



## PATIENT

Zoey Wagner

## SPECIES

Canine

## BREED

Chihuahua Mix

## SEX

Spayed Female

## AGE

8 years

## WEIGHT

163.5 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

A. Murphy  
CVT

## HOSPITAL NAME

Wauwatosa Veterinary  
Clinic

## REFERRING VET

Dr. Sarah Mai

## INVOICE

10703

## DATE

11/7/2025

## PRESENTING CLINICAL SIGNS

Presented for on & off vomiting & diarrhea for the past 3-4 weeks. owner reports episodes lasting a couple days followed by resolution, then recurrence.

Abnormal PE/Chem/CBC/UA Results: Mild inflammatory leukogram (neutrophilia & monocytosis) mild hypocalcemia (8.2) & hypocholesterolemia (8.1). marked pan hypoproteinemia 9TP 3.5, albumin 1.8, globulin 1.7). normal fasted TLI, cobalamin & folate. pending baseline cortisol & UPC, spec CpL normal.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Full urinary bladder 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 3.9 cm, and the right kidney measures 4.0 cm.

### Adrenal Glands

The adrenal glands are not clearly visualized but appear to be of normal shape, echogenic appearance, and size.

### 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 measures 0.9 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.

### Gallbladder

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, 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. Segmental thickening of the small intestines (up to 0.59 cm) with no loss of layering,



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maintaining a 1:3 muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen. Patchy mucosal stippling present.

## Pancreas

Visible sections of the pancreas are normal in size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

## Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Gallbladder sediment.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be primarily lymphangiectasia, parasitic enteritis, dietary hypersensitivity, and inflammatory bowel disease.

The gallbladder sediment is most likely an incidental finding.

Further assessment would be fecal analysis, an endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Initial management of a possibly primary lymphangiectasia would be feeding small frequent meals of a low-fat intestinal type diet, and prednisolone. However, if there's not a satisfactory improvement then changing the diet to a novel protein/hypoallergenic diet and continuing the prednisolone therapy would be recommended.





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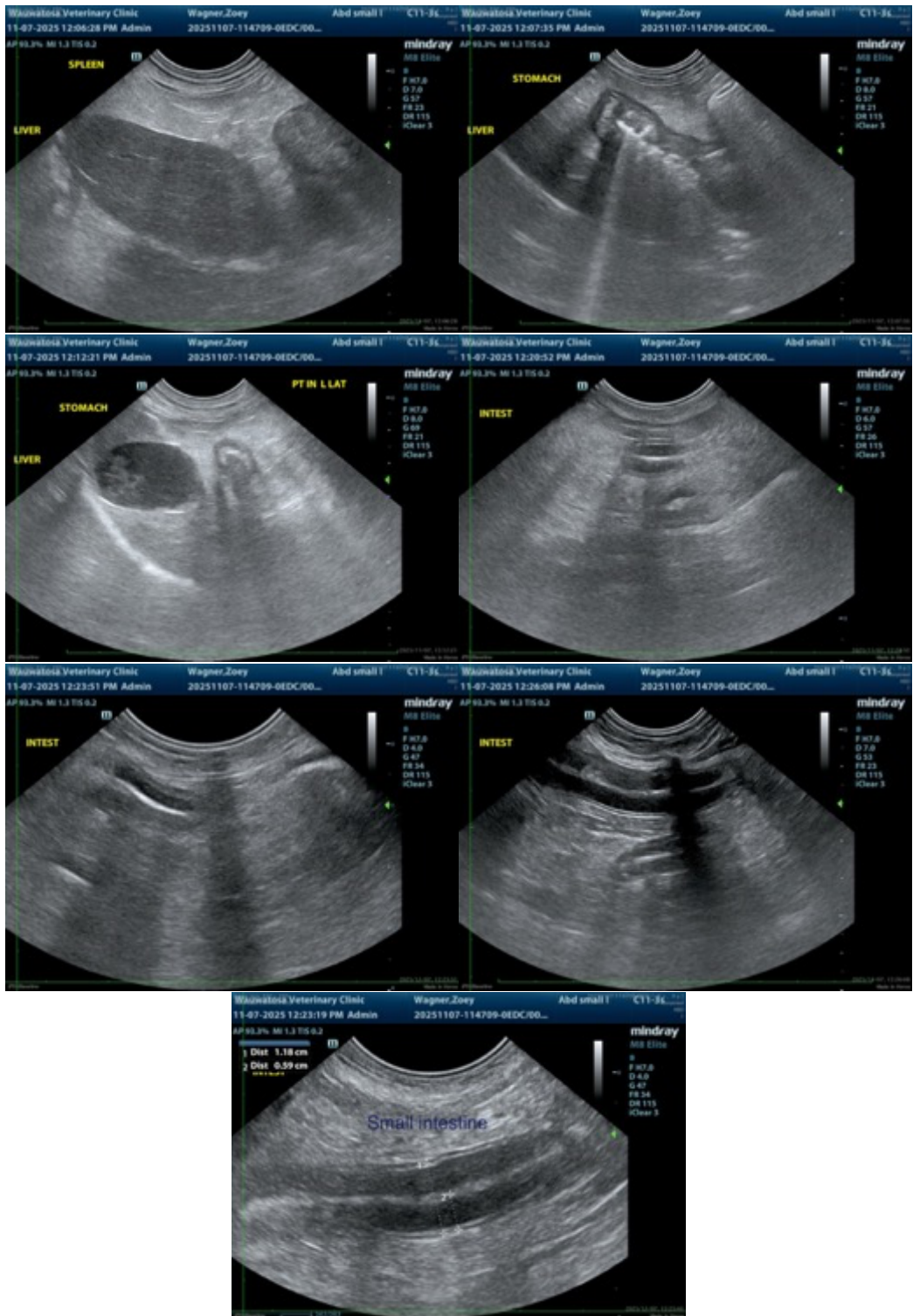
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**

[info@sonopath.com](mailto:info@sonopath.com)