

PATIENT

Amber Medina

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

2013

WEIGHT

9 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Ideal Pet VC

REFERRING VET

Dr. Kolta

INVOICE

73510

DATE

3/17/26

PRESENTING CLINICAL SIGNS

PU/PD for few weeks

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Focal, hyperechogenic nodule measuring 1.0 cm in size. The nodule is non-vascularized and within the wall of the urinary bladder, but not extending into the lumen. 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 3.6 cm, right measured 3.8 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, mild bilateral pyelectasia (left worse than right) measuring 0.2 cm in the left. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

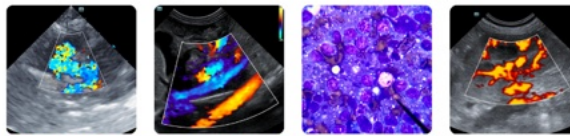
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.7 cm in length x 0.56 cm and 0.48 cm in width. Right adrenal gland measured 1.7 cm in length x 0.45 cm and 0.38 cm in width.

Spleen

Normal size (1.1 cm in width) and normal echogenic appearance, but with a subtle hypoechogenic regions present within the parenchyma. Regular curvilinear capsule is evident. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.

Liver

Normal size with a diffuse, increased echogenic and coarse appearance, prominent 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 scant amount of floating, 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. The small intestine measured up to 0.32 cm.

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

- Urinary bladder nodule.
- Age related renal changes versus early chronic kidney disease.
- Splenic pathology?
- Hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the urinary bladder nodule would be granuloma, organized hematoma, and emerging neoplasia.

Although the mild pyelectasia is most likely associated with the chronic renal changes, underlying low-grade pyelonephritis should still be considered.

Etiologies for the spleen would be age related changes, splenitis and possibly emerging or infiltrative neoplasia

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with cholangitis a possible differential diagnosis.

Hepatitis and infiltrative neoplasia would be an unlikely differential diagnosis.



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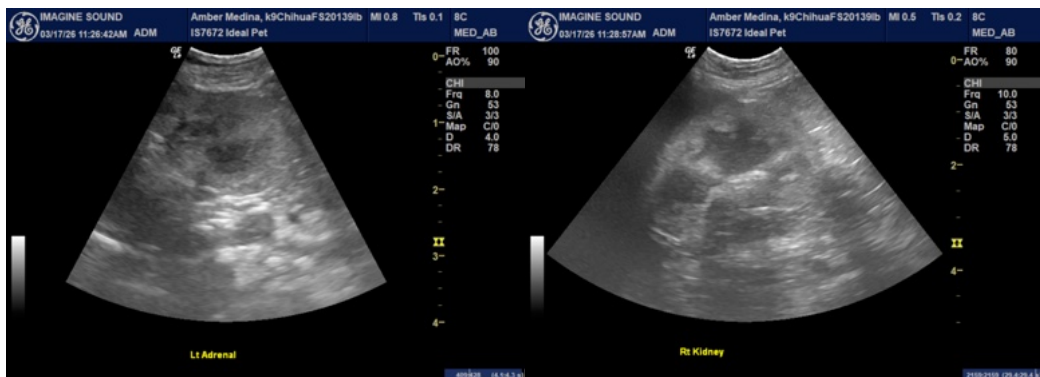
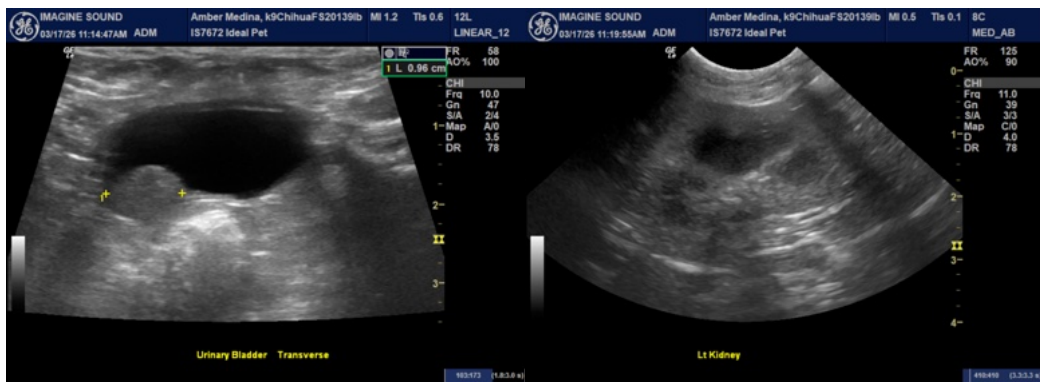
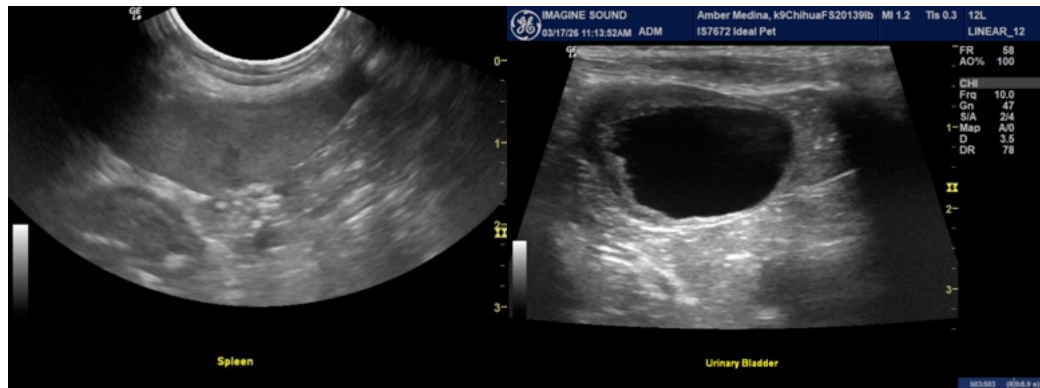
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Further assessment would be urinalysis, possibly urine culture, CBC and serum blood chemistry (if not already done) and possibly FNA cytology of the spleen.

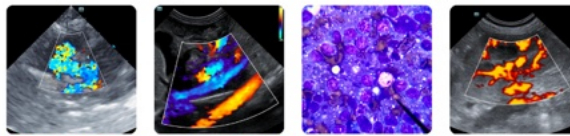
Specific therapy would be dependent on an etiological diagnosis.



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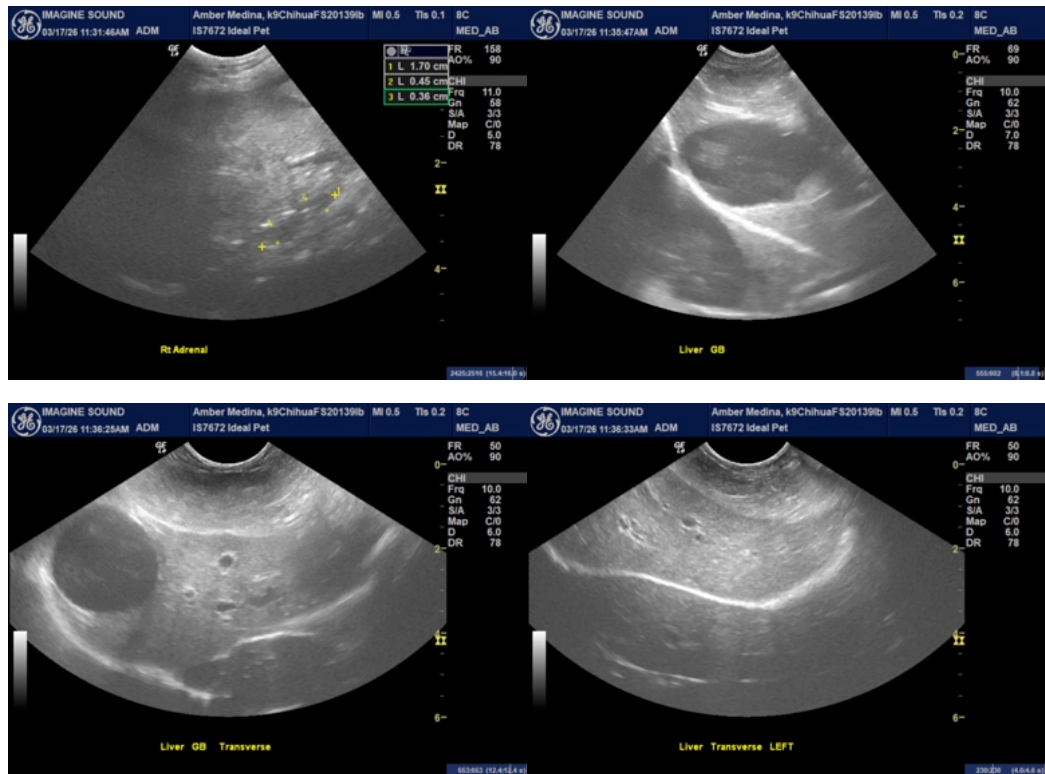
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com