



PATIENT

Milo Delgiudice

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered male

AGE

13 years

WEIGHT

17 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tiffany Brady

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Herr

INVOICE

69474

DATE

12/9/25

PRESENTING CLINICAL SIGNS

History: Patient is being treated for Cushing's (10 mg SID) but recently experiencing hindlimb weakness and ongoing dermatitis. Radiographs, BP and ultrasound performed today to r/o other underlying disease.

Abnormal PE/Chem/CBC/UA Results: Bloodwork 10/28 (CBC/CHEM/T4/UA and ACTH Stim performed) ALT 289 ALP 3092 Chol 425 T4 <0.5

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 4.5 cm, right measured 4.4 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.

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 0.56 cm and 0.51 cm in width. The right adrenal gland measured 0.42 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 1.1 cm in width.

Liver

Normal size with an increased echogenic and coarse appearance, decreased 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 a large amount of both hyperechogenic and hypoechogenic adhered and non-adhered 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.

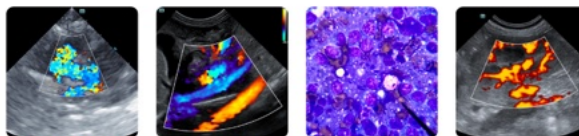
ULTRASONOGRAPHIC FINDINGS

- Mucocele
- Hepatopathy
- Age related renal changes versus early chronic kidney disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiologies for the hepatopathy would be age related reactive hyperplasia or metabolic secondary to the Cushing's disease with vacuolar, hepatitis and infiltrative neoplasia a highly unlikely differential diagnosis.

Further assessment would be FNA cytology of the liver. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.



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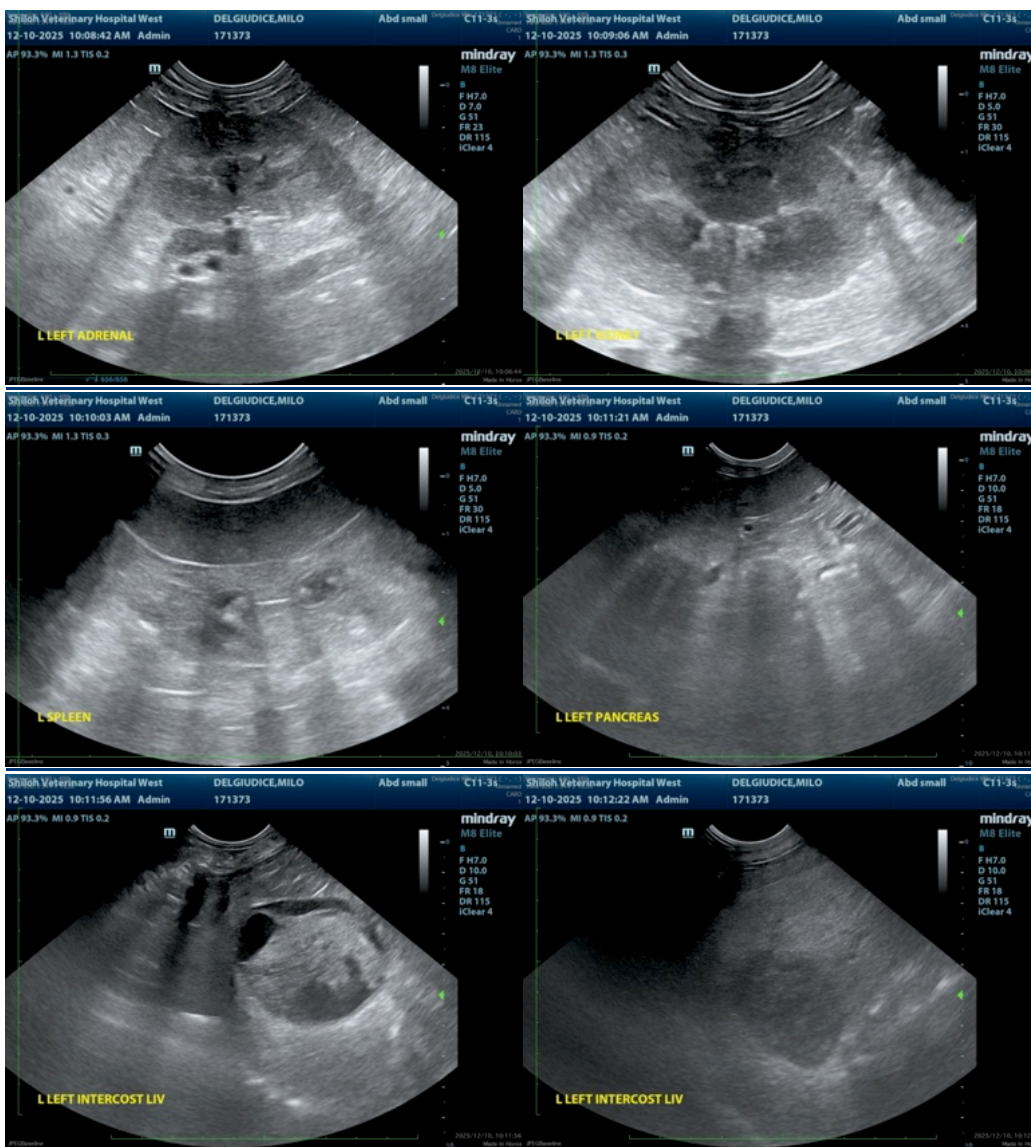
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Management of the mucocele would either be medical therapy with Ursodiol or cholecystectomy, the latter indicated if there are clinical signs such as anorexia, hyporexia, abdominal pain, vomiting or diarrhea and progressive elevation of ALP activity and bilirubin.

Symptomatic management of the hepatopathy would also be the use of Ursodiol with regular monitoring of liver enzyme activity.





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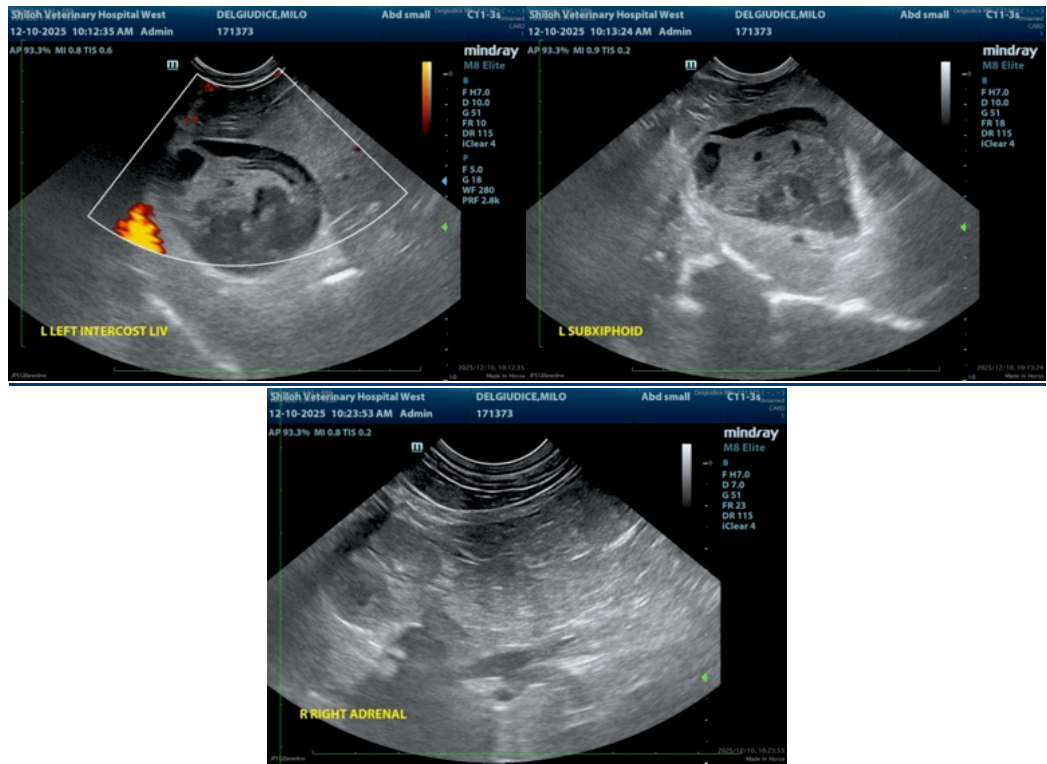
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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