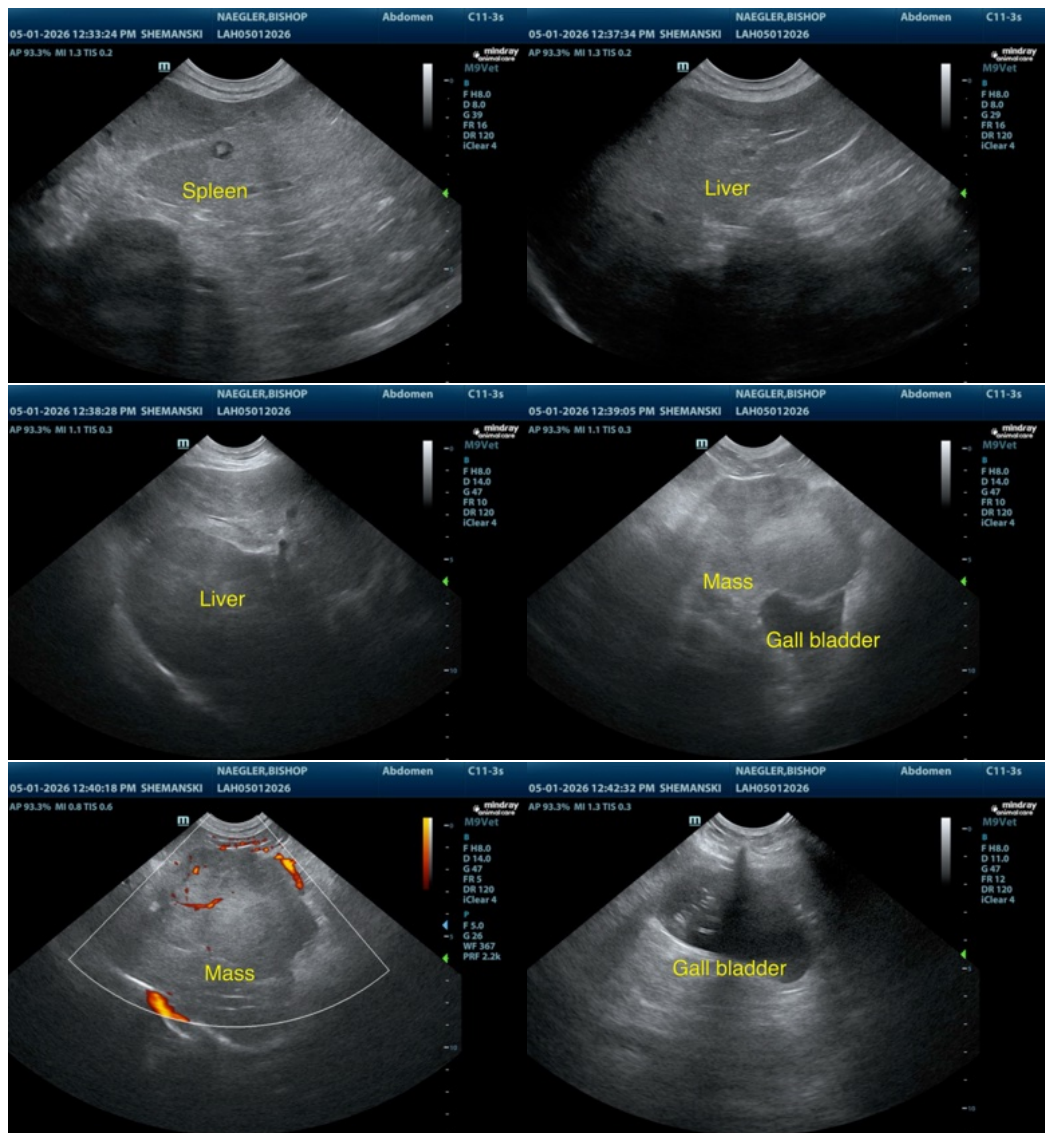
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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