



PATIENT

Princess Sanots Muniz

SPECIES

Canine

BREED

Pug Mix

SEX

Spayed female

AGE

7 years

WEIGHT

47.8 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

73740

DATE

3/24/26

PRESENTING CLINICAL SIGNS

- Recheck US from 11/2025-rising SAP (report attached)
- Hx of hepatic mass in right lobe adjacent to GB 2x2.8cm.
- Current meds: Standard Process Hepatic support (Gaba/Traz)
- Elev. SAP 1,381 (H 131); Trigly. 601 (H 291); UA: Protein 3+; PH 7.5; USG: 1.025

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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 5.5 cm, right measured 6.1 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.36 cm and 0.39 cm in width. The right adrenal gland measured 0.49 cm and 0.55 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 1.5 cm in width.

Liver

Normal size with a diffuse, increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. A few, small, hypoechoic parenchymal nodules are evident measuring up to 0.5 cm in size. Larger, hypoechoic parenchymal nodule in the right lobe adjacent to the gallbladder measuring 1.1 x 1.5 cm. 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, 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.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The previously reported hepatic mass has shrunken to become a hypoechogenic nodule.

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

The most likely etiology for the small hepatic nodules would be nodular hyperplasia.

Etiologies for the larger hepatic nodule would be resolving hematoma, granuloma and possibly nodular hyperplasia.

Gallbladder sediment can be considered an incidental finding.

Further assessment (if not already done) would be FNA cytology of the liver. However, a tru cut or wedge biopsy may be required for final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.



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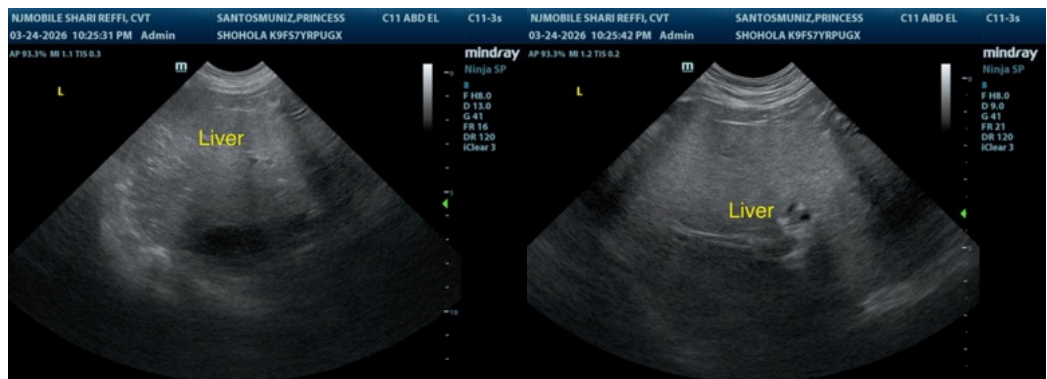
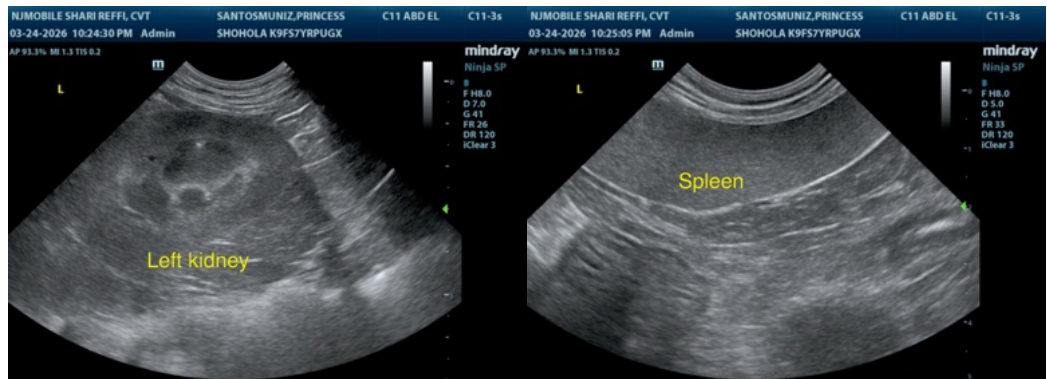
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Symptomatic management that can be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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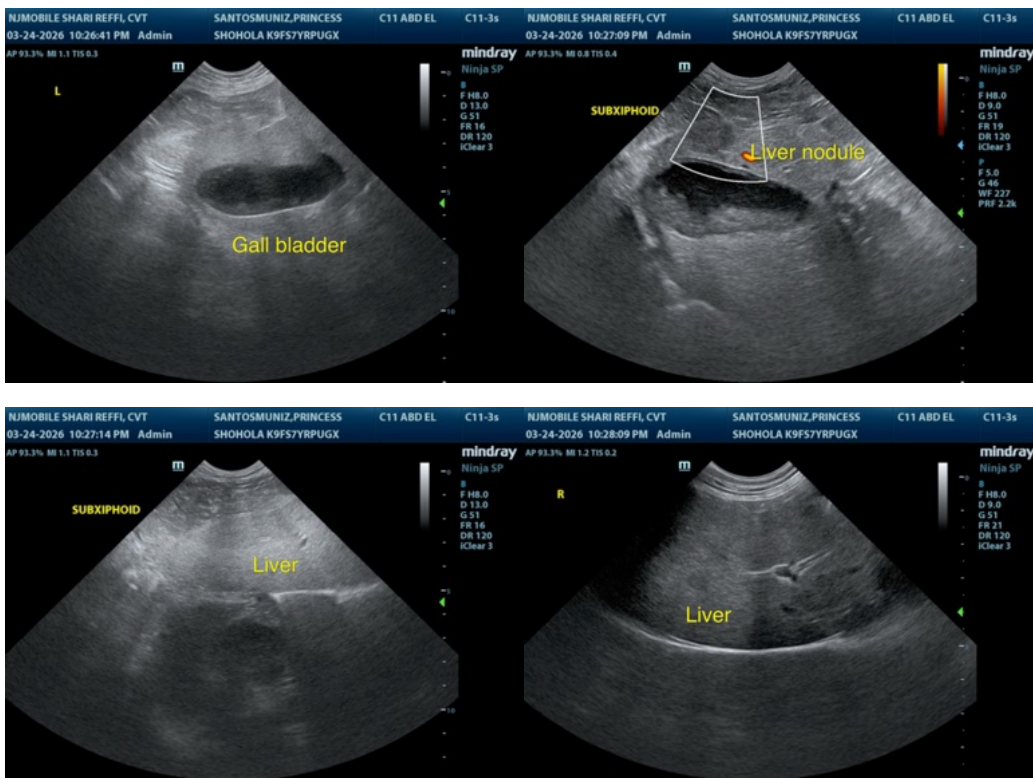
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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