



PATIENT

Cici Cerrone

SPECIES

Canine

BREED

Chihuahua Dachshund
Mix

SEX

Spayed female

AGE

14 years

WEIGHT

16.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Boudreaux
Milligan, DVM

HOSPITAL NAME

Dockside VI

REFERRING VET

Dr. Thompson

INVOICE

69631

DATE

12/29/25

PRESENTING CLINICAL SIGNS

History of liver mass removal spring 2024. ALT/ALP/GGT decreased post-op and are currently elevating again. R/O recurrent liver mass, Cushing's disease, etc. Patient is PU/PD. Patient has dermal nasal mass that o desires to have removed, if sedation is deemed safe.
Abnormal PE/Chem/CBC/UA Results: Please see attached records (no recent labwork on file).
Patient on Apoquel and RC hepatic diet.

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 4.7 cm, right measured 4.9 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance of the cranial pole measuring 0.61 cm in width. Hyperechogenic parenchymal nodule in the caudal pole measuring 0.7 x 0.7 cm in size. The left adrenal gland maintains its normal position and appearance of the visible peri-adrenal vasculature.

The right adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Right adrenal gland measured 0.6 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 myelolipomas are 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. A few, mottled echogenic, irregular masses measuring up to 2.7 x 3.3 cm in size. The rest of the liver is of normal size with a diffuse, increased echogenic and coarse appearance, normal portal markings and a regular curvilinear capsule. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is 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, 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. Fecal material was present in the colon.

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

- Hepatic masses.
- Hepatopathy.
- Gallbladder sediment.
- Left adrenal nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatic masses would be neoplasia with granulomatous disease a less likely differential diagnosis.

The most likely etiology for the hepatopathy would be age related reactive hyperplasia with vacuolar and metabolic less likely differential diagnosis.

The gallbladder sediment is most likely an incidental finding.

The most likely etiology for the left adrenal nodule would be an incidental, non-functional adenoma.

Further assessment would be three view thoracic radiographs and FNA cytology of the hepatic masses and liver.



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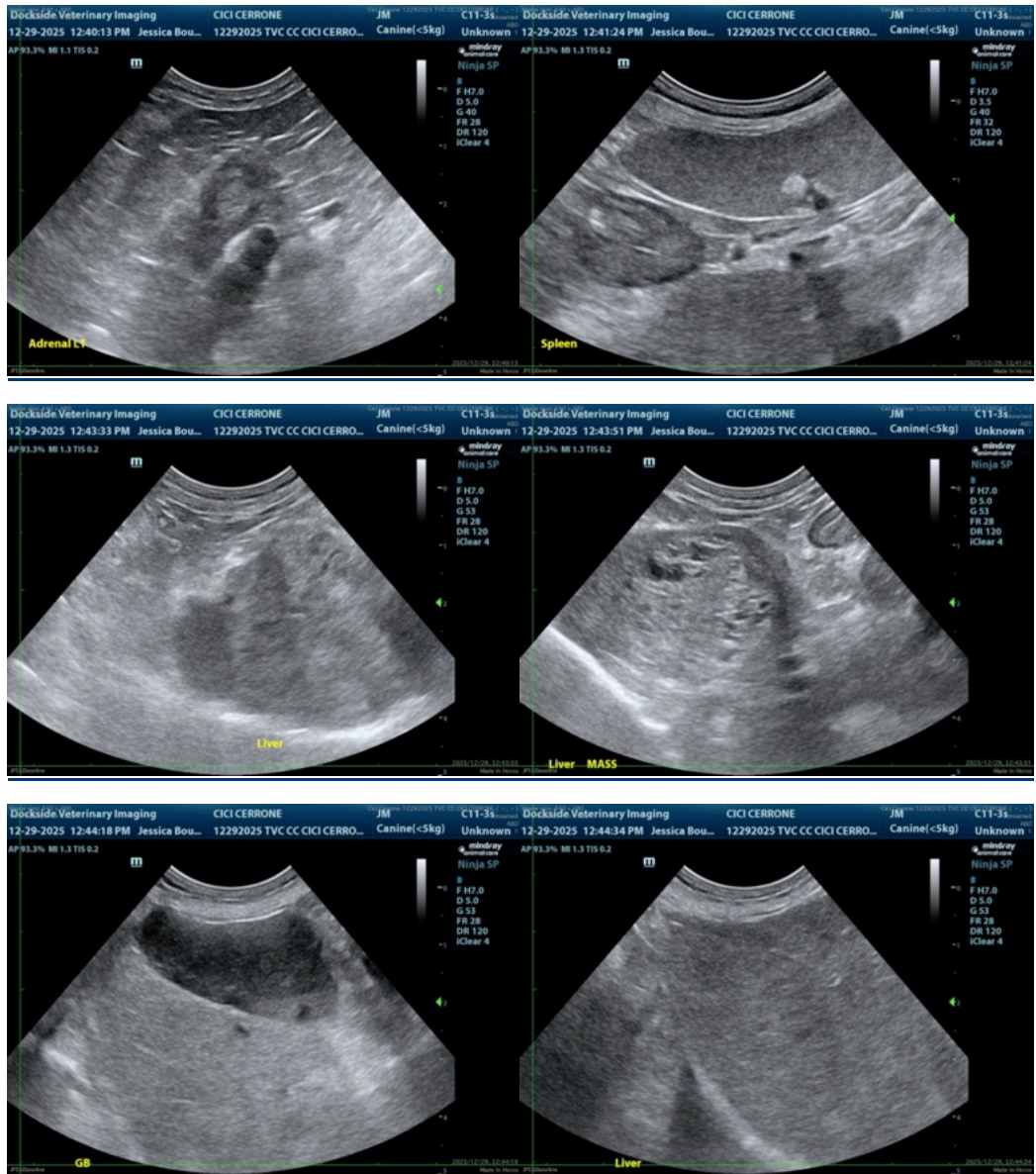
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Specific therapy would be dependent on an etiological diagnosis. With the patient's history palliative therapy is most likely indicated.





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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)

info@sonopath.com