



PATIENT

Oreal Walker

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

13 years

WEIGHT

3.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Tiffany Brady, DVM

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Owings

INVOICE

71212

DATE

2/4/26

PRESENTING CLINICAL SIGNS

- P being evaluated to prepare for dental prophy for severe periodontal disease.
- History of heart murmur and mitral/tricuspid valvular degeneration monitored by cardiologist on Pimobendan, spironolactone, and benazepril with recent echo showing P is stable and safe for anesthesia
- Bloodwork in January found glycosuria with normal BG.
- Repeated bloodwork a few weeks ago and glycosuria persistent. Fructosamine pending
- Ultrasound performed due to concern for cause of persistent glycosuria before proceeding with anesthesia.
- CBC/Chem/T4/UA - BUN 49 - Glycosuria 1000 mg/dL - normal SDMA and Creat (9.8 and 0.4) and USG (1.040). Inactive sediment

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 2.5 cm, right measured 2.6 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.37 cm in width. The right adrenal gland measured 0.35 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 0.8 cm in width.



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Liver

Normal size with a diffuse increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. Few, hypoechogenic, parenchymal nodules measuring up to 0.5 x 0.9 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing a moderate 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.

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

- Nodular hepatopathy.
- Age related renal changes versus early chronic kidney disease.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As there is no liver enzyme elevation, the most likely etiology for the nodular hepatopathy would be age related incidental, reactive hyperplasia.

The gallbladder sediment can be considered an incidental finding.

The most likely etiology for the glycosuria would be primary renal glycosuria.

Further assessment would be based on the pending results, but could include urine cystatin B assay.



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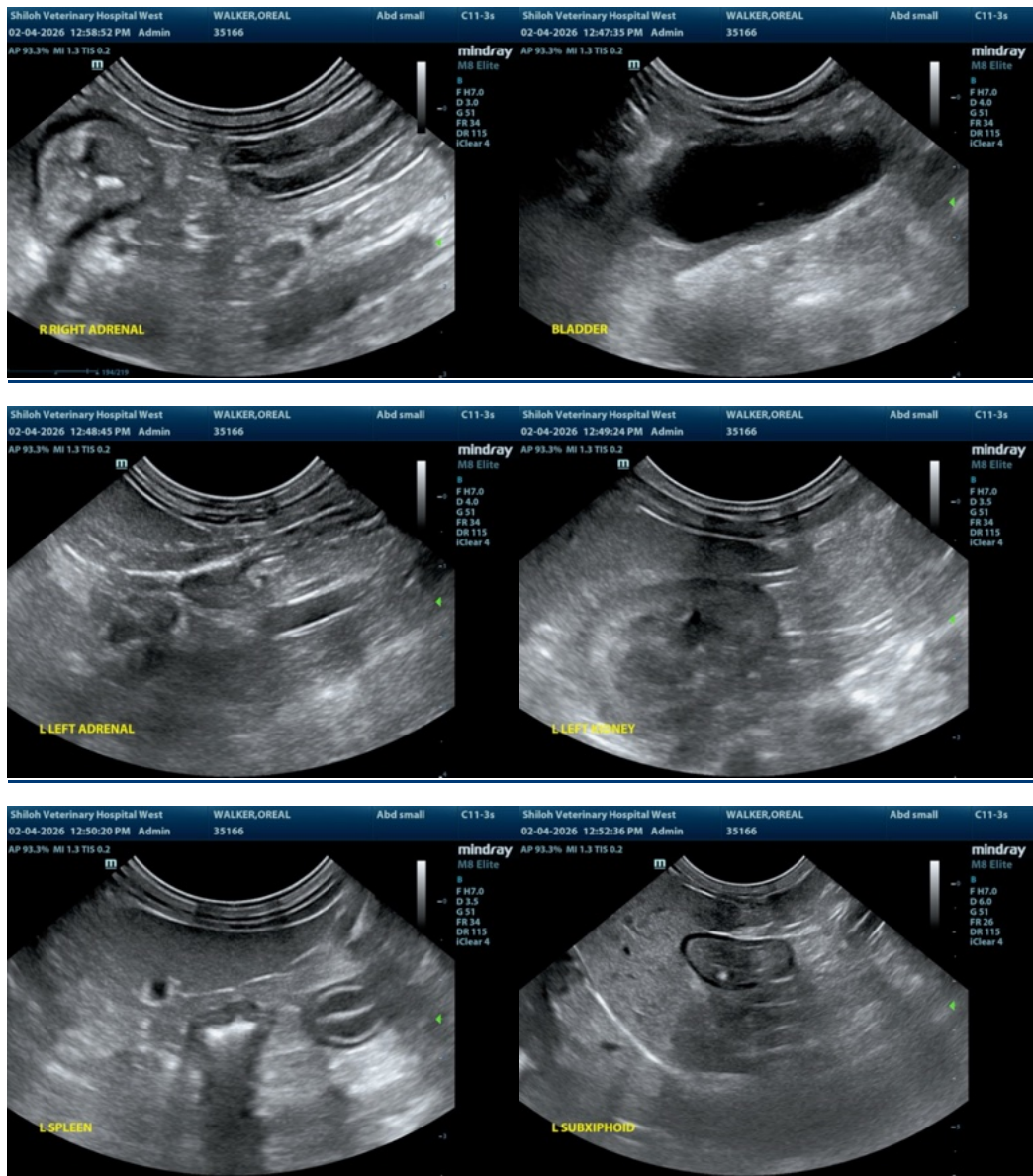
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Management would be dependent on an etiological diagnosis. In the vast majority of cases primary renal glycosuria can be considered an incidental finding, which can lead to chronic urinary tract infections.





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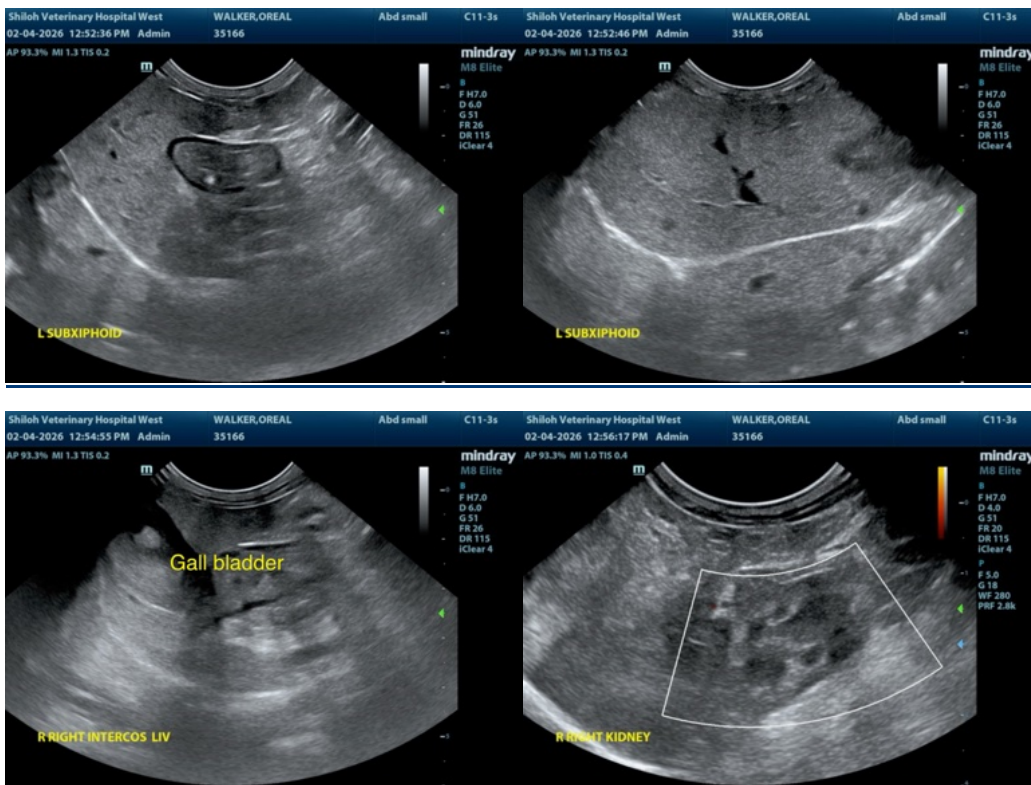
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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