



## PATIENT

Scout Loftin

## SPECIES

Canine

## BREED

Chihuahua Mix

## SEX

Spayed femlae

## AGE

14 years

## WEIGHT

5.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Hadi

## HOSPITAL NAME

Nimbus PH

## REFERRING VET

Dr. Hadi

## INVOICE

69940

## DATE

1/8/26

## PRESENTING CLINICAL SIGNS

History: P presented for annual exam. PU/PD was noted on exam with weight loss. Labs revealed a moderate to marked azotemia with isosthenuria, mild non-regenerative anemia, marked disproportional increase in BUN, mild monocytosis, mild hypoalbuminemia. Non-proteinuric, no WBC/RBC/Bacteria seen on UA.

Abnormal PE/Chem/CBC/UA Results: SDMA: 25 ug/dL Creatinine: 3.1 mg/dL BUN: 137 mg/dL Albumin: 2.6 g/dL HCT: 35% (low/normal reticulocytes) USG: 1.017

## 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 2.5 cm, right measured 3.0 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.32 cm and 0.34 cm in width. The right adrenal gland measured 0.4 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 0.8 cm in width.

### Liver

Normal size with a diffuse increased echogenic and coarse appearance, normal 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 containing normal anechoic bile, mottled echogenic mass like structure within the gallbladder measuring 0.9 x 2.0 cm in size. 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. A moderate amount of ingesta was present in the stomach compatible with a recent meal.

## ***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.
- Hepatopathy.
- Gallbladder mass.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the kidneys would be consistent with chronic kidney disease. The most likely etiology for the hepatopathy would be age related reactive hyperplasia with vacuolar and metabolic hepatopathy a less likely differential diagnosis.

Etiologies for the gallbladder mass would be neoplasia, hematoma and granuloma. A disproportionate elevation of the urea to the creatinine can be ascribed to the size of the animal which has minimal muscle mass.

Further assessment would be blood pressure.

Initial management would be feeding a renal diet and the use of enteric phosphate binders as needed. Cholecystectomy could be considered. However, an alternative would be regular ultrasound monitoring.



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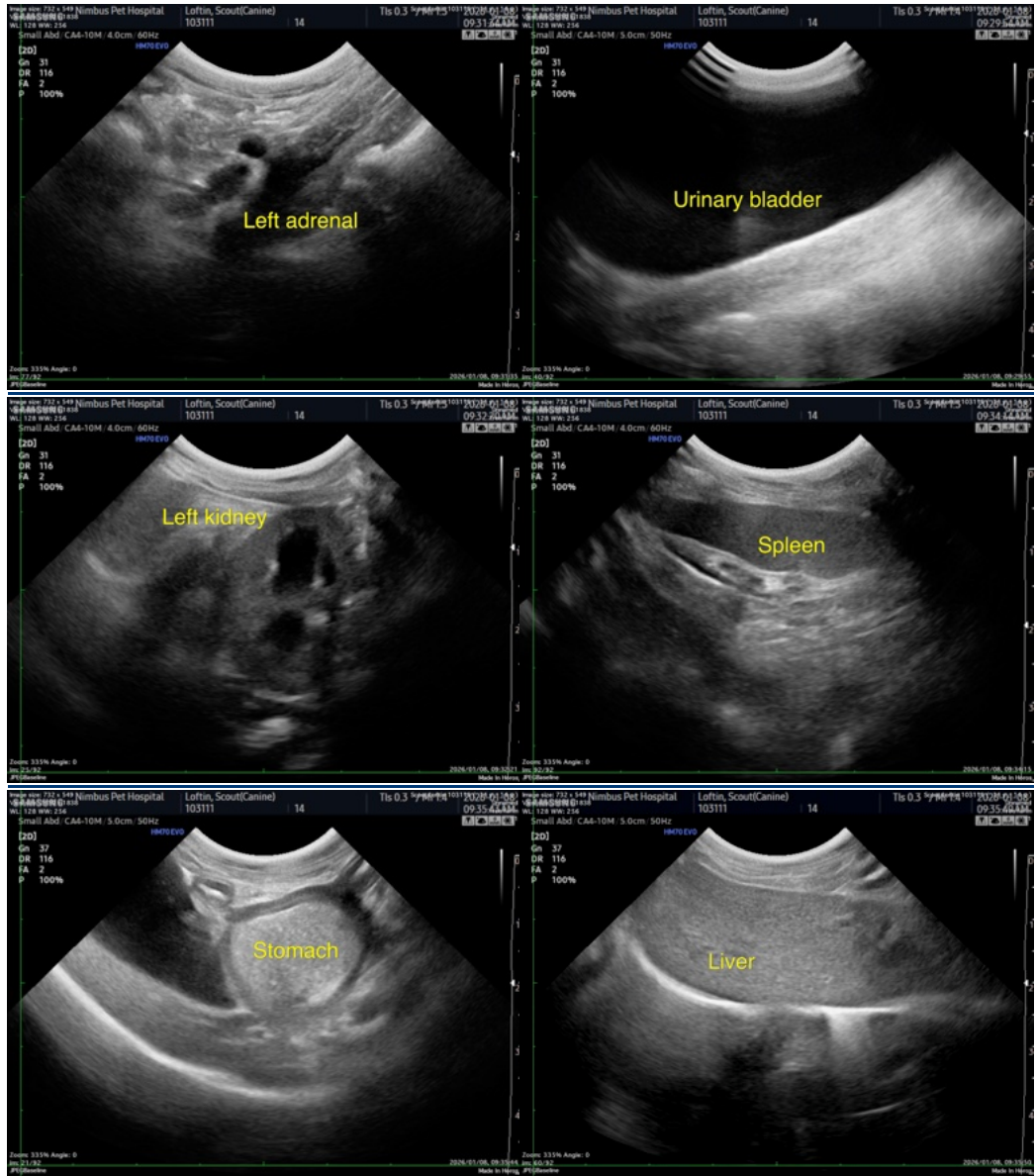
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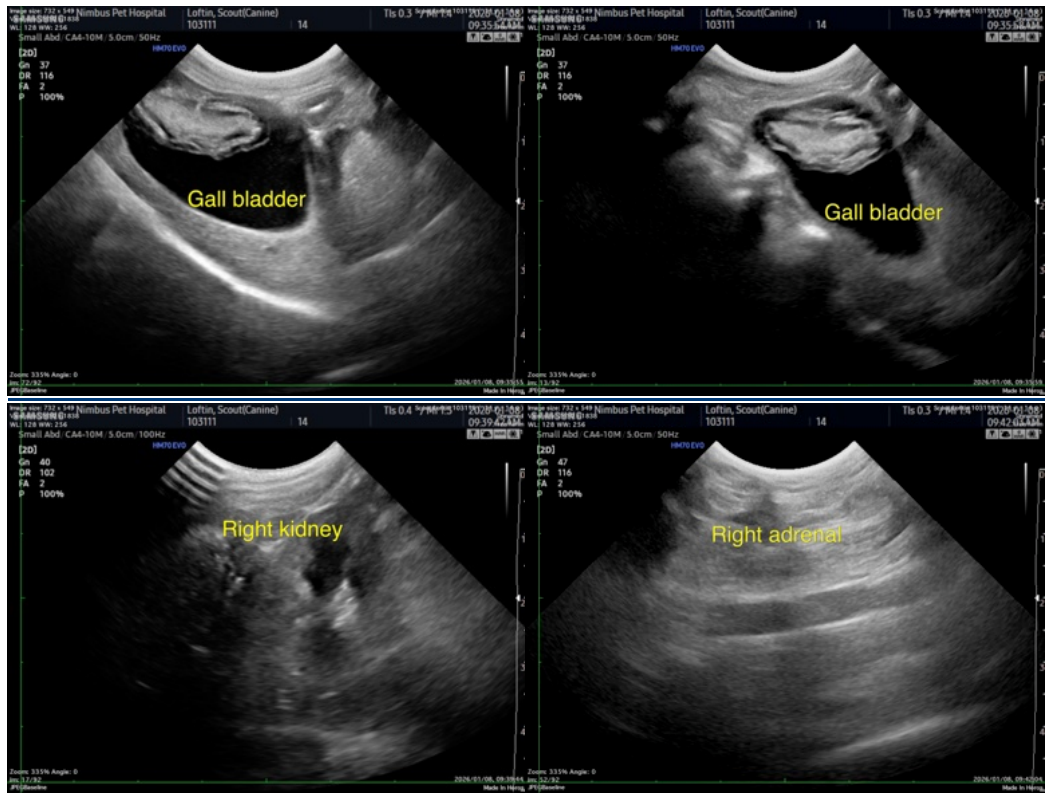
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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