



PATIENT

Chewy Pace

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered male

AGE

13 years

WEIGHT

17.82 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cameron Johnson

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. WyLee Cooper

INVOICE

71001

DATE

1/27/26

PRESENTING CLINICAL SIGNS

- Watery diarrhea Saturday & Sunday (resolved by Monday). Anorexia since Sunday night
- History of chronic kidney disease. High water intake
- Painful on cranial abdominal palpation
- History of CKD, hypertension
- Very painful on cranial abdominal palpation Dull mentation -CBC: Neutrophilia 13.88 [2.88-11.72] -Chemistry panel: BUN 126.1 [9-29], creatinine 4.0 [0.4-1.4], glucose 165 [75-125], cholesterol 344 [120-310], ALT 129 [0-120], total bilirubin 1.1 [0-0.5] -Point of care abdominal ultrasound: distended gallbladder

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 with a diffuse, hypoechogenic appearance and loss of corticomedullary differentiation. Normal renal pelvis and an irregular capsule. The left kidney measured 4.0 cm. The right kidney measured 3.8 cm. No infarcts, mineralization or renoliths evident. The prostate is small and hypoechogenic.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.6 cm and 0.57 cm in width. The right adrenal gland measured 0.5 cm and 0.67 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. Incidental myelolipoma is present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.1 cm in width.

Liver

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



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Gallbladder

The gallbladder is full almost distended containing a large amount of adhered and non-adhered, hyperechogenic sediment with the adhered sediment arranged in an early stellate pattern. 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, 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. Mottled echogenic, mural mass on the duodenum measuring 1.4 x 1.6 cm in size with no luminal obstruction evident. The rest of the duodenum is of normal thickness showing no loss of layering and maintaining a 1:3 muscularis to mucosa ratio.

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

- Renal disease.
- Duodenal mass.
- Mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is consistent with chronic kidney disease and in line with the patient's history.

Etiologies for the duodenal mass would be granuloma, focal perforation and neoplasia.

Further assessment would be three view thoracic radiographs and FNA cytology of the duodenal mass.

Specific therapy would be dependent on an etiological diagnosis.

Management of the mucocele would either be medical therapy with Ursodiol or cholecystectomy. Surgical resection of the duodenal mass could be considered.



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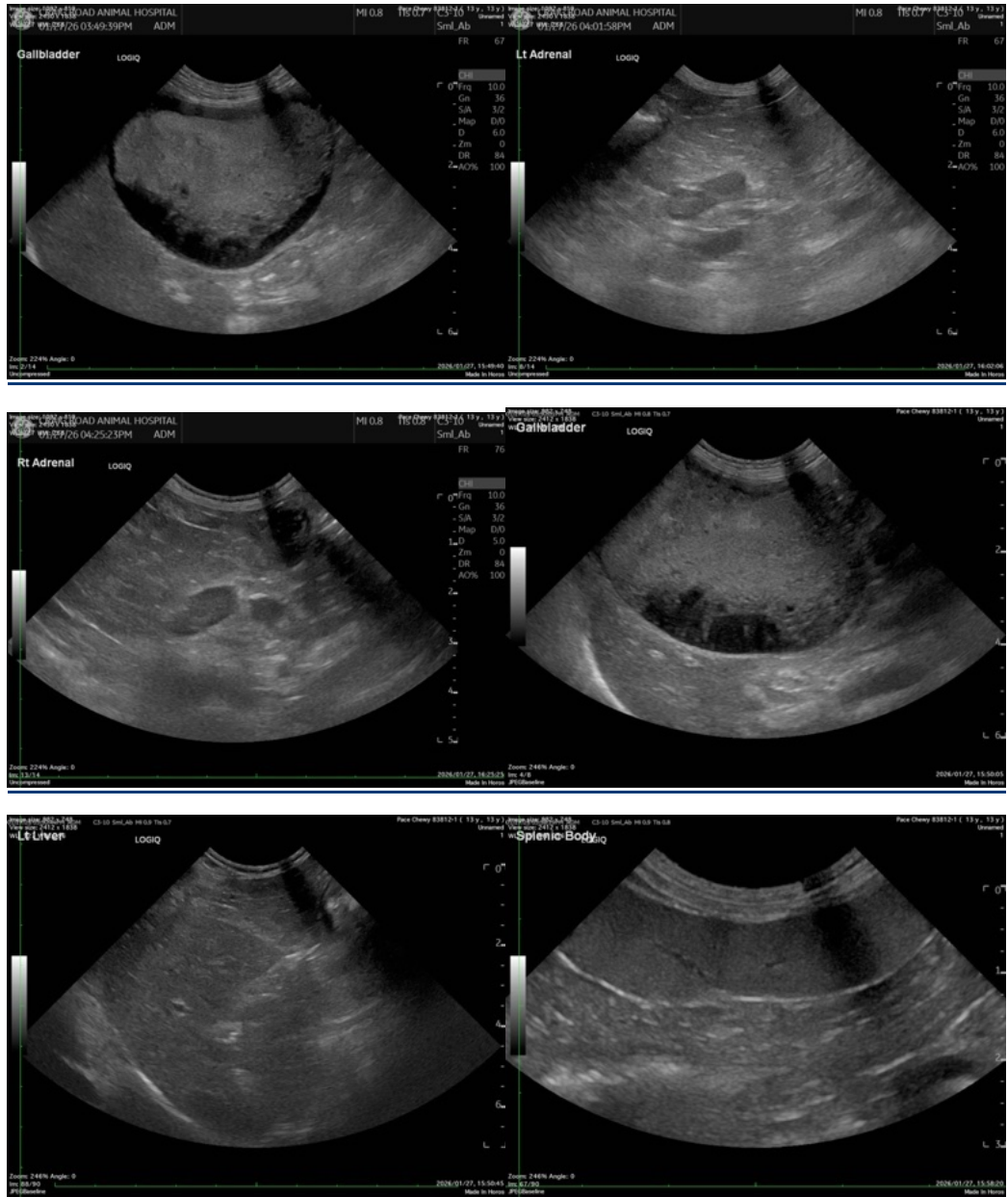
Dr. WyLee Cooper

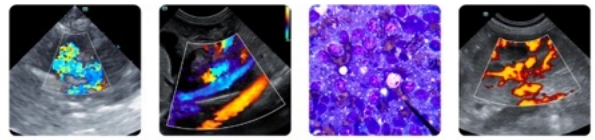
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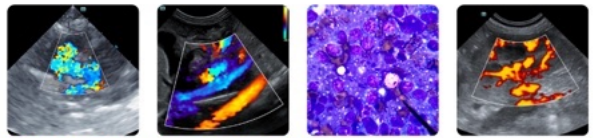
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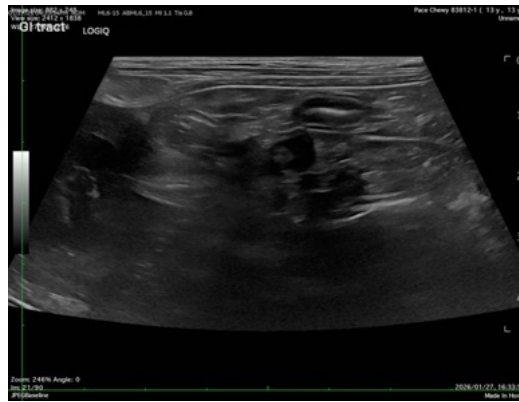
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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