



PATIENT

Yoda Freeman

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered male

AGE

13 years

WEIGHT

10 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Julia Bakker

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Dr. Hamilton

INVOICE

71305

DATE

2/5/26

PRESENTING CLINICAL SIGNS

- P's ALP has been elevated for several years, and he has had 1 confirmed episode of pancreatitis in the past couple years.
- O routinely monitors P's BW values.
- Starting in 11/25, P's ALT became elevated so P was started on Denamarin.
- P is currently getting over an Idiopathic Vestibular Syndrome episode currently, so we rechecked his chemistry (also, P was basically fasted for the most recent BW as he had vomited everything he'd even for the past 8-12 hrs prior to blood-draw).
- AUS rec'd to further work-up the liver enzyme elevations.

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 and right kidney measured 3.5 cm), increased echogenic appearance, loss of cortico-medullary differentiation and normal pelvis and capsule. No infarcts or renoliths evident. Bilateral mineralization was present. Normal color flow pattern is evident in both kidneys.

The prostate is small and hypoechogenic.

Adrenal Glands

The adrenal glands are bilaterally enlarged with a rounded shape, but maintained normal echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.94 cm in length x 0.74 cm and 0.89 cm in width. The right adrenal gland measured 2.35 cm in length x 1.04 cm and 0.57 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 1.3 cm in width.



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Liver

Normal size with a diffuse increased echogenic appearance, normal portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

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.

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.
- Bilateral adrenomegaly.
- Renal disease.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, vacuolar and metabolic with infiltrative neoplasia and hepatitis unlikely differential diagnosis.

Etiologies for the adrenomegaly would be age related change, disease, stress and possibly emerging pituitary dependent Cushing's disease.



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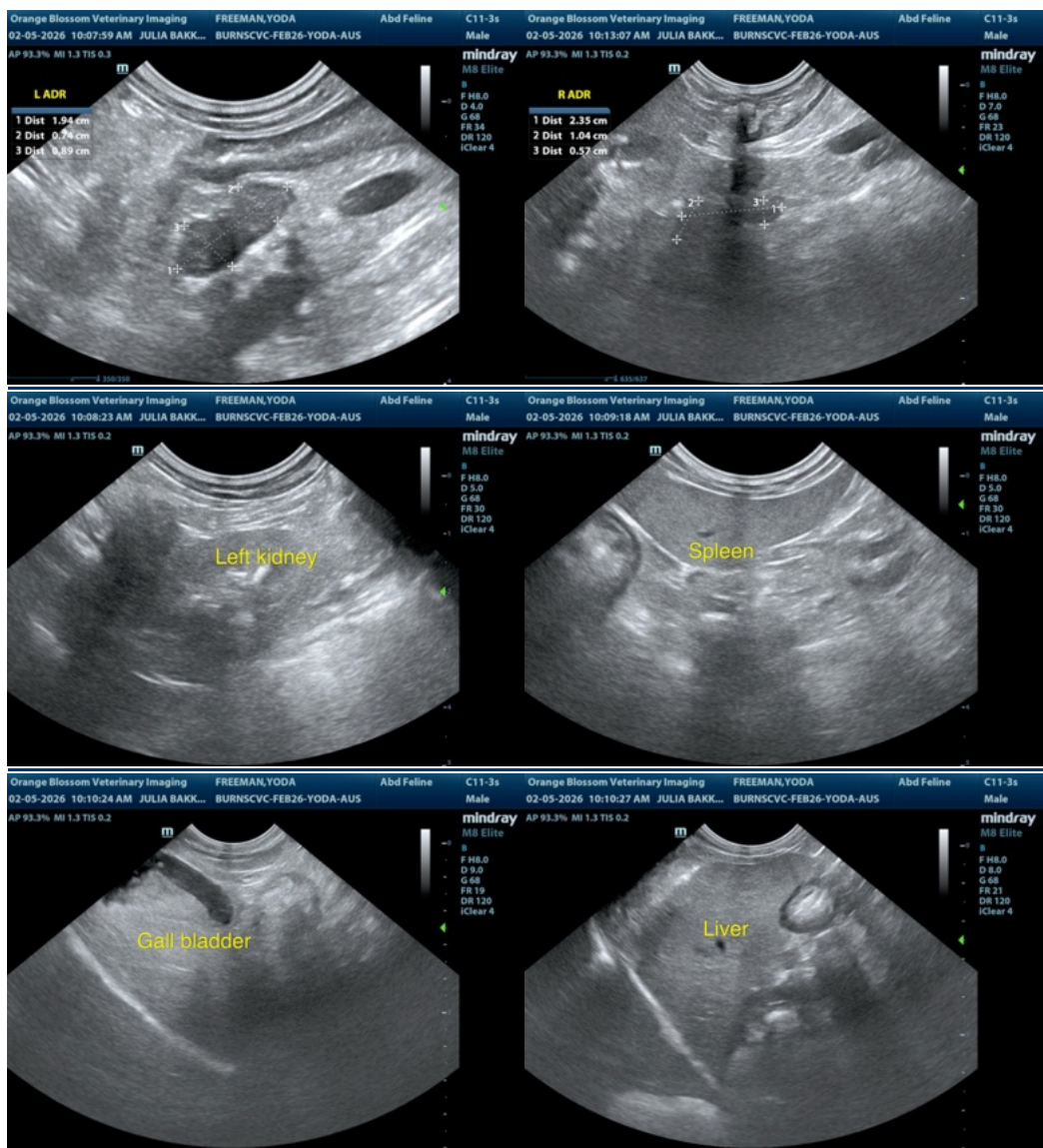
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The appearance of the kidneys is consistent with chronic kidney disease.

Further assessment would be urine specific gravity and urine to 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 of the hepatopathy would be FNA cytology. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.





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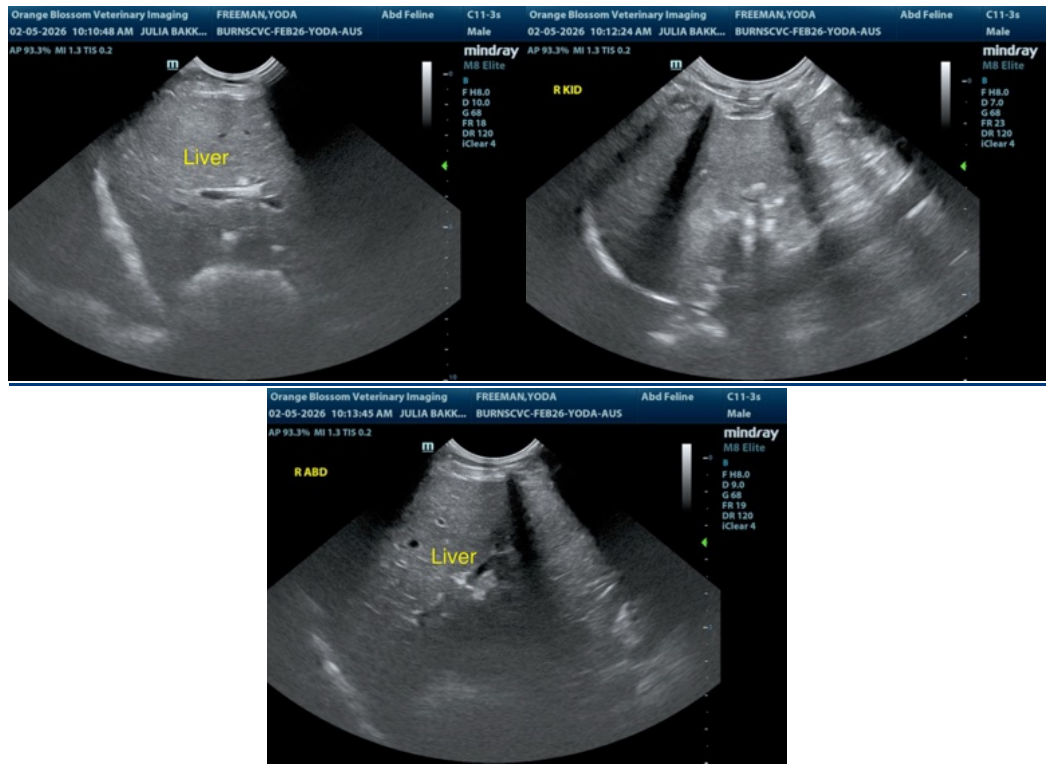
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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