



## PATIENT

Lizzy Jochum

## SPECIES

Canine

## BREED

Shih Tzu x

## SEX

Spayed Female

## AGE

6 Years

## WEIGHT

16.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Nicole Hession

## HOSPITAL NAME

Sanlando Springs  
Animal Hospital

## REFERRING VET

Dr. Martinez

## INVOICE

72053

## DATE

11/21/25

## PRESENTING CLINICAL SIGNS

Pet has hx of progressively elevated ALT. No improvement with Denamarin. Pet is e/d well. O has reported hx of licking objects and intermittent episodes of diarrhea.

Abnormal PE/Chem/CBC/UA Results: 7/29/25- Full BW, only abnormality ALT 268. (normal in 2023). 11/6/25 ALT 372.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

Full urinary bladder containing a scant amount of floating hypoechogenic sediment, with a normal thickness and smooth appearance of the wall.

Normal appearance of the trigone area, proximal urethra (0.30 cm), 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts or renoliths evident. Mild bilateral pinpoint mineralization evident. Left kidney measures 4.2 cm. Right kidney measures 4.8 cm.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.42 cm and 0.39 cm in width. Right measures 0.49 cm and 0.48 cm in width.

### *Spleen*

Normal size (1.2 cm in width) 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.

### *Liver*

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

### *Gallbladder*

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. Stomach wall measures 0.35 cm. Duodenum wall measures 0.48 cm. Jejunum wall measures up to 0.31 cm. Colon wall measures 0.16 cm.



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## Pancreas

Visible sections present normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. Left pancreas measures 0.90 cm in width.

## Free Abdomen

Normal mesenteric lymph nodes, example measured 0.30 cm x 0.60 cm.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Renal mineralization.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

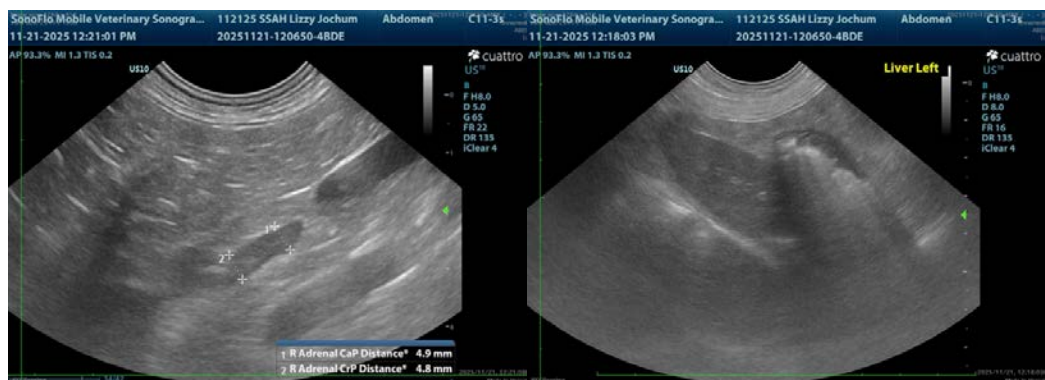
In essence, a normal ultrasound examination of the abdomen, as the renal mineralization can be considered an incidental finding.

Although the liver appears ultrasonographically normal, with the elevated liver enzyme activity, an underlying hepatopathy such as reactive hyperplasia, vacuolar and metabolic should still be considered. Hepatitis and infiltrative neoplasia would be highly unlikely differential diagnoses.

Further assessment would include 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 would be to add Ursodiol with regular monitoring of liver enzyme activity.





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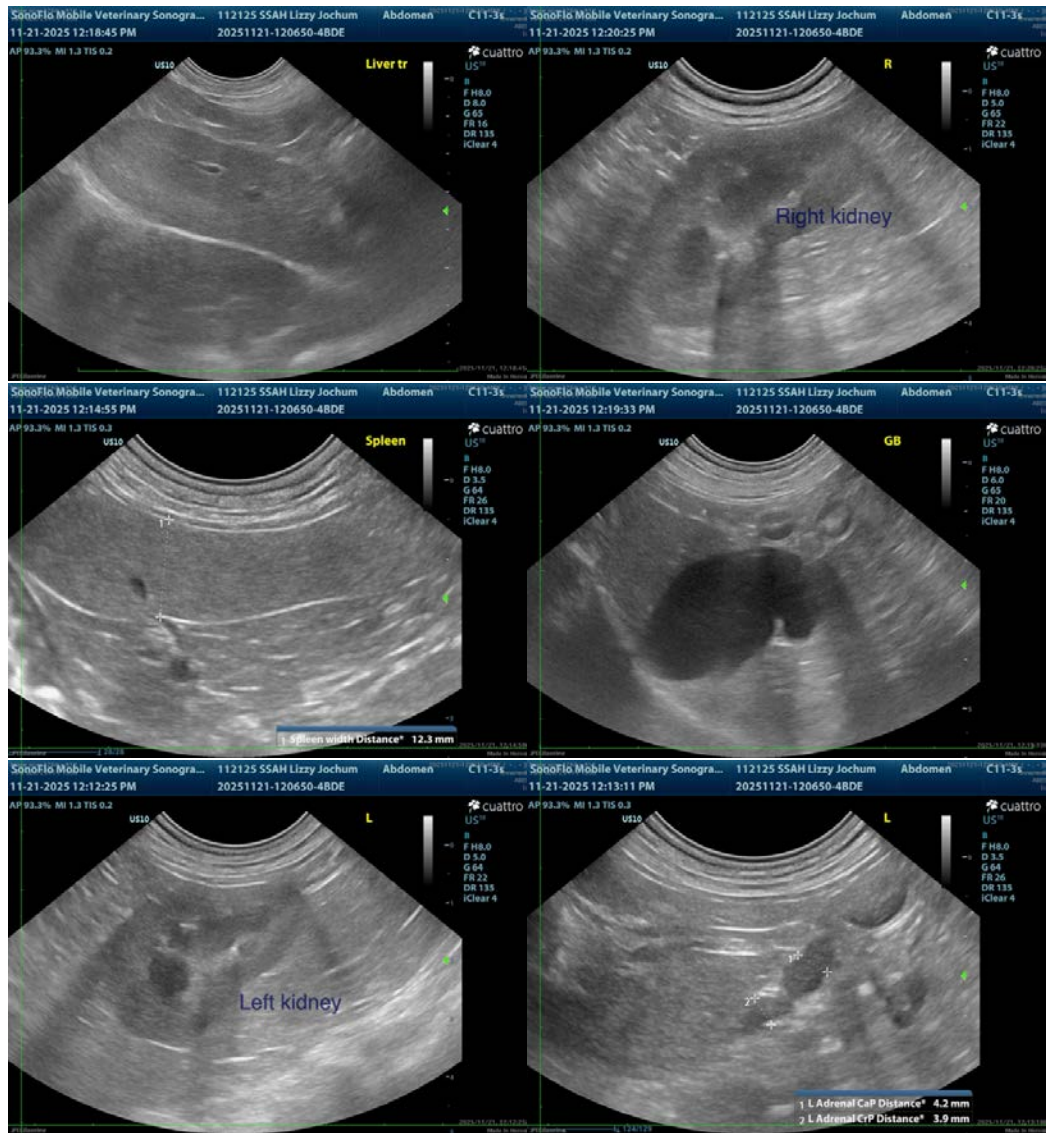
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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