



PATIENT

Bailey Kirk

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed female

AGE

13 years

WEIGHT

10.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Animal Hospital of
Sussex County

REFERRING VET

Dr. Scairpon

INVOICE

73457

DATE

3/16/26

PRESENTING CLINICAL SIGNS

- BCS 4/5
- Significant weight loss, historical heart murmur
- Brief in-house u/s-Cystic mass on LK
- Current Medications: Vetmedin
- ALKP 322 (RR 5-131)

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 4.4 cm, right measured 3.5 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. A large, cortical cyst is present in the cranial pole of the left kidney measuring 1.7 x 1.9 cm in size.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.61 cm in length x 0.51 cm and 0.43 cm in width.

The right adrenal gland was revealed a hyperechogenic, parenchymal nodule in the cranial pole measuring 1.1 x 1.4 cm in size. The caudal pole measures 0.66 cm and maintained a normal echogenic appearance, shape and appearance of the visible peri-adrenal vasculature.

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 1.4 cm in width.



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Liver

Normal size with a diffuse, increased, echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. A few, hypoechogenic, parenchymal nodules measuring up to 0.7 x 1.3 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.

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.
- Hepatic nodules.
- Right adrenal nodule.
- Left renal cyst.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia a less likely differential diagnosis.

The most likely etiology for the hepatic nodules would be nodular hyperplasia with infiltrative neoplasia a less likely differential diagnosis.



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The renal cysts can be considered an incidental finding.

The most likely etiology for the right adrenal nodule would be a non-functional adenoma, with emerging carcinoma and pheochromocytoma a less likely differential diagnosis.

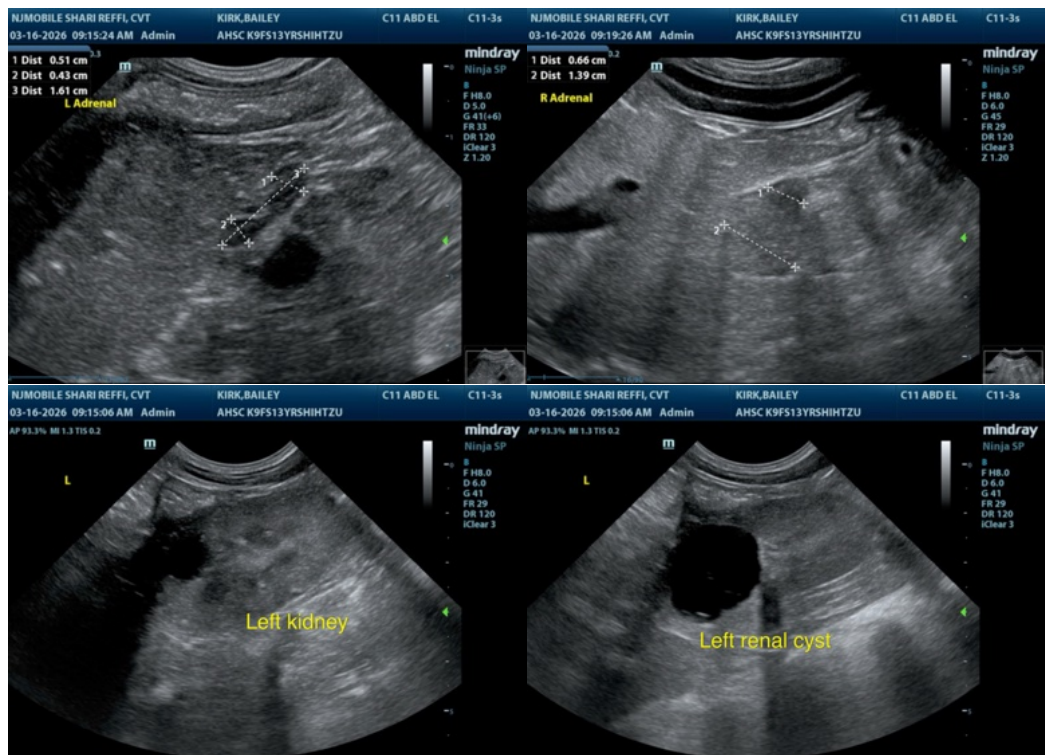
The gallbladder sediment can be considered an incidental finding.

Further assessment would be FNA cytology of the liver and the hepatic nodules. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

FNA cytology of the right adrenal nodule could also be considered.

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.





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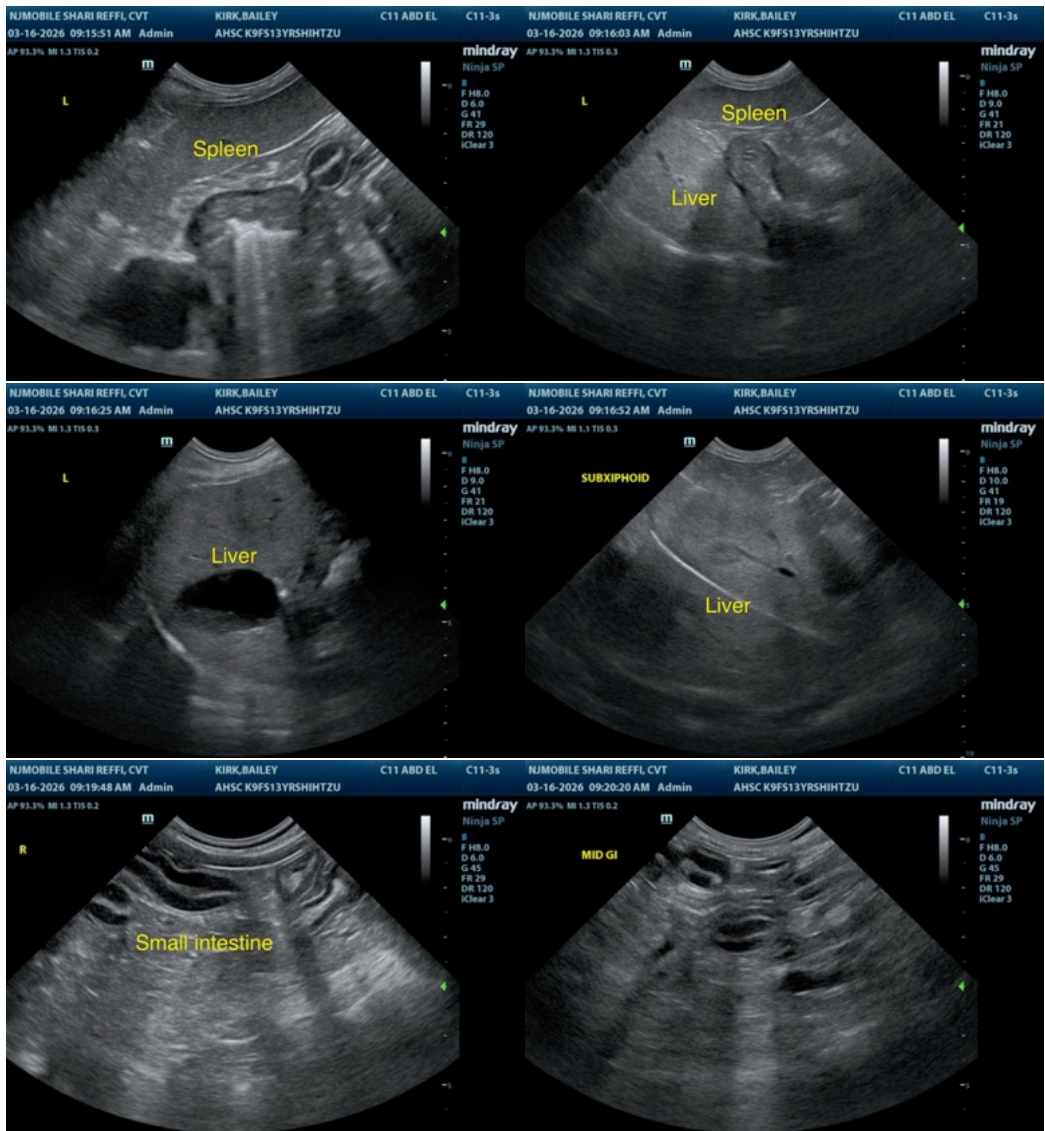
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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