



PATIENT

Chippy Sheikh

SPECIES

Canine

BREED

Chihuahua

SEX

Male

AGE

14 years

WEIGHT

7.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Service

REFERRING VET

Dr. Allison Nagal

INVOICE

71346

DATE

2/6/26

PRESENTING CLINICAL SIGNS

- Recheck from rDVM for concern for hepatic disease/neoplasia. Presenting with reduced appetite, weight loss, and vomiting for the last 6 months. Prior history of aural squamous cell carcinoma, removed by a specialist in March 2024.
- Recent blood work showed elevated liver enzymes (Total bilirubin, ALKP: 799 U/L, ALT: 819 U/L).
- Owner reports improved appetite on a stimulant and no recent vomiting. History of heartburn managed with Pepcid as needed.
- Administered 0.07 mL butorphanol IM for mild sedation due to patient anxiety.
- MEDICATIONS: Entyce 0.3ml SID, Denamarin, Cerenia 8mg SID
- Lymphocyte - 0.7 RDW % - 17.3% ALKP - 799.0 U/L ALT - 819.0 U/L Phosphorus - 2.3mg/dL Bilirubin - 1.2mg/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small, almost empty with a normal thickness, but irregular appearance of the dorsal wall with the ventral wall having a normal thickness and smooth appearance. 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 3.2 cm, right measured 3.4 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.

The prostate is small and hypoechogenic.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.46 cm in length x 0.54 cm and 0.42 cm in width. The right adrenal gland measured 1.5 cm in length x 0.46 cm and 0.44 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 1.2 cm in width.



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Liver

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

Gallbladder

The gallbladder is 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

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.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the urinary bladder would be chronic bacterial cystitis, granulomatous disease and possibly emerging neoplasia.

On this ultrasound there is no obvious etiology for the elevated liver enzyme activity.



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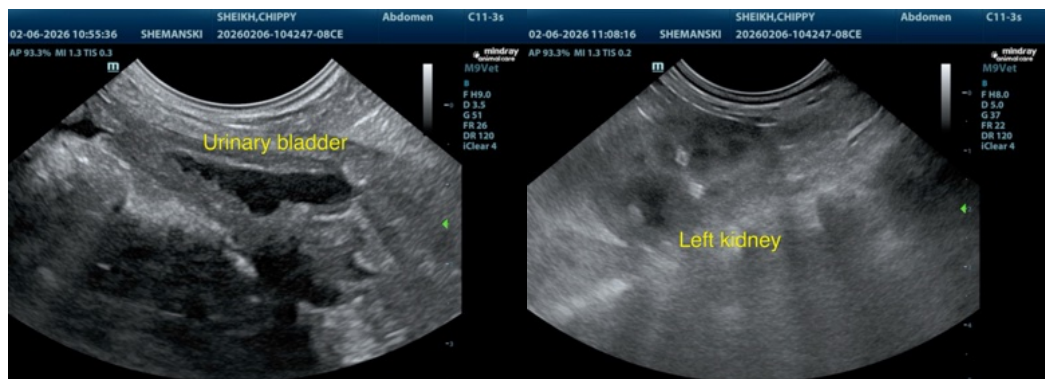
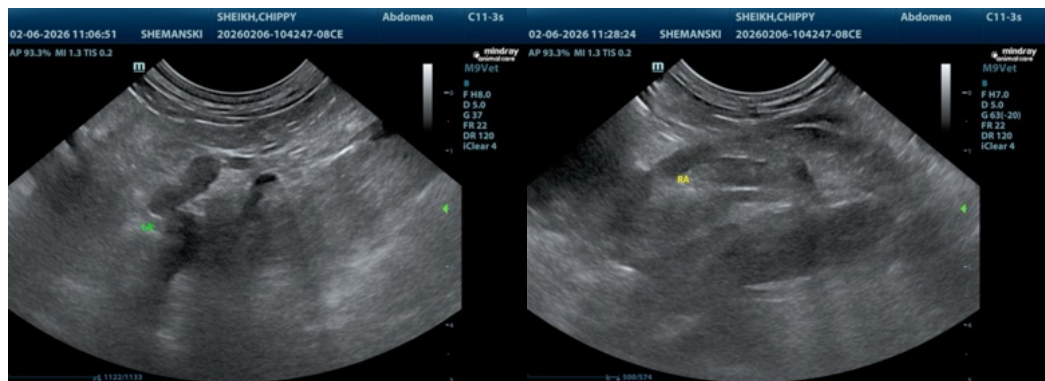
Although the liver appears ultrasonographically normal, with the elevated liver enzyme activity an underlying hepatopathy such as reactive hyperplasia, vacuolar and metabolic should still be considered.

Hepatitis and infiltrative neoplasia would be highly unlikely differential diagnosis.

Further assessment would be urinalysis, urine culture, possibly BRAF analysis and FNA cytology of the liver. A tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be considered would be to continue with the current therapy and to add Ursodiol with regular monitoring of liver enzyme activity.





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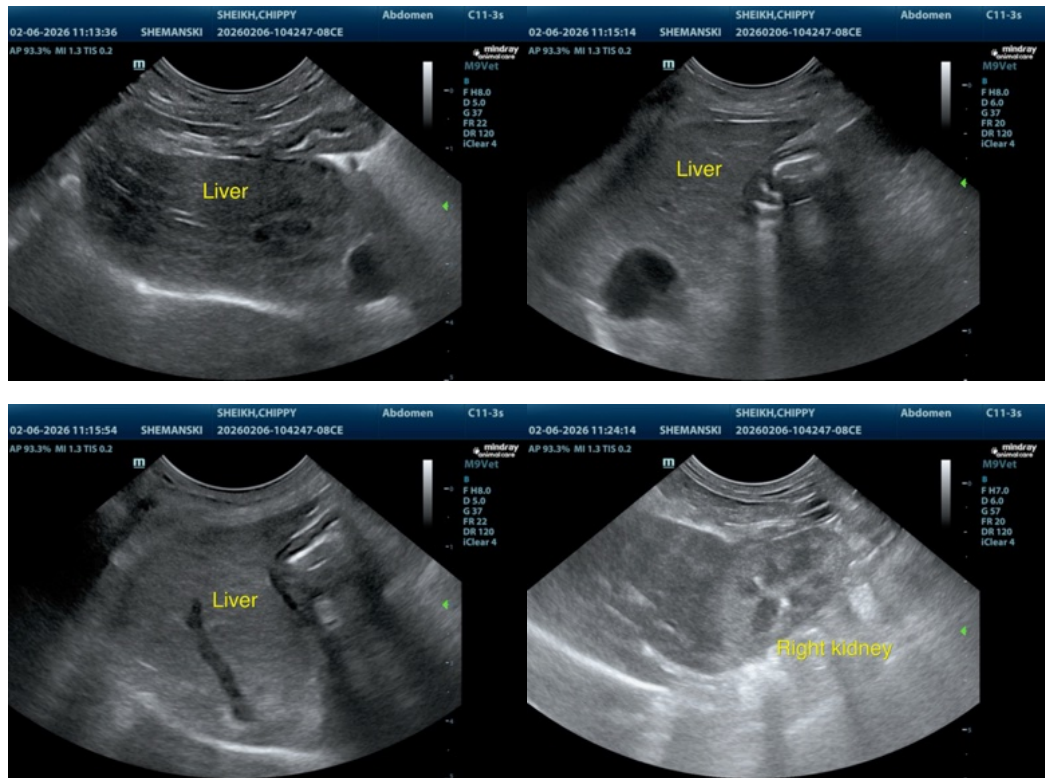
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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