



PATIENT

Jasper Finocchario

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered male

AGE

12 years

WEIGHT

13.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York VS

REFERRING VET

Dr. Yanik

INVOICE

70148

DATE

1/14/26

PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: Has a history of chronic pancreatitis and elevated liver enzymes. He has been vomiting since Tuesday, with a couple of episodes last week. He had diarrhea for about 4-5 days but is feeling better now. He has known bilateral AV valvular degeneration stage B2 and is on Vetmedin. An echocardiogram was performed last year at York Animal Hospital. He recently started Denamarin and metronidazole, with Cerenia as needed. He received a Cerenia injection and subcutaneous fluids at his primary veterinarian, and he was feeling better by the next day. His stools have firmed up. His appetite is very good; he wants to eat all the time. He did have a decreased appetite on the first night he vomited and the night he came home from the vet, but his appetite returned to normal the following day. CLINICAL SIGNS: lethargy, vomit, diarrhea, and elevated liver values
MEDICATIONS: Vetmedin 2.5 mg 1/2 a tab BID Just started Denamarin and metronidazole 250 1/4 tab po BID and cerenia as needed for nausea
Abnormal PE/Chem/CBC/UA Results: - ALT: 516 U/L - ALP: 250 U/L - GGT: 20 U/L - Elevated lipase - Low white cell count: 2.6 thousand/uL - Low neutrophils: 1.19 thousand/uL He has not had a fever.

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 4.7 cm, right measured 5.1 cm), increased echogenic appearance, some loss of cortico-medullary differentiation and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys. A few, small cortical cysts are present in both kidneys.

The prostate is small and hypoechogenic measuring 0.6 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.62 cm in length x 0.51 cm and 0.43 cm in width. The right adrenal gland measured 1.85 cm in length x 0.52 cm and 0.53 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 1.2 cm in width.



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Liver

Normal size with a diffuse increased echogenic and coarse appearance with normal portal markings, and regular curvilinear capsule. No nodules or 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.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy
- Age related renal changes versus early chronic kidney disease
- Gallbladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia an unlikely differential.



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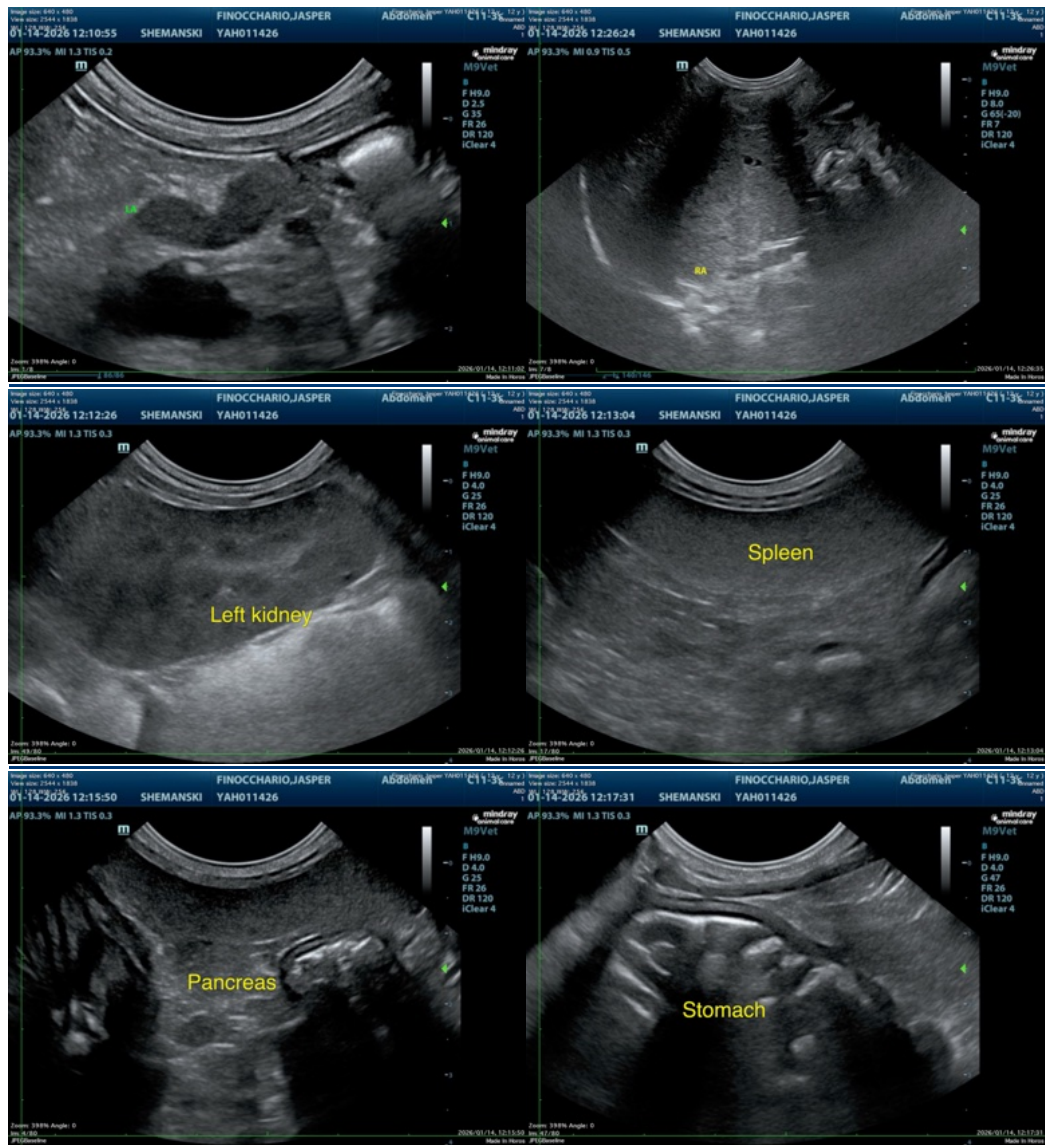
The gallbladder sediment can be considered an incidental finding.

With the presenting clinical signs the most likely etiology would be non-specific gastroenteritis such as dietary indiscretion, toxins and viral.

Further assessment that can be considered would be FNA cytology; 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 continue the current therapy and to add Ursodiol with regular monitoring of liver enzyme activity.





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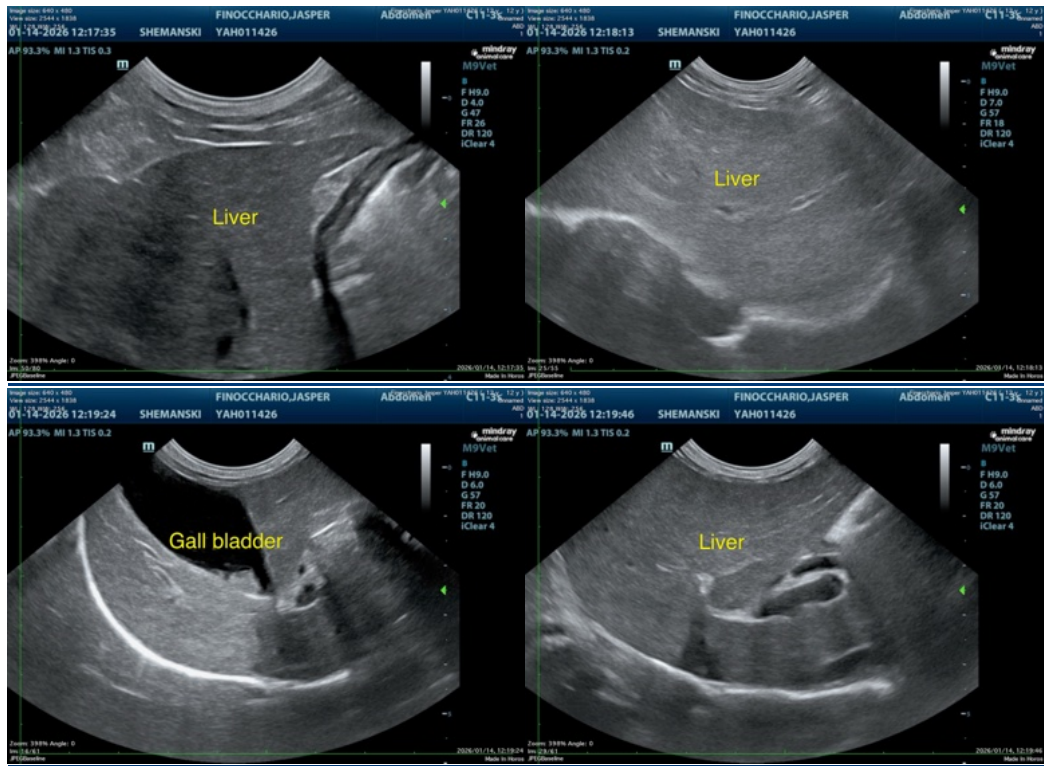
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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