

PATIENT

July Mitts

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Male

AGE

11 years

WEIGHT

9.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Debbie White

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. White

INVOICE

73889

DATE

3/30/26

PRESENTING CLINICAL SIGNS

- 3/17/26 recent history of lethargy and not eating well. panting and anxious at night. xrays showed hepatomegaly. hypothyroid patient on supplement
- PE: 3/30/26 PE: potbelly abdomen, grossly obese. dull haircoat with failure of hair to regrow after several years when shaved. BW 3/17/26- increased total protein=8.4, increased glob=5.3, decreased a/g=0.6, increased plat=619K, decreased eos 1%. UA sg 1.045, pH=6.5, 2+ protein T4 normal=1.6ug/dl previous ACTH stims done in past years were not supportive of Cushing's

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 4.1 cm, right measured 4.0 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.

The prostate was small and hypoechoic measuring 0.6 cm in width.

Adrenal Glands

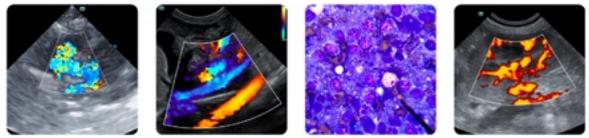
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.41 cm and 0.52 cm in width. The right adrenal gland measured 0.48 cm in width.

Spleen

Normal size with a diffuse, mottled echogenic and mottled appearance maintaining irregular 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

Normal size, echogenic appearance, 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 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

Enlarged lymph node in the region of the spleen measuring 0.5 x 2.4 cm in size with a hypoechogenic appearance and a rounded shape.

Normal mesenteric lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Splenic pathology.
- Focal, lymphadenomegaly.
- Gallbladder sediment.

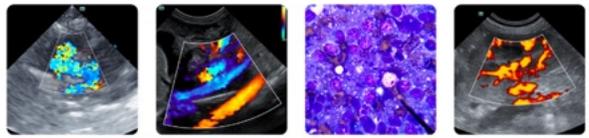
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the appearance of the spleen and the lymph node the most likely etiology would be lymphoma with granulomatous disease and splenitis/lymphadenitis a less likely differential diagnosis.

The gallbladder sediment can be considered an incidental finding.

Further assessment would be FNA cytology of the lymph node and spleen.

Specific therapy would be dependent on an etiological diagnosis.



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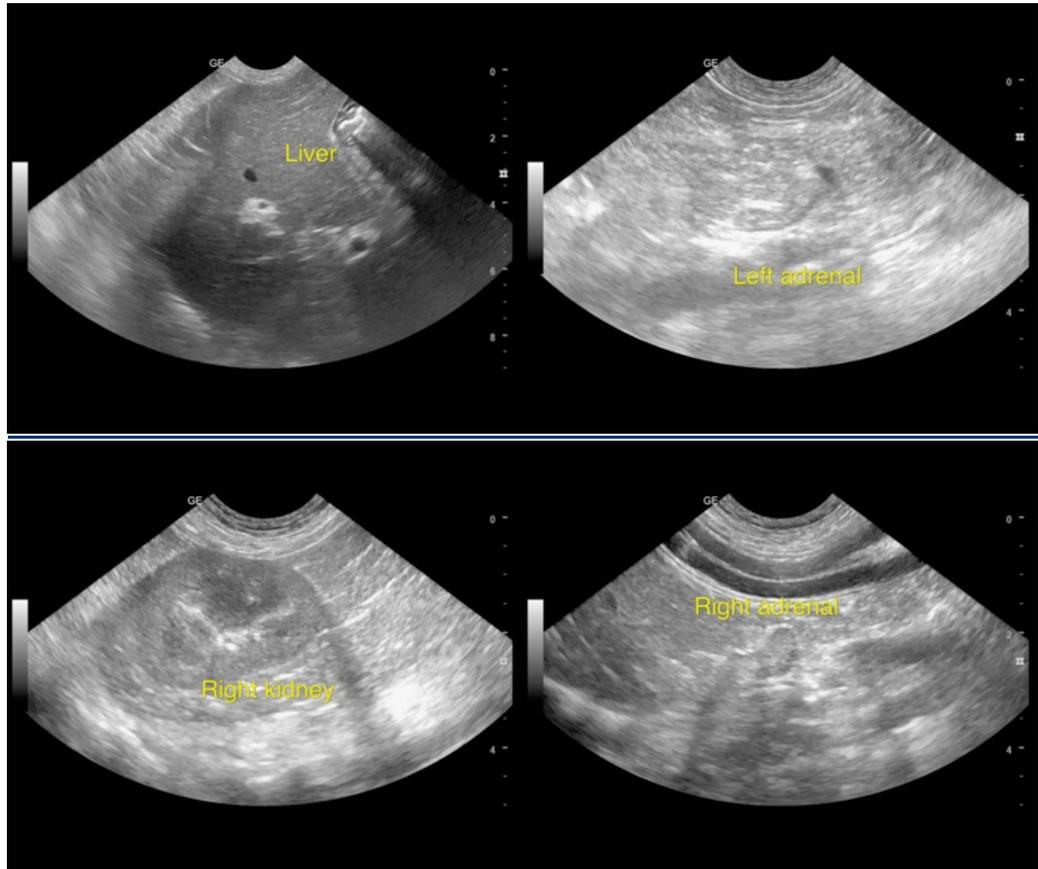
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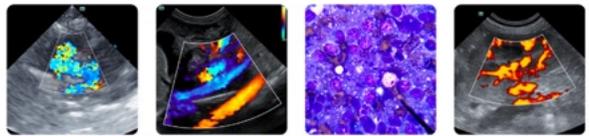
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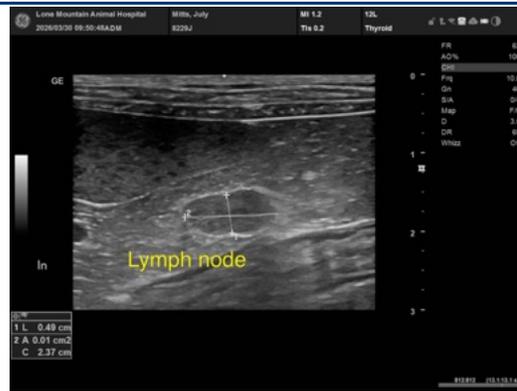
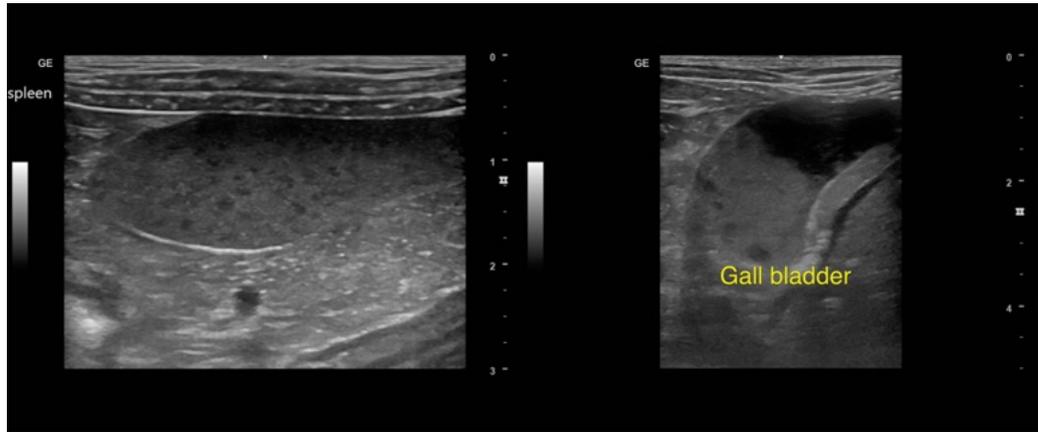
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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