

**PATIENT**

Bella Snow

**SPECIES**

Canine

**BREED**

Shih Tzu Cross

**SEX**

Spayed female

**AGE**

11 years

**WEIGHT**

9.1 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Snelgrove VS

**REFERRING VET**

Dr. McQueen

**INVOICE**

75283

**DATE**

5/11/26

**PRESENTING CLINICAL SIGNS**

History: obesity, dental disease, subQ masses (lipomas)  
 Current Medications spectra

Abnormal PE/Chem/CBC/UA Results: Blood ok other than ALP ALP 2305 (5-160) - concerned for HAC Will rec LDDST as the next step If negative for HAC discussed with O that we may consider an abdominal U/S next Blood results not indicative of Cushings disease Radiographic Findings n/a Primary Question to Be Answered in This Exam reason for ALP elevation

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is small almost empty 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 4.8 cm, right measured 4.9 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 noted in both kidneys.

**Adrenal Glands**

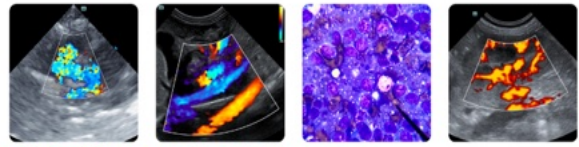
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.64 cm in length x 0.62 cm and 0.4 cm in width. The right adrenal gland measured 2.18 cm in length x 0.49 cm in width.

**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, non-vascularized, hypoechoic parenchymal nodule in the body of the spleen measuring 0.6 cm in size. The spleen measures 1.9 cm in width.

**Liver**

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



**PATIENT**

Bella Snow

**SPECIES**

Canine

**BREED**

Shih Tzu Cross

**SEX**

Spayed female

**AGE**

11 years

**WEIGHT**

9.1 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Snelgrove VS

**REFERRING VET**

Dr. McQueen

**INVOICE**

75283

**DATE**

5/11/26

**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.

**ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy.
- Gallbladder sediment.
- Splenic nodule.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the hepatopathy would be reactive hyperplasia, vacuolar, metabolic and fat infiltration with hepatitis and infiltrative neoplasia highly unlikely diagnosis.

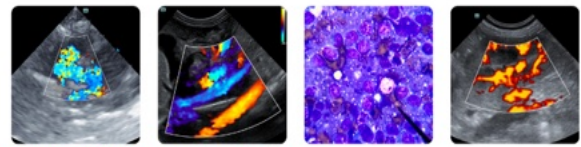
The gallbladder sediment can be considered an incidental finding.

Etiologies for the splenic nodule would be reactive hyperplasia/extramedullary hemopoiesis, hematoma, granuloma with emerging neoplasia a less likely differential diagnosis.

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.

Symptomatic management that could be considered for the hepatopathy and the gallbladder sediment would be the use of Ursodiol with regular monitoring of liver enzyme activity.



**PATIENT**

Bella Snow

**SPECIES**

Canine

**BREED**

Shih Tzu Cross

**SEX**

Spayed female

**AGE**

11 years

**WEIGHT**

9.1 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Snelgrove VS

**REFERRING VET**

Dr. McQueen

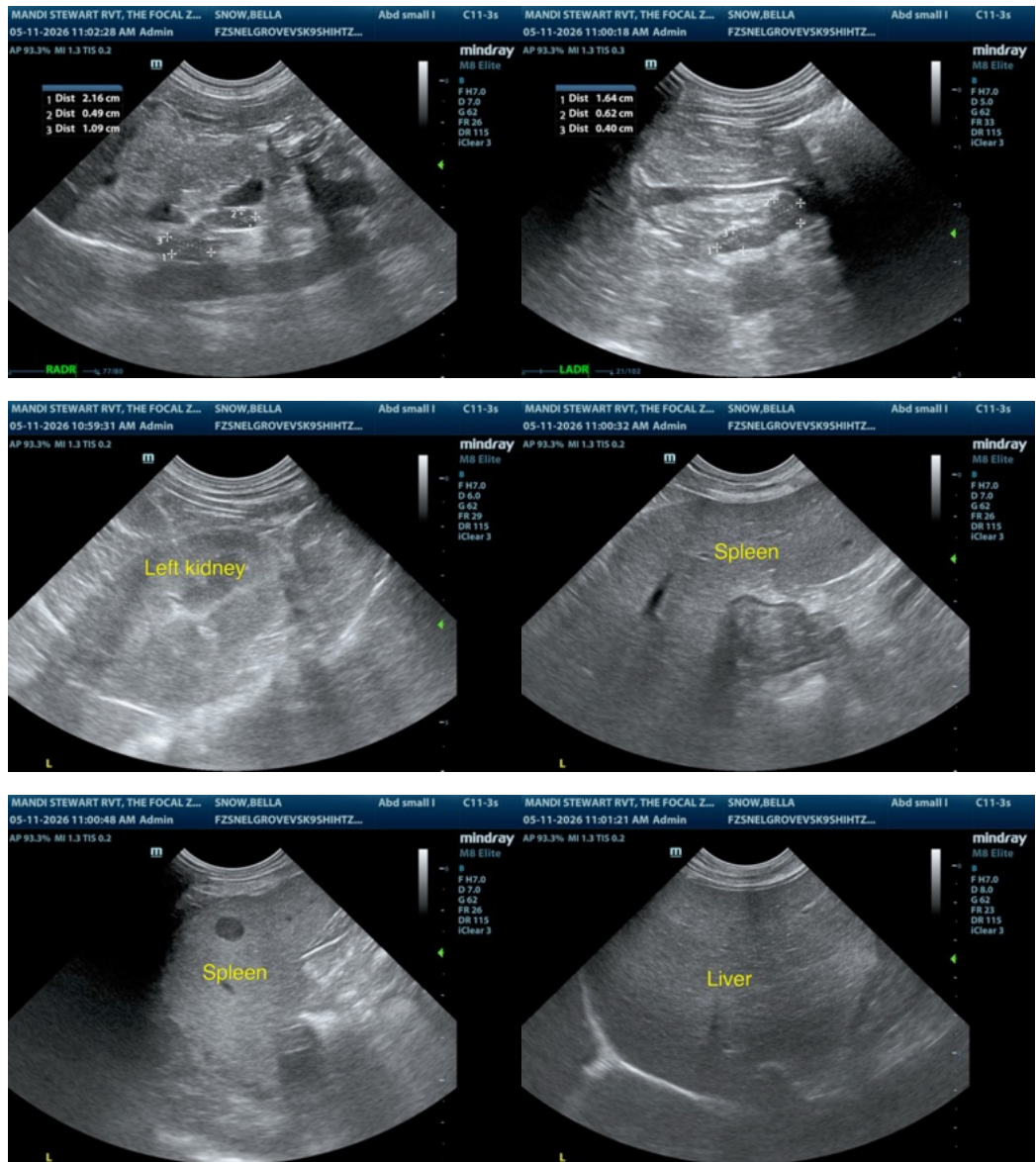
**INVOICE**

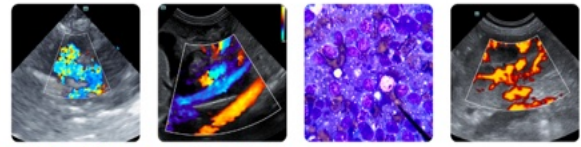
75283

**DATE**

5/11/26

Ultrasound monitoring of the splenic nodule would be recommended and if there is any progressive enlargement or bulging of the overlying capsule noted, then splenectomy should be considered.





**PATIENT**

Bella Snow

**SPECIES**

Canine

**BREED**

Shih Tzu Cross

**SEX**

Spayed female

**AGE**

11 years

**WEIGHT**

9.1 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Snelgrove VS

**REFERRING VET**

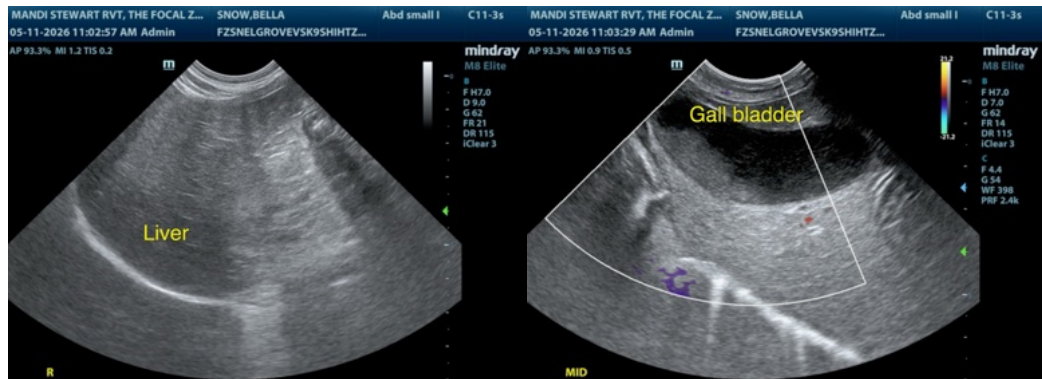
Dr. McQueen

**INVOICE**

75283

**DATE**

5/11/26



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](mailto:info@sonopath.com)