

## PATIENT

Goliath Rivera

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Neutered male

## AGE

14 years

## WEIGHT

7 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Denise Bruno, LVT,  
RDMS

## HOSPITAL NAME

Kenilworth AH

## REFERRING VET

Dr. Mansour

## INVOICE

74555

## DATE

4/16/26

## PRESENTING CLINICAL SIGNS

History: Blood work Normal - attached. Lethargic & eating less. Evaluate for neoplasia.

## 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 a few, small uroliths present.

Normal appearance of the trigone area, proximal urethra (0.5 cm), 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 3.5 cm, right 3.6 cm), with normal echogenic appearance, cortico-medullary differentiation and capsule. Mild right-sided pyelectasia was noted and measured 0.3 cm. Normal left pelvis. No infarcts are present. Pinpoint mineralization is evident in both kidneys. A few, small, non-obstructive renoliths are present in the left kidney.

The prostate was uniform and measured 1.2 x 1.3 cm in size with a hypoechogenic appearance, parenchymal mineralization present. Normal appearance of the peri-prostatic tissue.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 1.67 cm in length x 0.67 cm and 0.52 cm in width. The right adrenal gland measured 1.72 cm in length x 0.61 cm and 0.53 cm in width.

### *Spleen*

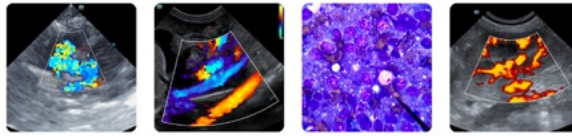
Normal size, echogenic appearance and maintained smooth homogenous parenchyma. Irregular appearance of the capsule was noted. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. The spleen measured 1.2 cm in width.

### *Liver*

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

### *Gallbladder*

The gallbladder is full containing a large amount of adhered and non-adhered hyperechogenic sediment with the adhered sediment arranged in an early stellate pattern. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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***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 0.38 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**

- Emerging mucocele
- Prostatic mineralization.
- Renoliths
- Uroliths

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although the prostatic mineralization is most likely incidental and representing a previous episode of prostatitis, emerging neoplasia should still be considered.

The appearance of the spleen and liver can be considered incidental, age related findings.

Further assessment would be urinalysis, urine culture and possibly a prostatic wash for cytology and culture.

Management of the mucocele would either be cholecystectomy or medical using Ursodiol.



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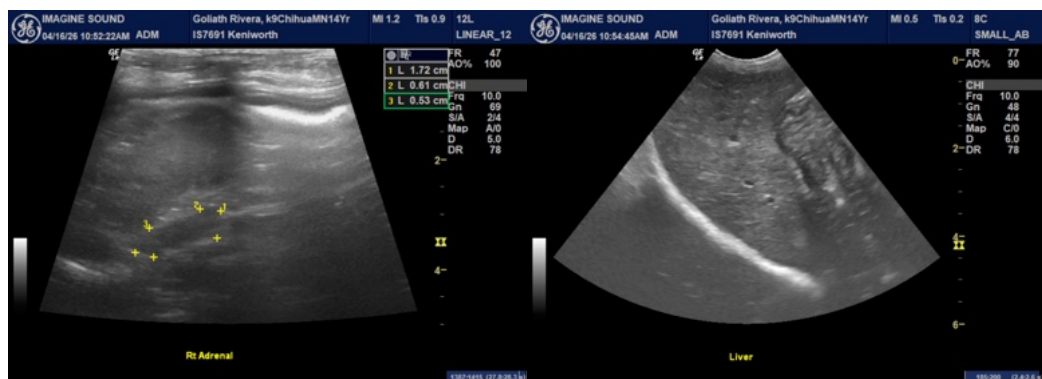
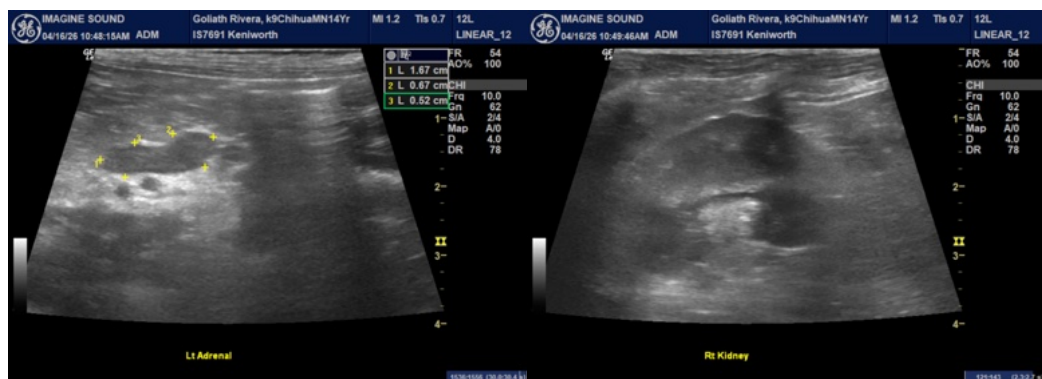
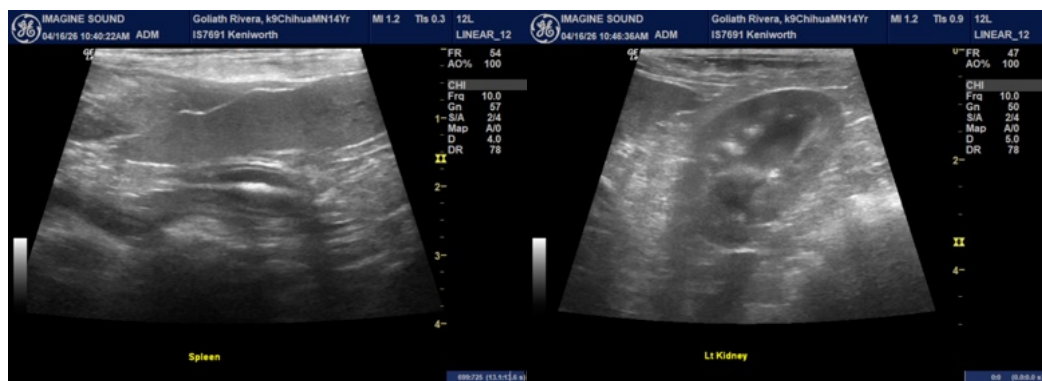
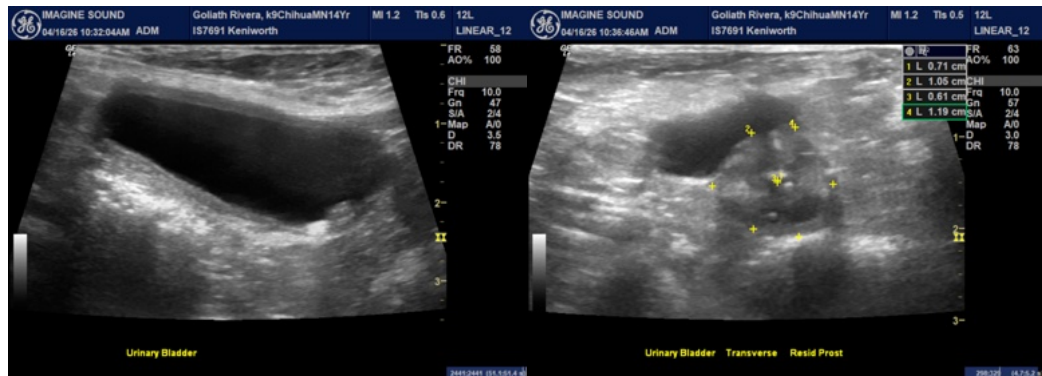
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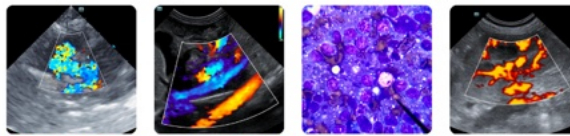
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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