



PATIENT

Chip Enck

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Neutered male

AGE

5 years

WEIGHT

16.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Justin Eckenrode

HOSPITAL NAME

Carlisle Small Animal
VC

REFERRING VET

Dr. Shamitko

INVOICE

75351

DATE

5/12/26

PRESENTING CLINICAL SIGNS

History: Major Medical Conditions : Significantly elevated liver enzymes, low USG, significantly increased appetite

Patient History : 4-6 week history of increased appetite, pot belly appearance, and new reluctance to jump on furniture. P previously a very picky dog and now eating any food O offers and asking for more. No changes to drinking or urination. Stools are normal. 4Dx testing on 4/3 was negative and TT4 WNL. Fecal negative for parasites. O had started giving a new OTC allergy/skin supplement around that time, but symptoms have not changed since discontinuing supplement. Will pursue further endocrine work up if NSF on imaging.

Primary concern or rule out: primary liver disease vs endocrine vs other
Spayed/neutered : neutered

CBC WNL; Chem - ALT 1498 (121H); AST 165 (55H); ALP 5997 (160H); GGT 109 (13H); BUN 45 (31H); PHOS 6.7 (6.1H); CHLORIDE 105 (108L); AMYLASE 2562 (1469H); LIPASE 1031 (250H) - not fasted
USG 1.015; UPC ratio 0.5

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 4.0 cm, right measured 3.9 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.

The prostate is small and hypoechogenic measuring 0.8 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.44 cm in width. The right adrenal gland measured 0.41 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.



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Liver

The liver was enlarged with rounded edges, with a diffuse increased echogenic appearance, normal portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

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. A moderate amount of ingesta was present in the stomach compatible with a recent meal.

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

- Hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely etiologies for the hepatopathy would be reactive hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia a highly unlikely differential diagnosis.

Although the adrenal glands appear ultrasonographically normal, with the presenting clinical signs, low urine specific and severely elevated liver enzyme activity, pituitary dependent Cushing's disease should still be considered.

Further assessment would be urine cortisol to creatinine ratio and if abnormal then adrenal function testing (ACTH stimulation/LDDST) would then be indicated. If Cushing's disease has been excluded



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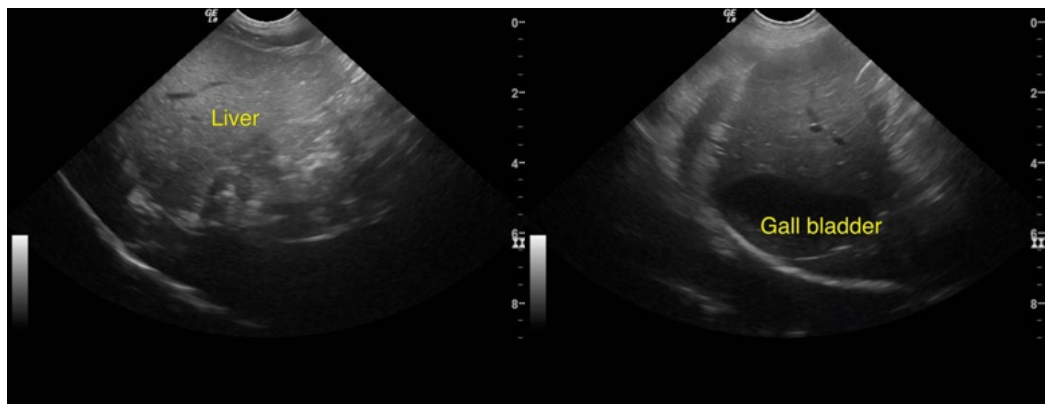
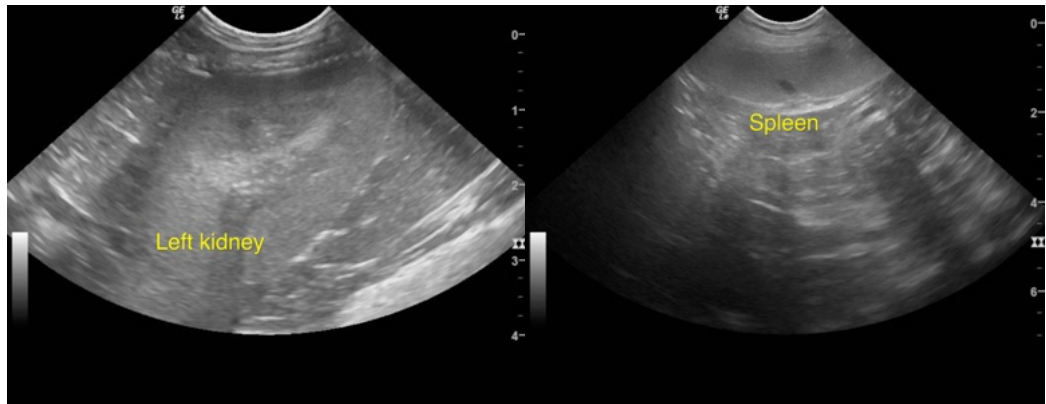
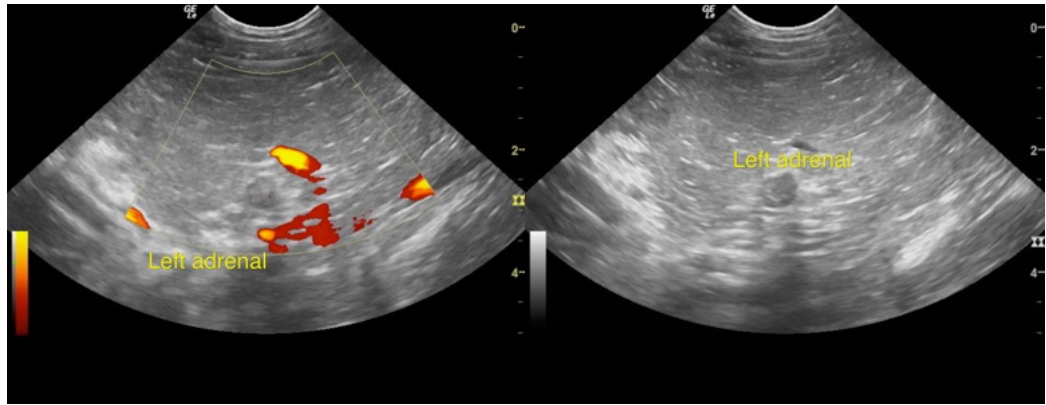
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then further assessment would be FNA cytology of the liver; however, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.





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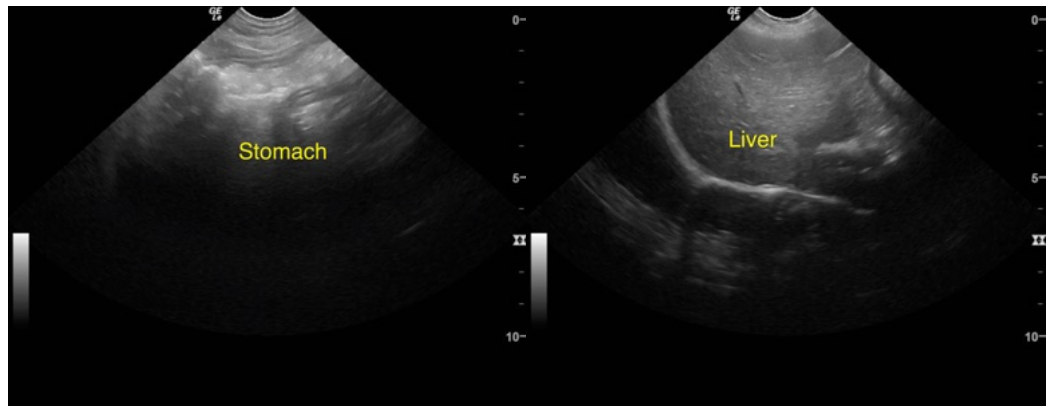
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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