



## PATIENT

Ellen Zielinkski

## SPECIES

Canine

## BREED

Chihuahua Mix

## SEX

FS

## AGE

10

## WEIGHT

17lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jessica Boudreaux-  
Milligan DVM

## HOSPITAL NAME

Dockside Veterinary  
Imaging

## REFERRING VET

Dawn Morgan-Winter  
DVM

## INVOICE

23131

## DATE

12/5/2025

## PRESENTING CLINICAL SIGNS

Elevated ALP on fasting labs, currently taking cyclosporine 25mg SID for atopy (employee pet).

Abnormal PE/Chem/CBC/UA Results: 12-1-25: ALP 1449, Chol 334, Trig 569, psl 205, cpk 52;  
USG on first morning urine 1.014. TT4 1.0.

## 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. Normal color flow pattern evident in both kidneys.

The left kidney measured 4.6 cm in length.

The right kidney measured 4.9 cm in length.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-renal vasculature. Hyperechogenic parenchymal nodule in both adrenals measuring up to 0.4 by 0.7 cm (caudal pole of the right adrenal).

The left adrenal gland measured 0.5 cm and 0.4 cm in width.

The right adrenal gland measured 0.47 cm and 0.63 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. Few small hypoechogenic parenchymal non-vascularized nodules measuring up to 1 cm in size. The spleen measured 1.1 cm in width at the level of the mid spleen.

### Liver

The liver was normal size with a diffuse increased echogenic and coarse appearance. Normal portal markings and irregular curvilinear capsule.

### Gallbladder

Small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

### Gastrointestinal



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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 0.41 cm in width.

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### *Pancreas*

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

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### *Free Abdomen*

Normal mesenteric lymph nodes.

No ascites evident.

## SEX

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## ULTRASONOGRAPHIC FINDINGS

- Hepatopathy-reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia unlikely differential diagnosis.
- Splenic nodules-incident reactive hyperplasia with hematoma, granuloma and emerging neoplasia less likely differential diagnosis.
- Adrenal nodules-although the adrenal nodules are most likely non-functional adenomas with the elevated ALP activity and low USG, functional adenomas should still be considered.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further assessment would be adrenal function testing (ACTH stimulation/ LDDST) and if Cushing's disease has been excluded.

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Further assessment of the hepatopathy would be FNA cytology, however a true cut or wedge biopsy may be required for a final etiological diagnosis. Specific therapy would be dependent on an etiological diagnosis. Symptomatic management of the hepatopathy would be the use of ursodiol with regular monitoring of liver enzyme activity. Ultrasound monitoring of the splenic nodules would be recommended, and if there is any progressive enlargement or bulging of the overlying capsule noted, then splenectomy should be considered.

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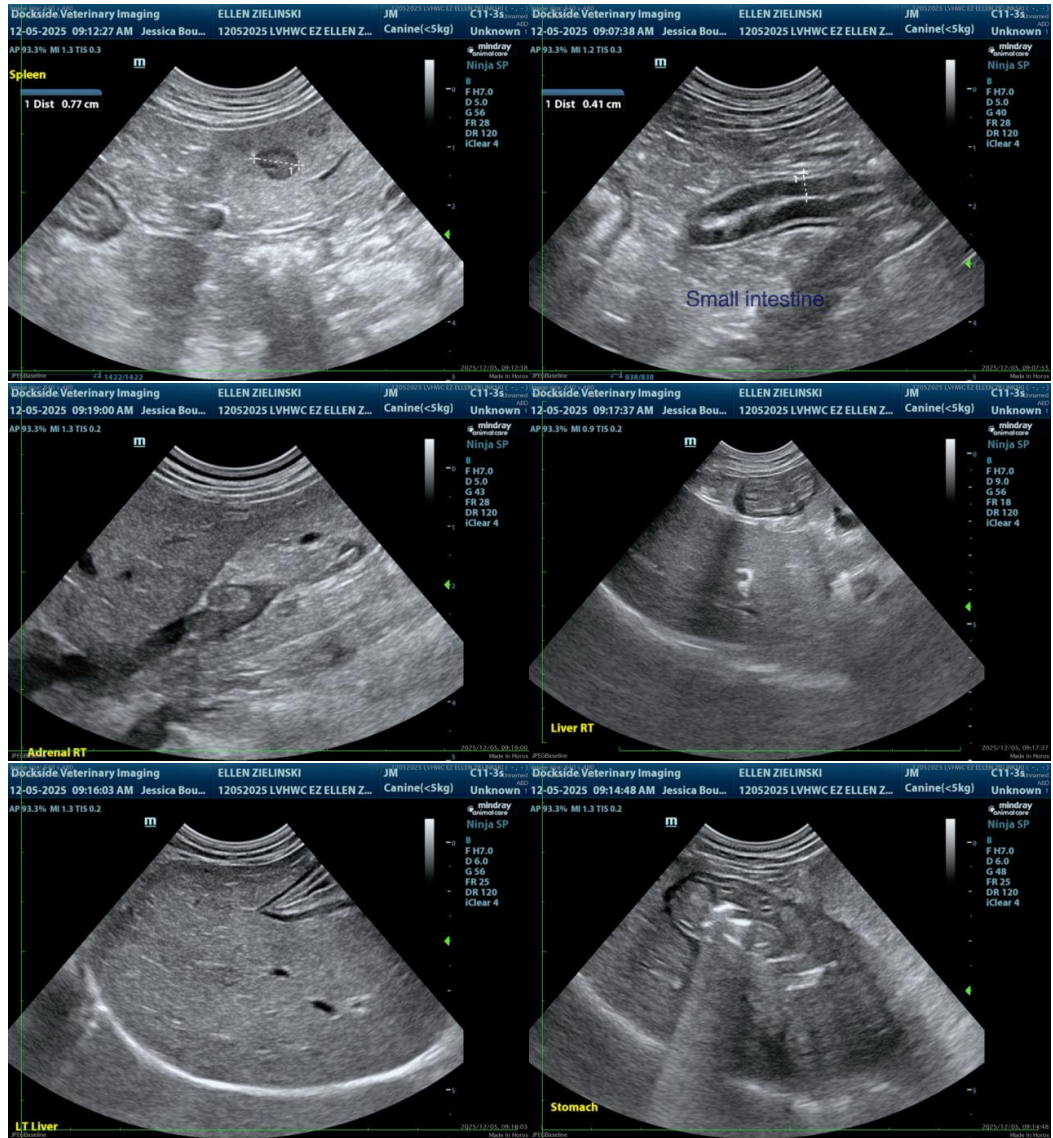
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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