



PATIENT

Luna Stanko

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

5 years

WEIGHT

12.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Julia Wiederholt

HOSPITAL NAME

Dreaming Summit AH

REFERRING VET

Dr. Wiederholt

INVOICE

71955

DATE

2/25/26

PRESENTING CLINICAL SIGNS

Chronic history of elevated liver values (ALKP 3000's) managed with Denamarin as patient was clinically normal and owner had declined further work up. Recently (2/10/2026) presented for acute onset vomiting and inappetence. Responded very well to supportive care of SCF, Cerenia, and Entyce but recheck labwork run showed markedly worse liver values.

2/11/2026 labs. CBC mild leukocytosis; wbc 18.3 (H), neut 15.3 (H), bands 0.366 (H), mono 1.684 (H), remainder unremarkable. Chemistry marked hepatopathy; alt 1,134 (H), alp 22,561 (HHH), ggt 57 (H), tbili 3.3 (H), remainder unremarkable. Spec cPL 43 (wnl).

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 4.1 cm, right measured 4.2 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

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.04 cm in length x 0.53 cm and 0.55 cm in width. The right adrenal gland measured 1.96 cm in length x 0.38 cm and 0.52 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 1.4 cm in width.

Liver

Normal size with a diffuse, increased echogenic and coarse appearance, normal 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 moderate amount of both adhered and non-adhered hyperechogenic sediment with the adhered sediment arranged in an early stellate pattern. Mild thickening of the gallbladder wall with a hypoechoic appearance. 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.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia a less likely differential diagnosis.

Although the adrenal glands appear ultrasonographically normal with the severely elevated liver enzyme activity, appearance of the liver and mucocele, underlying pituitary dependent Cushing's disease should still be considered.

Further assessment would be urine specific gravity and urine cortisol to creatinine ratio and if abnormal then adrenal function testing (ACTH stimulation/LDDST) would then be indicated.

If Cushing's disease has been excluded then further assessment would be FNA cytology of the liver. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Management of the mucocele would either be cholecystectomy or the use of Ursodiol.



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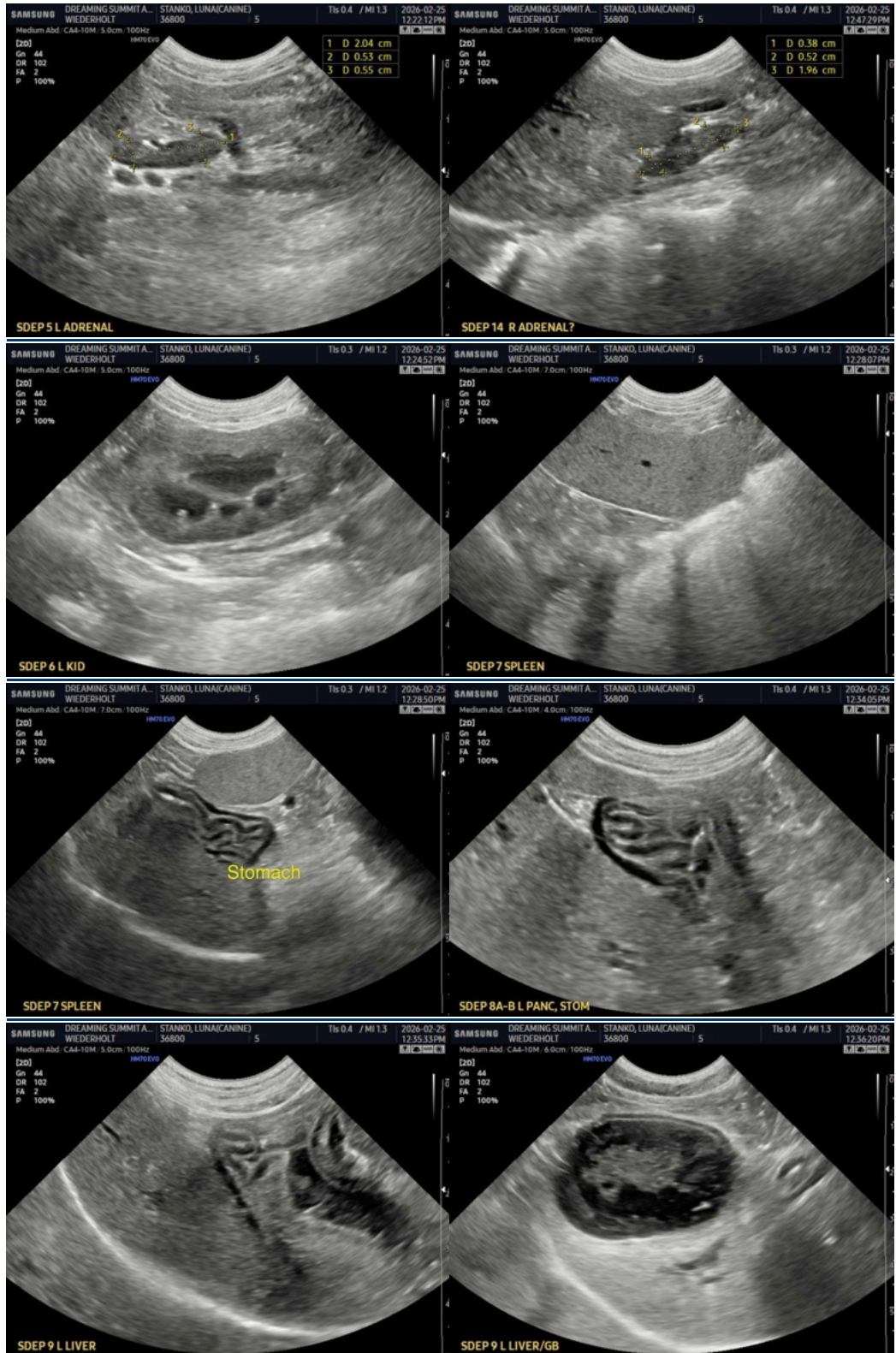
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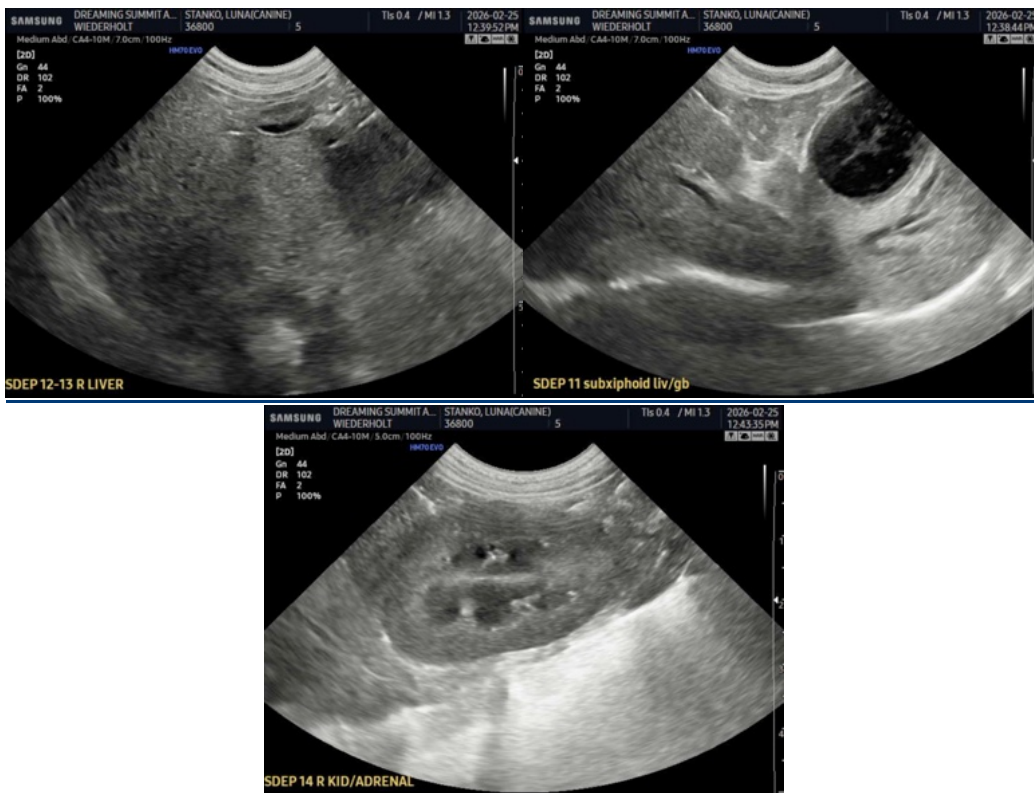
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com