



PATIENT

Roger Bilka

SPECIES

Canine

BREED

Pitbull

SEX

Neutered male

AGE

8 years

WEIGHT

67.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ryan Moreno

HOSPITAL NAME

Seven Fields VH

REFERRING VET

Dr. Knox

INVOICE

78018

DATE

5/27/26

PRESENTING CLINICAL SIGNS

History: P presented for chronic liver value elevations, hypertension, proteinuria. Increase drinking has been observed along with intermittently urinary dribbling. Mast Cell on LF toe. History of Lyme disease. Currently on Telmisartan 30mg SID, Gabapentin 300mg BID-TID. Started SAM-e on 5/22/26
Abnormal PE/Chem/CBC/UA Results: 3/4/26: UPC: 2.2 4/30/26 Recent Blood pressure: 177 LR and 165 LF UPC: 2.3 5/22/26: Chem: - BUN: 28 - K: 6.3 - Na: 156 -ALT: 373 - ALP: 1,065 - GGT: 16 - Chol: 414 UA: 3+ protein UPC: Pending ACTH STIM: Pre: 1.05 Post: 10.25

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 6.8 cm, right measured 6.9 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.

Small, hypoechogenic prostate.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.79 cm and 0.69 cm in width. The right adrenal gland measured 1.1 cm and 0.61 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. Incidental myelolipoma is present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.6 cm in width.

Liver

Normal size with a diffuse, mottled echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. Irregular, mottled echogenic, non-vascularized mass in the left lobe measuring 4.3 x 5.2 cm in size. No nodules or additional masses evident. Normal appearance of the hepatic and portal vasculature.



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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.

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

- Hepatic mass.
- Hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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

Further assessment would be three view thoracic radiographs and FNA cytology of the liver and the hepatic mass.

A tru cut or wedge biopsy of both 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.

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



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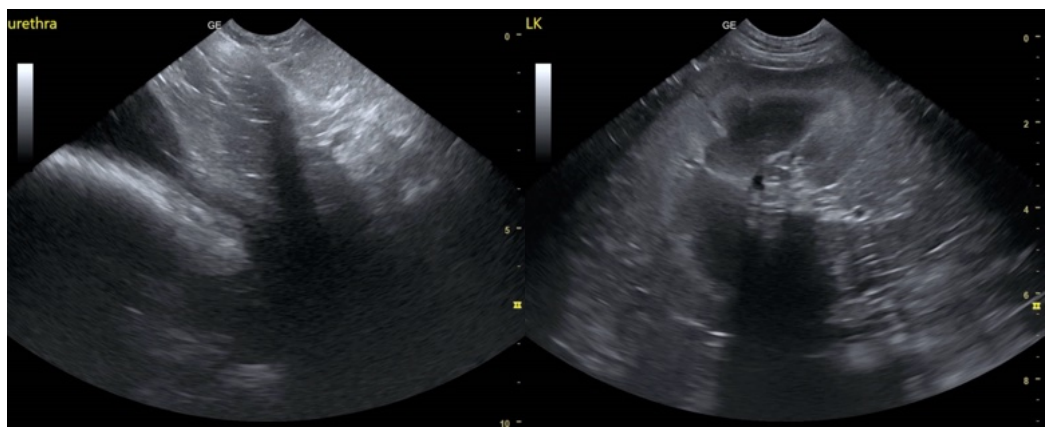
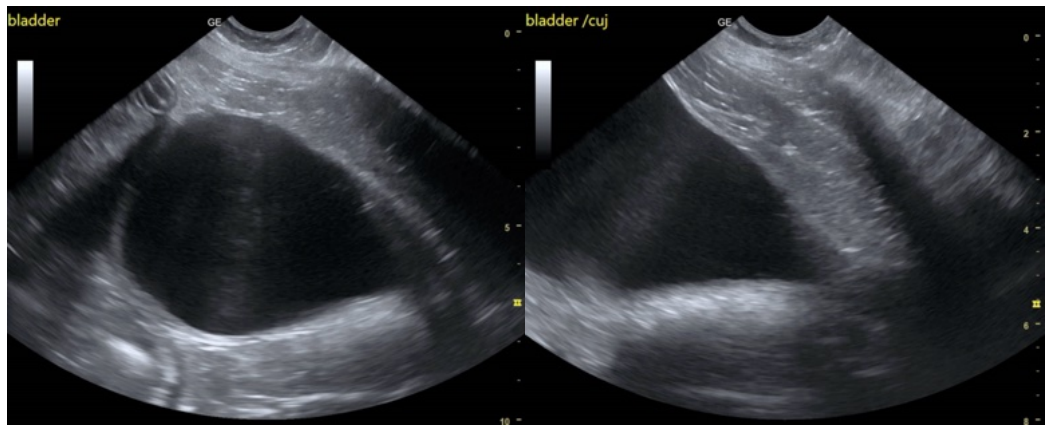
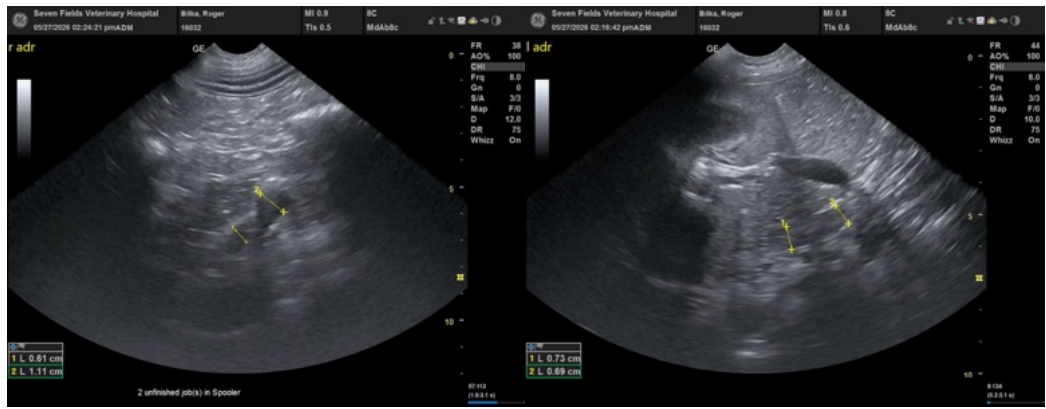
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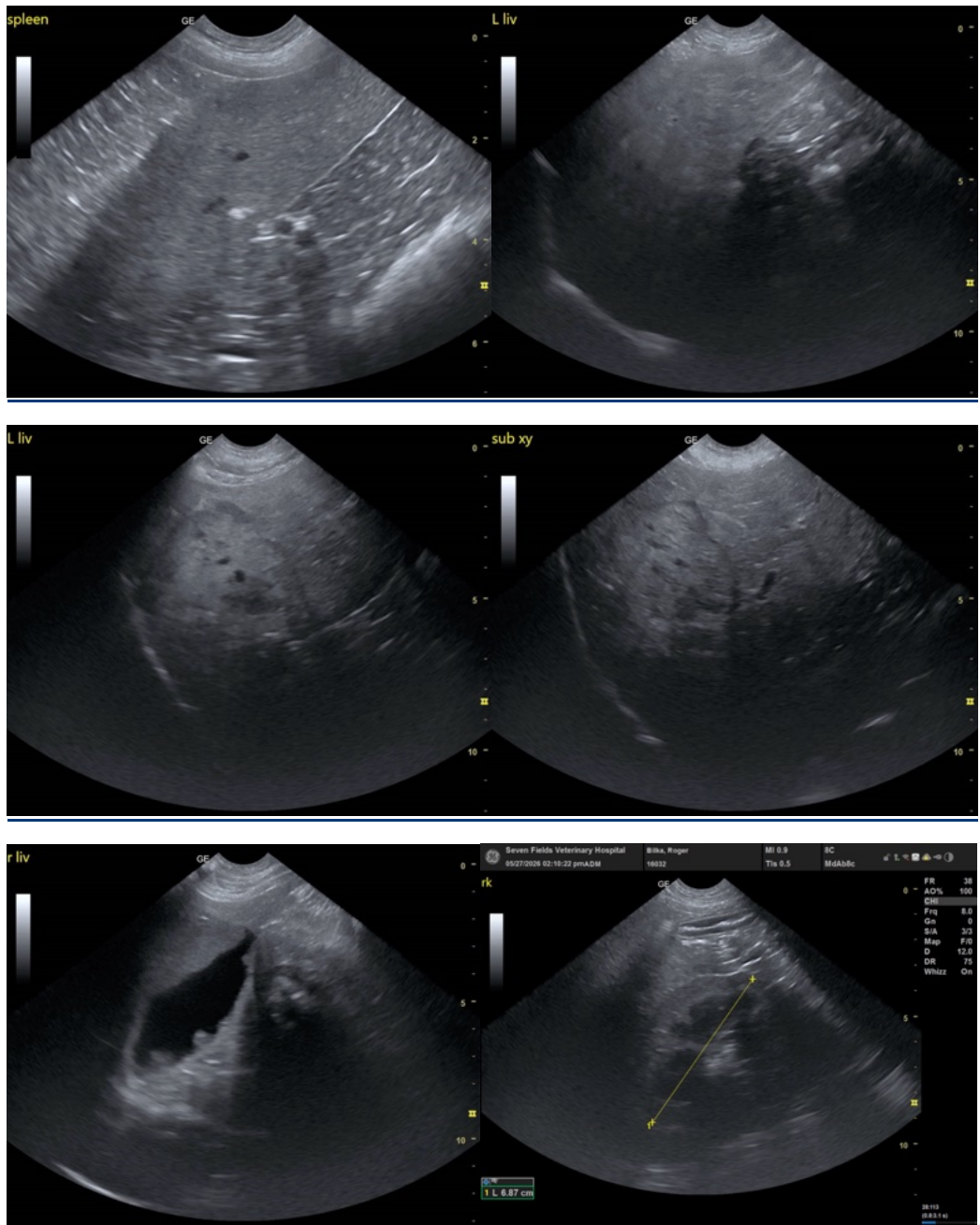
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com

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