



PATIENT

Alfie DeRosa

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Neutered male

AGE

12 ½ years

WEIGHT

-

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Country Lakes AC

REFERRING VET

Dr. Griffith

INVOICE

69282

DATE

12/15/25

PRESENTING CLINICAL SIGNS

History: Hx of elevates Alp, Alt , GGT and hypoalbuminemia, hypercalcemia (now normal). Chronic diarrhea. Recent ruptures anal gland abscess (responded to Abx). Current meds: Convenia inj. ; Entyce; Denamarin

Abnormal PE/Chem/CBC/UA Results: Increases ALP, ALT and GGT. Hypoalbuminemia. Recent cortisol and UPC normal.

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.

Enlarged iliac lymph nodes measuring 0.9 x 1.9 cm in size with normal shape and echogenic appearance. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 4.0 cm, right measured 4.3 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 0.7 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.65 cm and 0.42 cm in width. The right adrenal gland measured 1.86 cm in length x 0.54 cm and 0.52 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. Focal, non-vascularized, hypoechogenic parenchymal nodule in the body of the spleen measuring 0.6 cm in size with bulging of the overlying capsule present. The spleen measures 0.8 cm in width.

Liver

Normal size with a diffuse increased echogenic and coarse appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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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, 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. Normal thickness of the small intestine with no loss of layering, but with mild segmental increase in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen.

Pancreas

Normal size (left and right measured 1.1 cm in width) with a hypoechogenic appearance and an irregular capsule. Mild, increased in the echogenic appearance of the mesentery and fat surrounding the pancreas especially the left lobe.

Free Abdomen

Prominent mesenteric lymph nodes measuring up to 0.6 x 0.8 cm in size with a rounded shape and hypoechogenic appearance.

No ascites evident.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Mesenteric and iliac lymphadenomegaly.
- Pancreatitis.
- Hepatopathy.
- Splenic nodules.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity, inflammatory bowel disease and possibly exocrine pancreatic insufficiency.



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Emerging lymphoma would be a less likely differential diagnosis.

Alfie DeRosa

The most likely etiology for the mesenteric and iliac lymphadenomegaly would be reactive hyperplasia with lymphadenitis and infiltrative neoplasia unlikely differential diagnosis.

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Etiologies for the pancreatitis would be chronic active pancreatitis and possibly emerging pancreatic fibrosis.

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

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Etiologies for the splenic nodule would be hematoma, granuloma and emerging neoplasia with extramedullary hemopoiesis/nodular hyperplasia a less likely differential diagnosis as there is bulging of the overlying capsule.

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The gallbladder sediment is most likely an incidental finding.

Further assessment would be fecal analysis, cobalamin, folate, CPL/PSL and TLI assay, endoscopy of the upper GI tract and possibly FNA cytology of the enlarged lymph nodes and liver.

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Specific therapy would be dependent on an etiological diagnosis.

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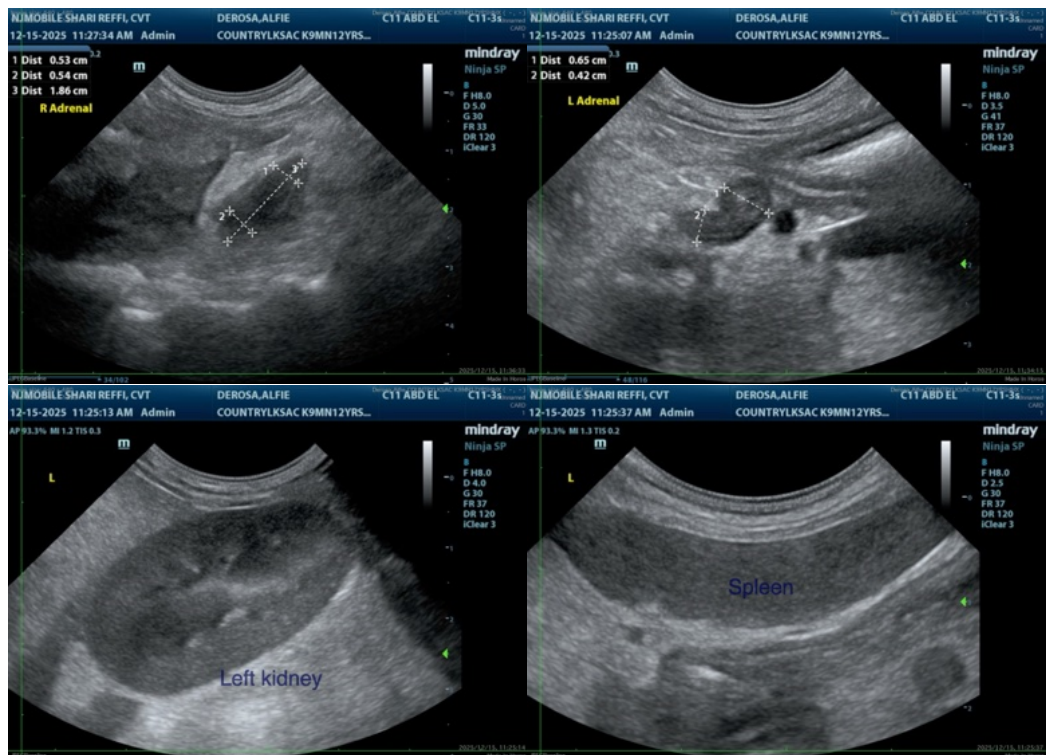
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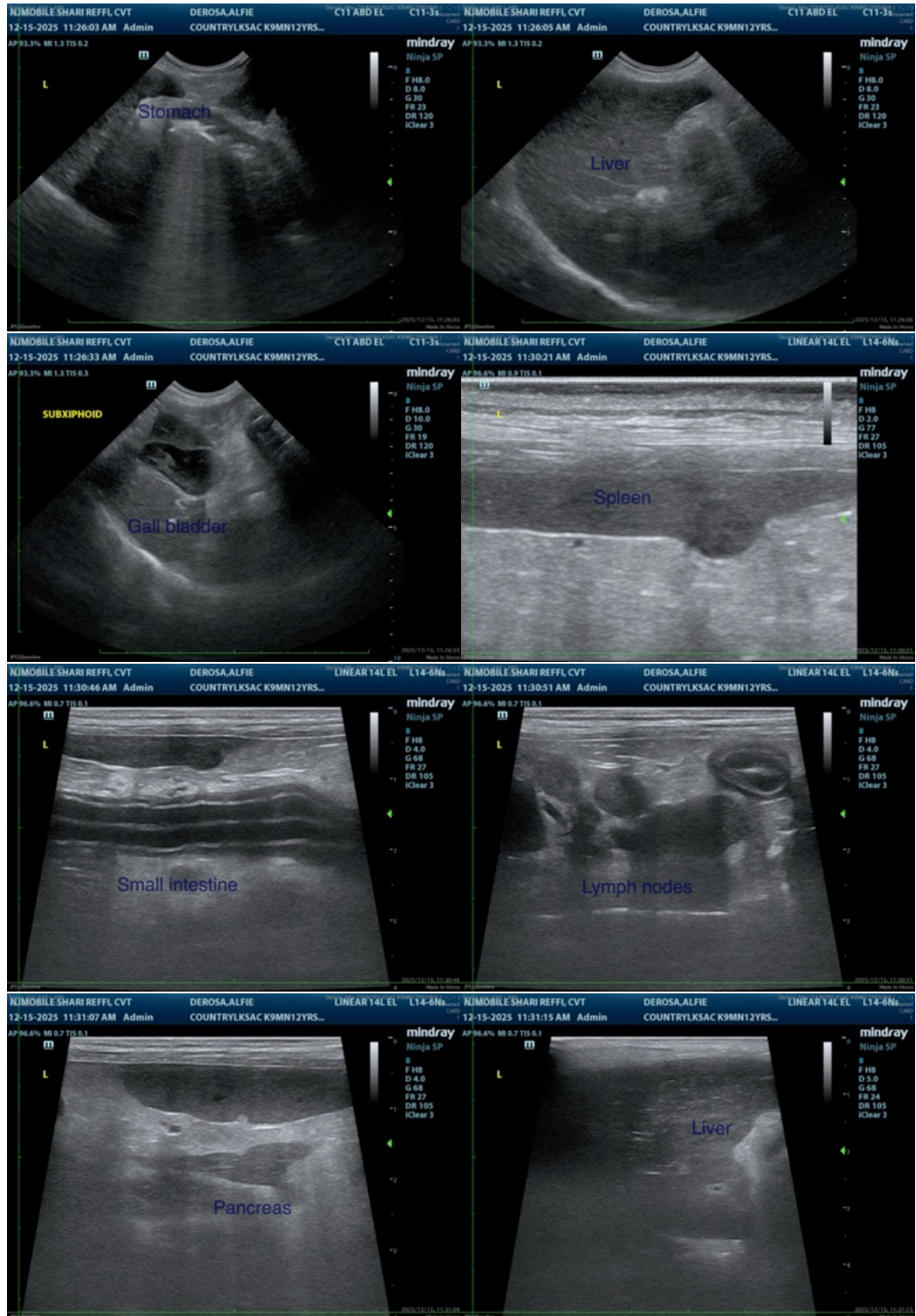
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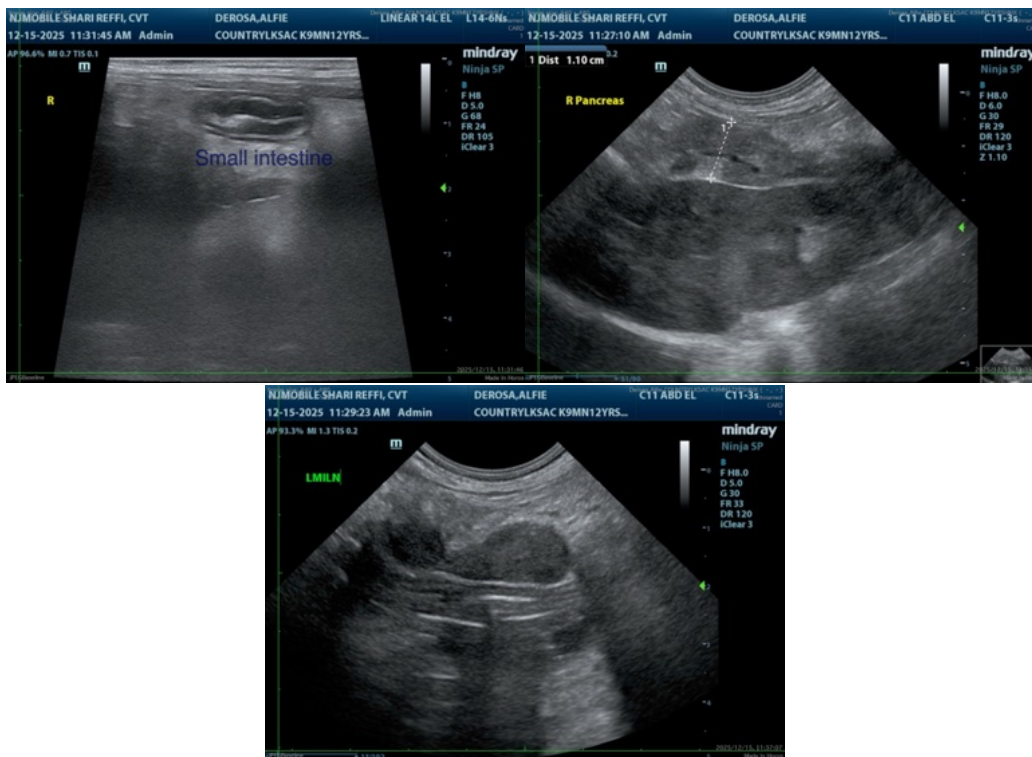
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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