



## PATIENT

Toby Foster

## SPECIES

Canine

## BREED

Chihuahua Mix

## SEX

Neutered male

## AGE

11 years

## WEIGHT

6.5 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Caroline Tan

## HOSPITAL NAME

Resolution VU

## REFERRING VET

Dr. Smith

## INVOICE

72343

## DATE

3/9/26

## PRESENTING CLINICAL SIGNS

- P is doing well. No Clinical symptoms E/D well. No Reports of V/D. No on medication
- Routine dental labs showed elevated liver enzymes. Overweight
- Elevated liver values(ALKP 6803, ALT 277, T4 64), elevated T4, bile acids normal

## 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 3.9 cm, right measured 4.2 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 is small and hypoechogenic measuring 1.2 cm in width.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.52 cm and 0.46 cm in width. The right adrenal gland measured 0.48 cm and 0.4 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 0.8 cm in width.

### *Liver*

Normal size with a diffuse increased echogenic, coarse and nodular appearance, increased portal markings, and regular curvilinear capsule. Nodules are diffuse, hypoechogenic, parenchymal and measure up to 0.5 x 1.0 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.



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## ***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, 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 duodenum measured 0.37 cm, small intestine measured 0.34 cm, colon measured 0.18 cm. A small amount of ingesta is present in the stomach compatible with a recent meal.

## ***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**

- Nodular hepatopathy.
- Gallbladder sediment.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the nodular hepatopathy would be nodular hyperplasia, chronic active hepatitis, granulomatous disease and possibly infiltrative neoplasia.

Further assessment would be FNA cytology of the liver. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of both the hepatopathy and the gallbladder sediment would be the use of Ursodiol with regular monitoring of liver enzyme activity.

As liver function appears to be normal (normal pre and post prandial bile acids, albumin and total bilirubin) there is no contraindication for anesthesia for the dental procedure.



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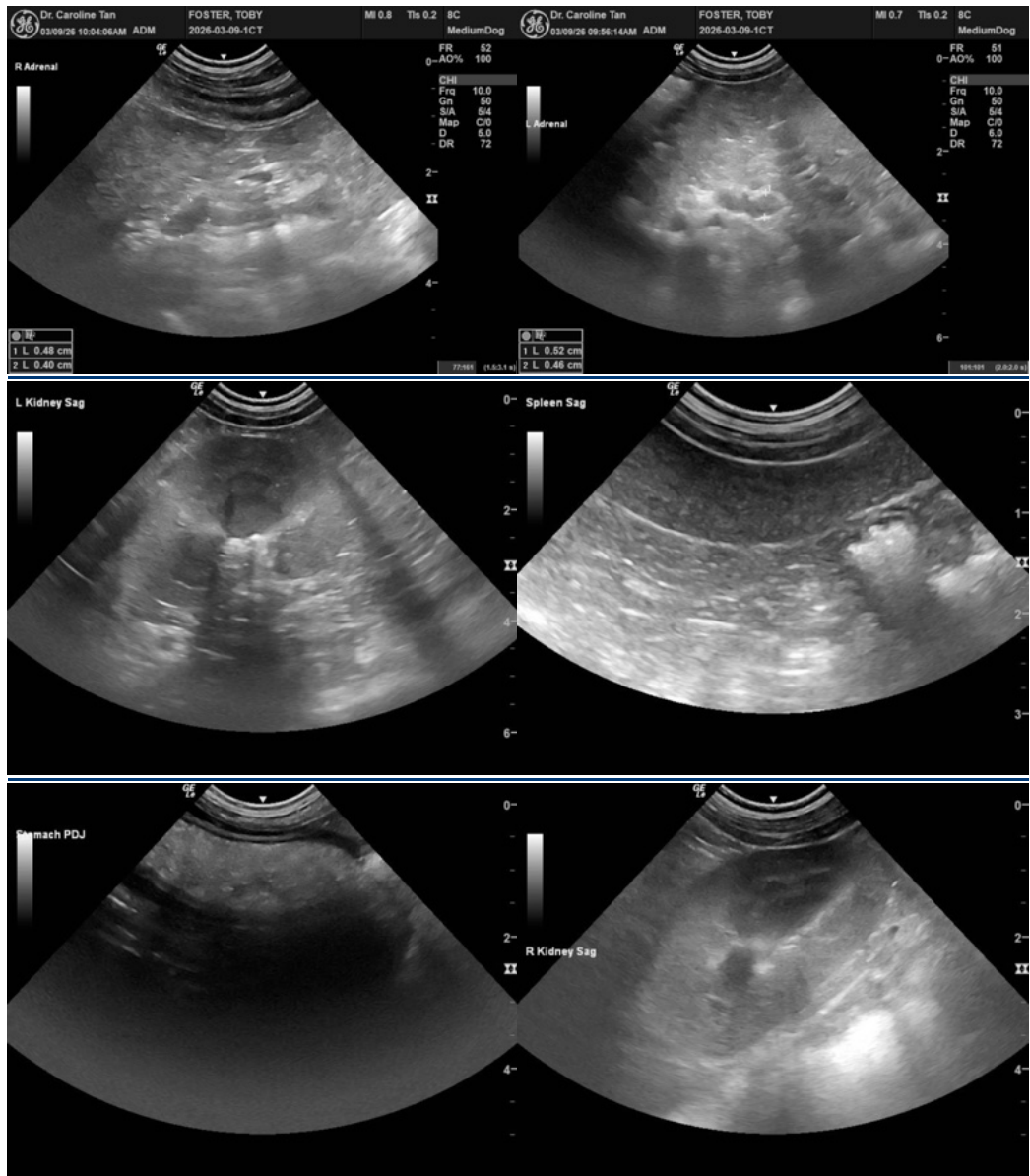
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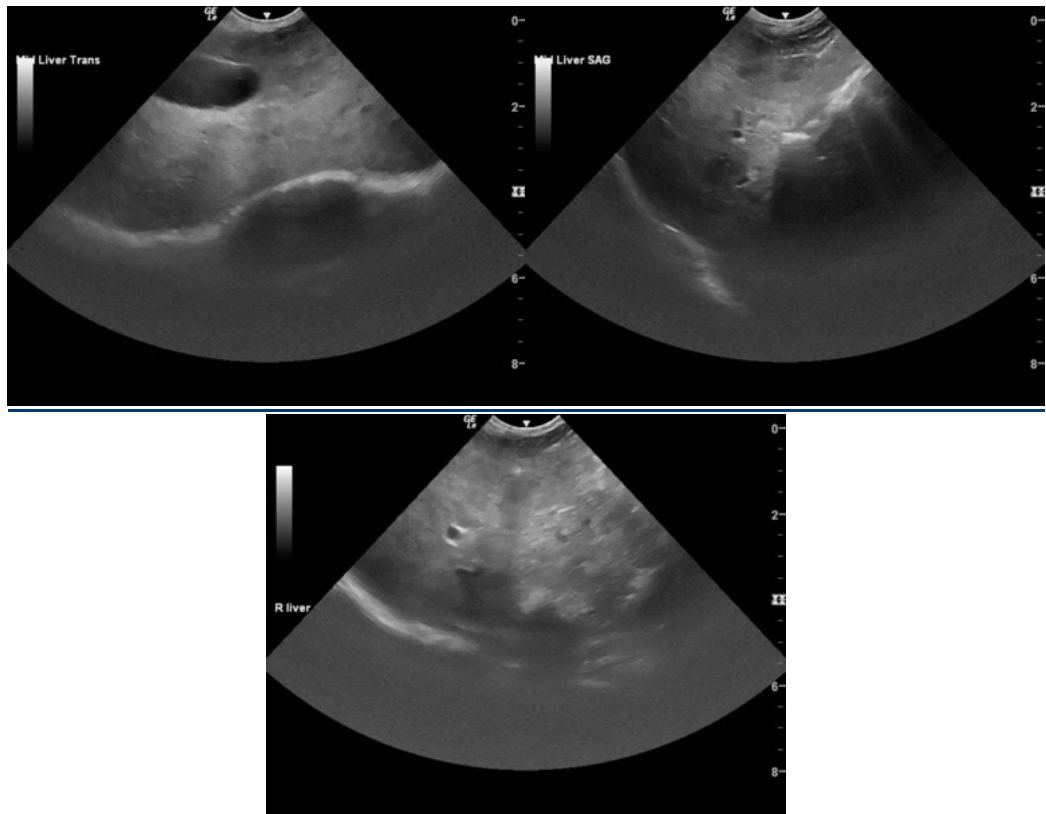
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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