



## PATIENT

Sasha Byrnes

## SPECIES

Canine

## BREED

Shih Tzu Mix

## SEX

Spayed female

## AGE

11 years

## WEIGHT

5.4 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

Shohola VH

## REFERRING VET

Dr. DeMeo

## INVOICE

69313

## DATE

12/16/25

## PRESENTING CLINICAL SIGNS

History: Not eating, incr. water consumption, weight loss. Non-regen anemia w/incr renal values. DOX- CRD vs infection bs neoplasia vs other. Meds: Zofran 4mg bid; Orbox 1ml Sid.

Abnormal PE/Chem/CBC/UA Results: Anemic w/hct 31%. Decreased RBC, hgb, microcystic RBC's, non-regen. SDMA 22; creat 2.8; bun 67; ALT 414. UA: dilute, USG 1.022

## 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 2.9 cm, right measured 3.0 cm), increased echogenic appearance, loss of cortico-medullary differentiation, normal pelvis and an irregular capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.43 cm and 0.37 cm in width. The right adrenal gland measured 0.31 cm and 0.34 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 0.7 cm in width.

### Liver

The liver is enlarged, irregular, mottled echogenic, poorly vascularized mass that measured 3.3 x 3.8 cm in size with a central cystic area that measured 1.8 x 2.0 cm in size. The mass is situated within the left lobe. The rest of the liver is of normal size with a normal echogenic appearance, portal markings, and regular curvilinear capsule. 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.
- Renal disease.

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

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

The appearance of the kidneys is consistent with chronic kidney disease.

Further assessment of the hepatic mass would be three view thoracic radiographs and FNA cytology. However, a tru cut or wedge biopsy may be required for a final, etiological diagnosis.

Further assessment of the renal disease would be UPC and blood pressure.

If surgery is being contemplated for the hepatic mass then a CT scan would be recommended.

Management of the renal disease would be feeding a renal diet and the use of enteric phosphate binders as needed.



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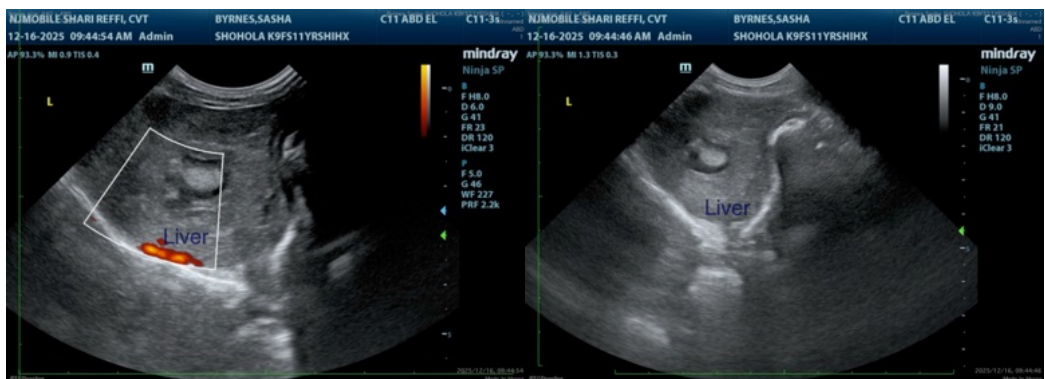
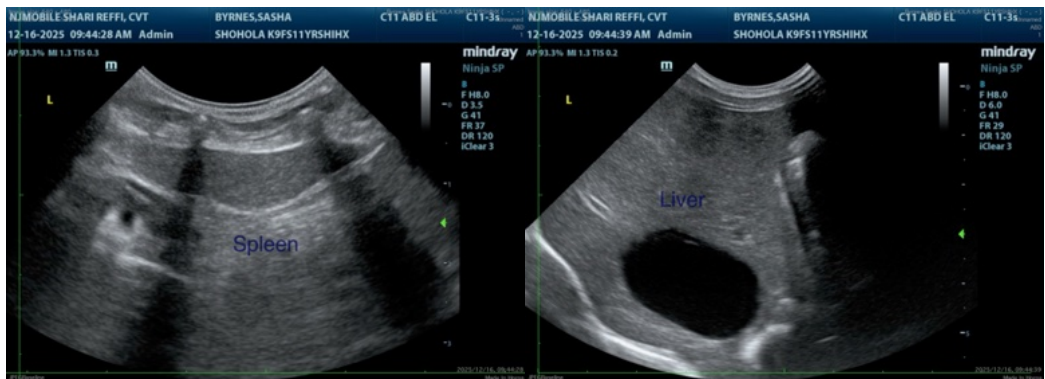
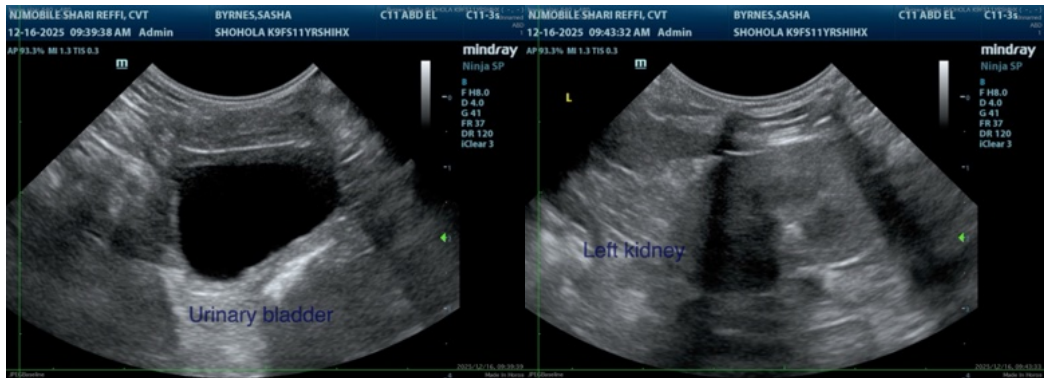
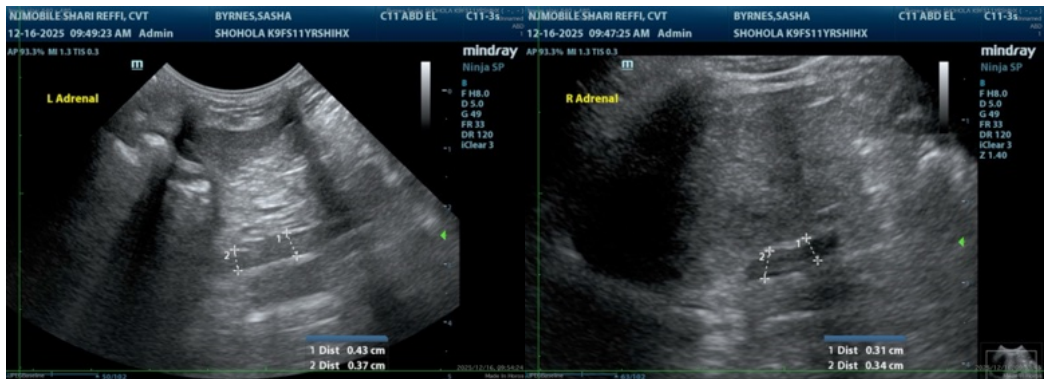
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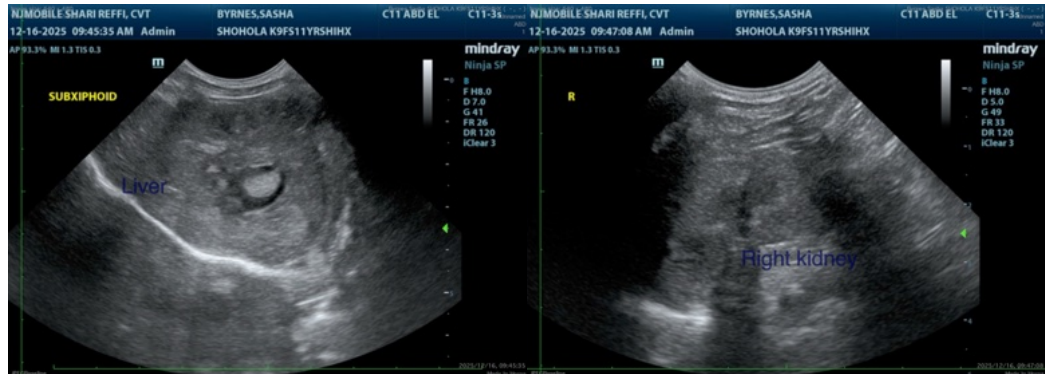
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

[info@sonopath.com](mailto:info@sonopath.com)