**PATIENT**

Stella Davila

SPECIES

Canine

BREED

Miniature Pinscher

SEX

Spayed female

AGE

10 years

WEIGHT

17.5 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Kenilworth AH

REFERRING VET

Dr. Mansour

INVOICE

68891

DATE

11/20/25

PRESENTING CLINICAL SIGNS

History: Increased liver enzymes. AST 163, ALT 616. Evaluate for liver neoplasia. Labs attached from another clinic 11/17/25.

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 (0.4 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, mineralization or renoliths evident. The left kidney measured 4.3 cm and the right kidney measured 4.9 cm. 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. The left adrenal gland measured 2.06 cm in length x 0.56 cm and 0.59 cm in width. The right adrenal gland measured 1.95 cm in length x 0.58 cm and 0.65 cm in width.

Spleen

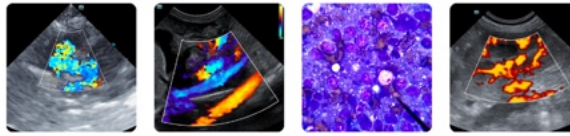
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.3 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature. Mild, patchy, mineralization of the intrahepatic bile ducts.

Gallbladder

The gallbladder is full containing a small amount of adhered and non-adhered hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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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. The small intestine measured up to 0.39 cm in width.

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

Two enlarged, cystic mesenteric lymph nodes were noted. They maintained normal shape and echogenic appearance. Hyperechogenic appearance of the mesentery surrounding the lymph nodes. One measured 0.7 x 1.4 cm and the other measured 1.8 x 2.4 cm.

The rest of the mesenteric lymph nodes appear normal.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Focal, mesenteric lymphadenomegaly.
- Intrahepatic bile duct calcification.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the cystic mesenteric lymphadenomegaly would be incidental finding, lymphadenitis and possibly infiltrative neoplasia.

The bile duct calcification can be considered an incidental age related finding.

The gallbladder sediment is most likely an incidental finding.

Although the intrahepatic bile duct calcification could result in the elevated liver enzyme activity an underlying hepatopathy such as reactive hyperplasia, vacuolar and metabolic should still be considered.

Further assessment would be FNA cytology of the liver and the cystic lymph nodes.

Specific therapy would be dependent on an etiological diagnosis.



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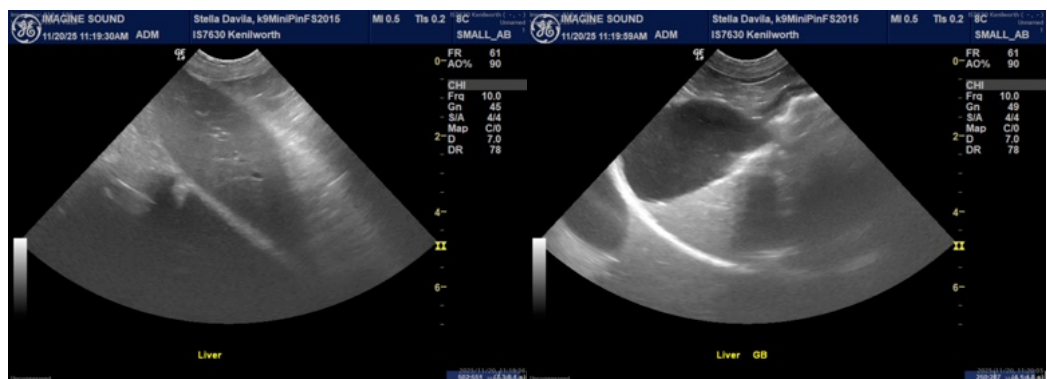
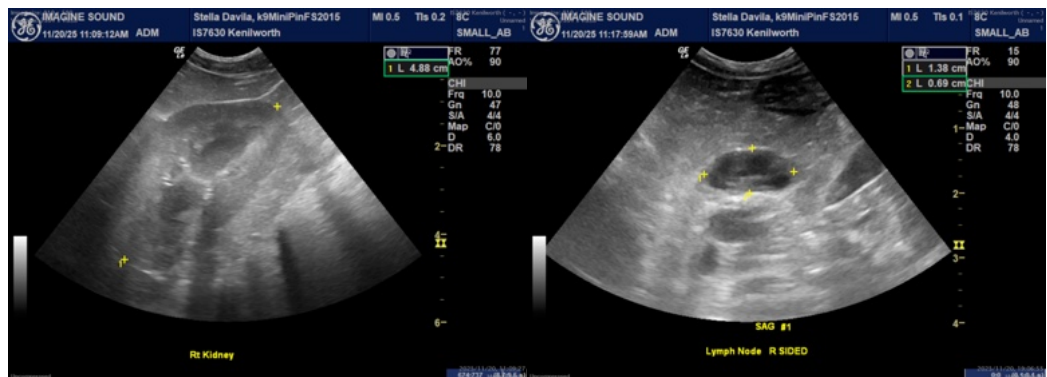
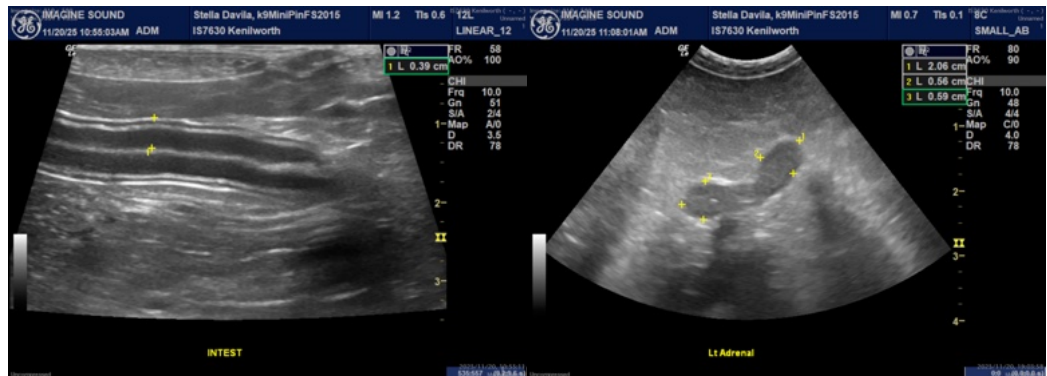
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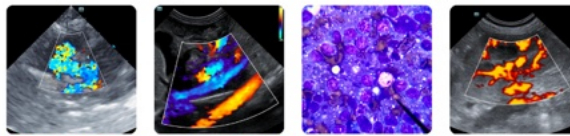
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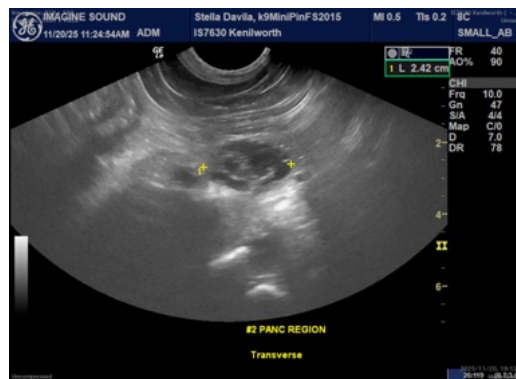
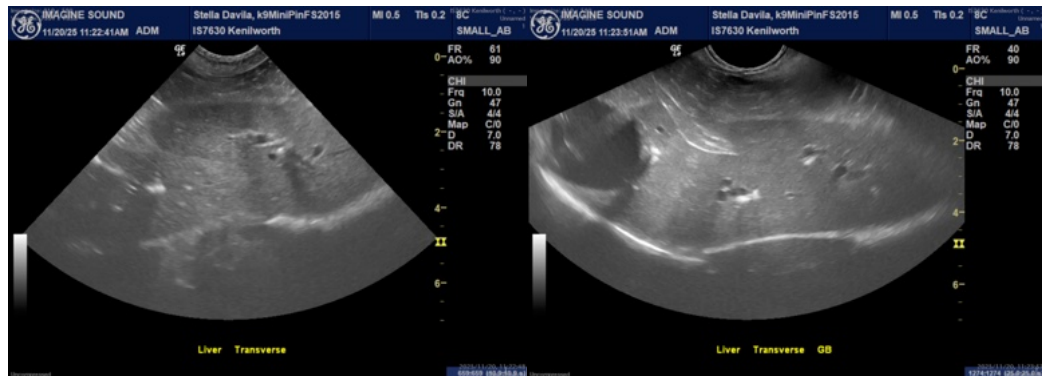
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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