



## PATIENT

Lily Reale

## SPECIES

Canine

## BREED

Dachshund Mix

## SEX

FS

## AGE

15 years

## WEIGHT

25 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Danielle Shemanski

## HOSPITAL NAME

Western New York  
Veterinary Services

## REFERRING VET

Dr. Brenda Lefler

## INVOICE

11894

## DATE

5/6/2026

## PRESENTING CLINICAL SIGNS

The patient presented to RDVM for focal seizures of the face and head. The patient had four seizures while in the RDVM exam room, each lasting no more than 10 seconds. The patient also has cataracts and diminished hearing per owner. BUN 46 mg/dL, ALT 299 U/L, ALP 1349 U/L, all elevated. History of focal seizures affecting her eyes and head, described as a little shake. The referring veterinarian witnessed four of these events in the exam room. This is a new issue. Owner reports she is eating, drinking, and eliminating normally. No vomiting or diarrhea. She has not had a grand mal seizure. The focal seizures can be triggered by nervousness. She is losing her sight and hearing. She has a history of a fake cough when she wants attention. Maintaining her weight.

CLINICAL SIGNS: Focal seizures.

MEDICATIONS: None \*Sedated with 0.2mL butorphanol IV for the ultrasound.

Abnormal PE/Chem/CBC/UA Results: 5/5/2026 Hematology Platelets 587 K/ $\mu$ L HIGH Plateletcrit 0.68% HIGH Chemistry BUN 46mg/dL HIGH ALT 299U/L HIGH ALP 1,349U/L HIGH.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Full urinary bladder 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 (both measures 6.1 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Bilateral cortical cysts present measuring up to 0.7 cm in size.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature.

Left adrenal measures 2.2 cm in length x 0.63 cm and 0.57 cm in width. Right adrenal measures 2.4 cm in length x 0.55 cm and 0.51 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 measures 1.5 cm in width.

### Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules evident. Large, irregular, poorly defined, mottled echogenic mass in the cranial aspect of the left lobe



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measuring approximately 4.9 cm x 6.8 cm in size. Normal appearance of the hepatic and portal vasculature.

### **Gallbladder**

Full containing 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**

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.

### **Thorax**

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

## **ULTRASONOGRAPHIC FINDINGS**

- Hepatic mass.
- Gallbladder sediment.
- Age related renal changes versus early chronic kidney disease.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

The gallbladder sediment can be considered an incidental finding.

Further assessment that could be considered (taken the patient's age into consideration) would be three view thoracic radiographs, and FNA cytology of the hepatic mass. A Tru-cut or wedge biopsy may however be required, for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.



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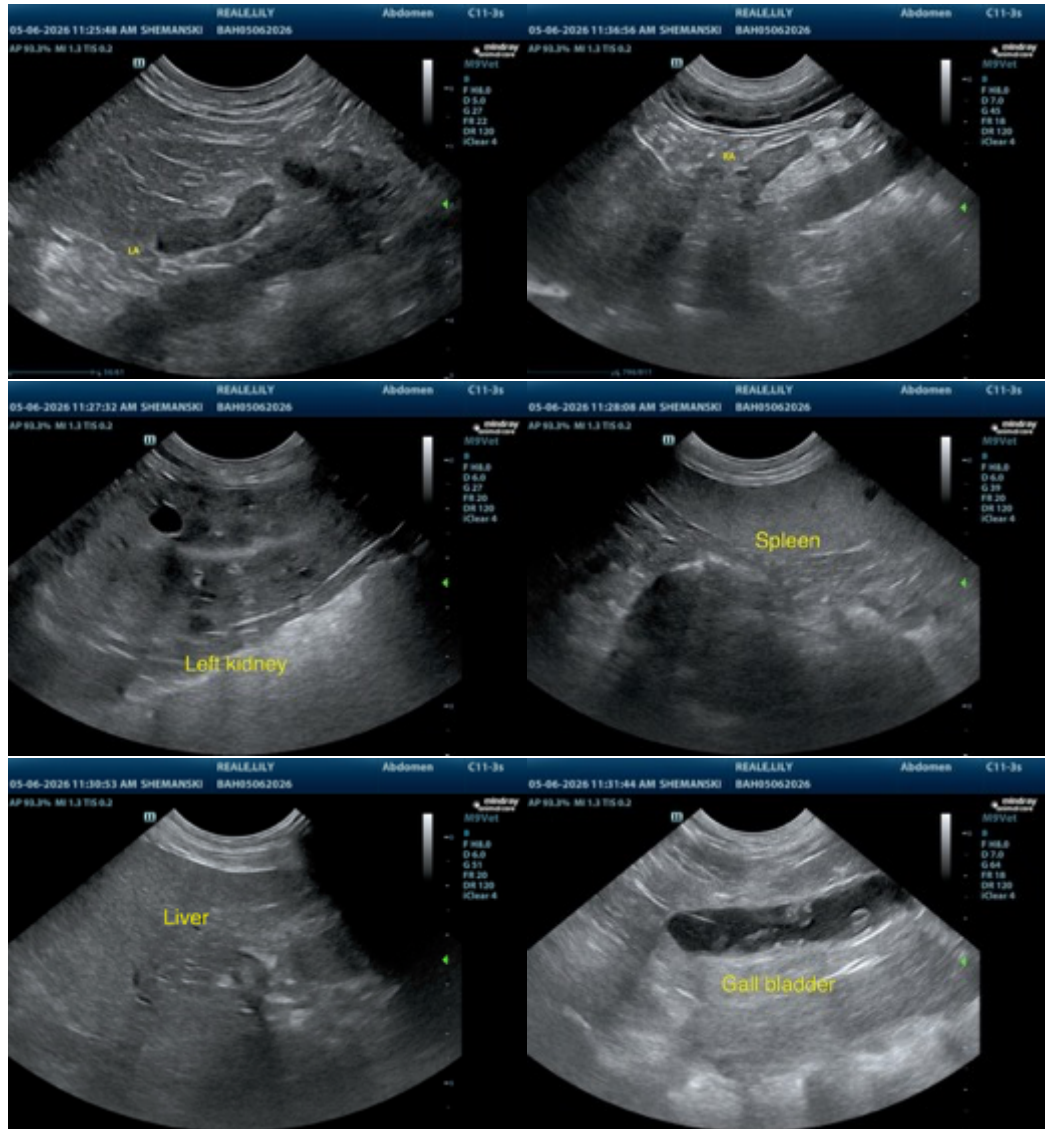
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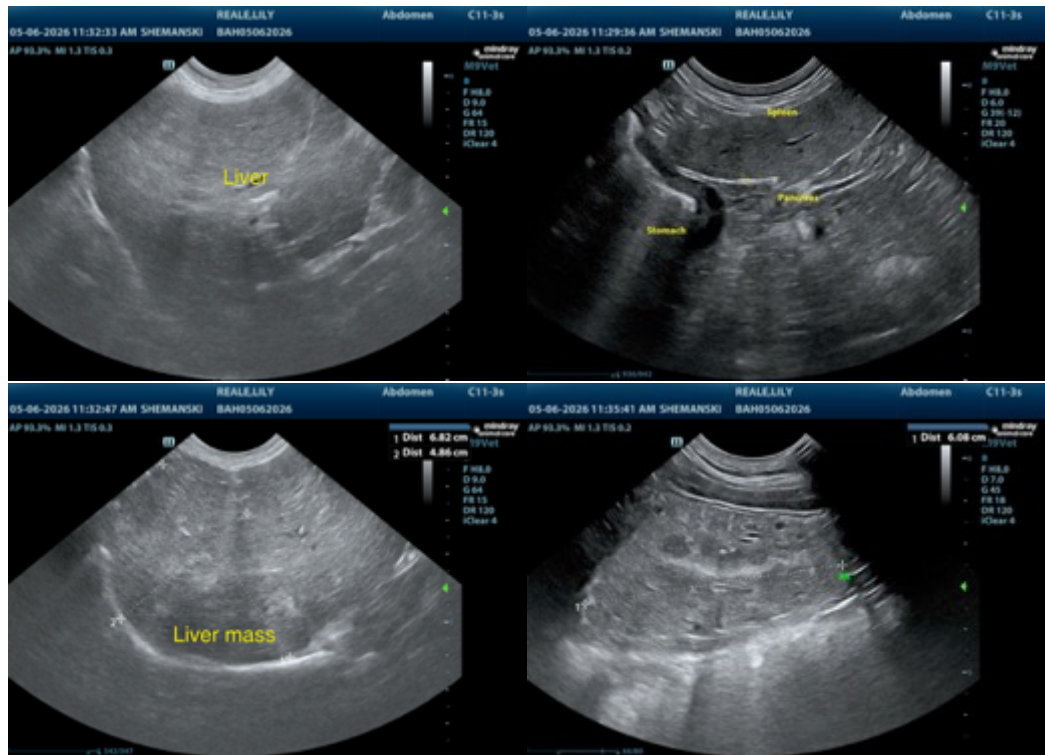
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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