



PATIENT

Geebee Gugliuzza

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

15 years

WEIGHT

14 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Julia Bakker DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Dr. Marr

INVOICE

73577

DATE

3/18/26

PRESENTING CLINICAL SIGNS

- Distended abdomen, had Right sided abdominocentesis performed with an 18 gauge catheter and 1015ml serous fluid removed at Blue Pearl on 3/12/26

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment.

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 3.9 cm, right measured 3.5 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, mild bilateral pyelectasia and an irregular capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

The left adrenal gland has a large, irregular, mottled echogenic mass that measured 4.13 cm in length x 2.99 and 2.08 cm in width. The left adrenal gland maintains normal position and appearance of the visible peri-adrenal vasculature.

The right adrenal gland has normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The right adrenal gland measured 1.4 cm in length x 0.41 cm and 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 measures 1.3 cm in width.

Liver

The liver is enlarged with rounded edges, diffuse, increased echogenic appearance, normal portal markings, and regular curvilinear capsule. No nodules evident. A hyperechogenic mass was noted in the right lobe measuring 4.2 x 5.4 cm in size. No additional masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full 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 pancreas is not clearly visualized, but 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.

A moderate amount of ascites is present.

ULTRASONOGRAPHIC FINDINGS

- Left adrenal mass.
- Hepatopathy.
- Hepatic mass.
- Ascites.
- Age related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the left adrenal mass would be non-functional carcinoma and pheochromocytoma.

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

The most likely etiology for the hepatic mass would be primary hepatic neoplasia.

The ascites can be ascribed as secondary to either the hepatopathy or the adrenal mass.

Further assessment would be urine/plasma catecholamine assay, serial blood pressure measurements and FNA cytology of the liver, hepatic mass and left adrenal mass.



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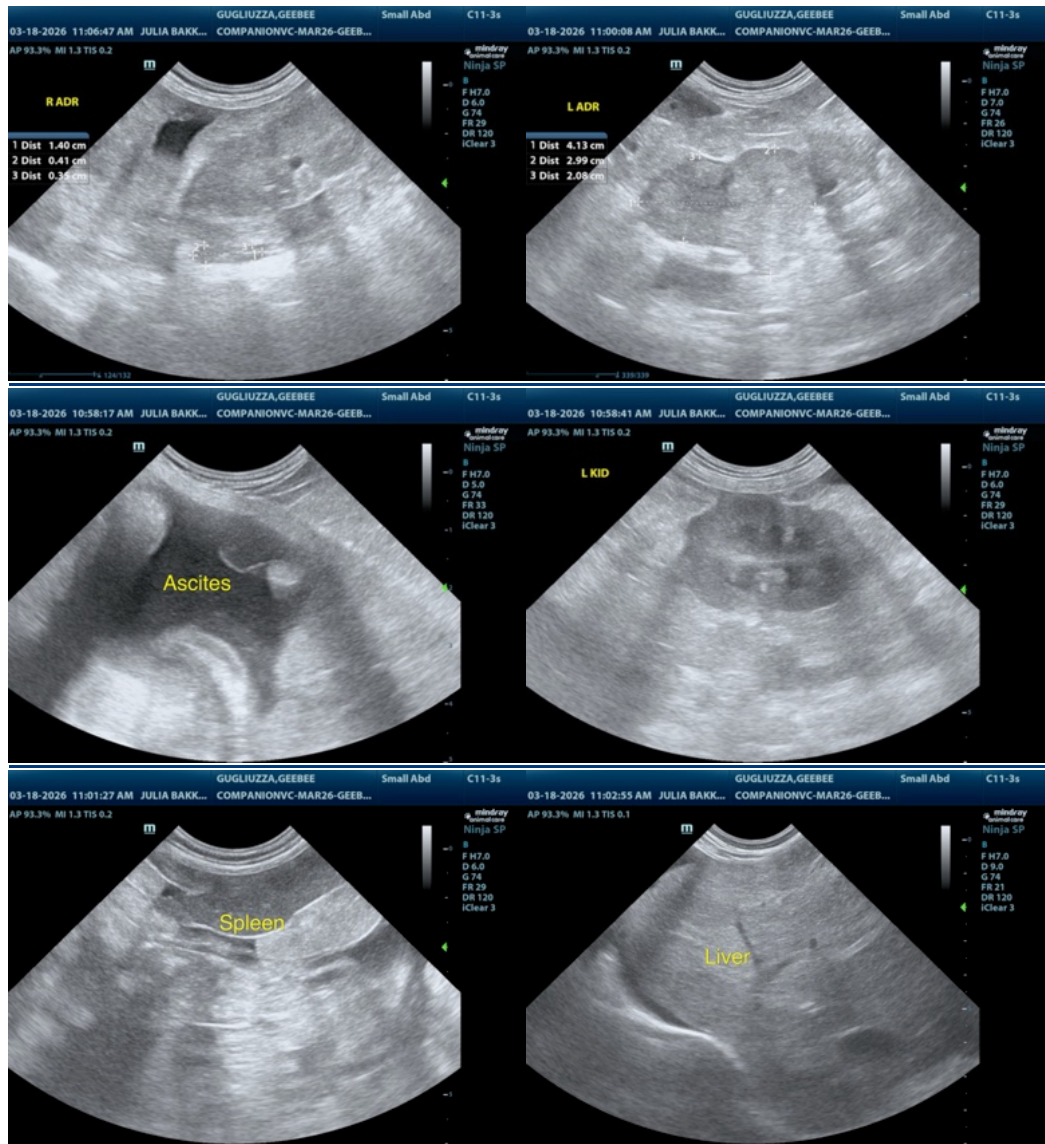
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If surgery is being contemplated for the liver mass as well as the left adrenal mass, a CT scan would be recommended.

Palliative therapy may be a suitable alternative for this patient.





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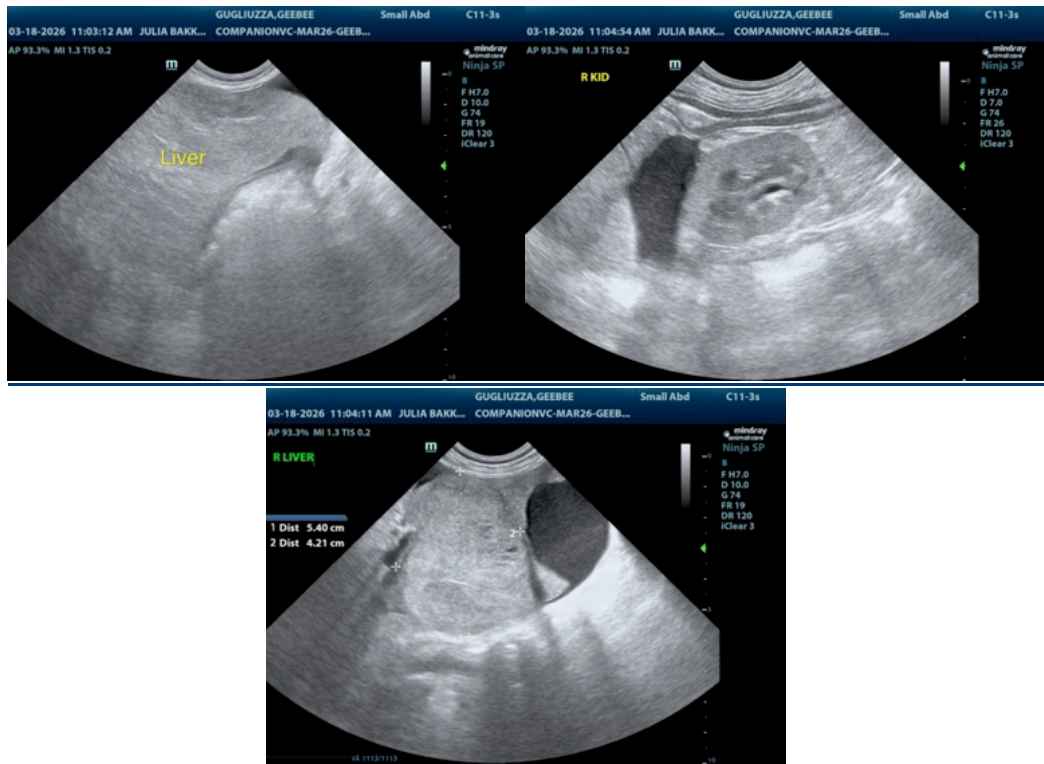
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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