



PATIENT

Tita Mercer

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

13 years

WEIGHT

2.65 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hadi

HOSPITAL NAME

Nimbus Pet Hospital

REFERRING VET

Dr. Hadi

INVOICE

74154

DATE

4/3/26

PRESENTING CLINICAL SIGNS

- P presents for further evaluation of liver/gall bladder. Previous AUS revealed: Nodular hepatopathy, Mineralized gallbladder sediment/choleliths.
- P was started on ursodiol, which led to an improvement of ALKP. On next recheck, P's liver values (ALT/ALKP) have worsened. Mild elevation of both, moderate elevation of GGT
- ALT: 200 U/L ALKP: 173 U/L (following initiation of ursodiol, improved to WNL at 84 U/L) GGT: 30 U/L T.Bili, AST, all other values WNL High normal SDMA (14 ug/dL), USG 1.029

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 2.5 cm, right measured 2.8 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.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.38 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

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 0.6 cm in width.

Liver

Normal size with a diffuse, increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. Multiple, small, hypoechoic parenchymal nodules measuring up to 0.5 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing normal a large amount of mineralized, 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

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Nodular hepatopathy, gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In comparison with the previous ultrasound, the liver appears similar; however, there are more parenchymal nodules that have increased in size.

The gallbladder is similar to that of the previous ultrasound.

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

The gallbladder sediment can be considered an incidental finding.

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 would be to continue with the Ursodiol with regular monitoring of liver enzyme activity.



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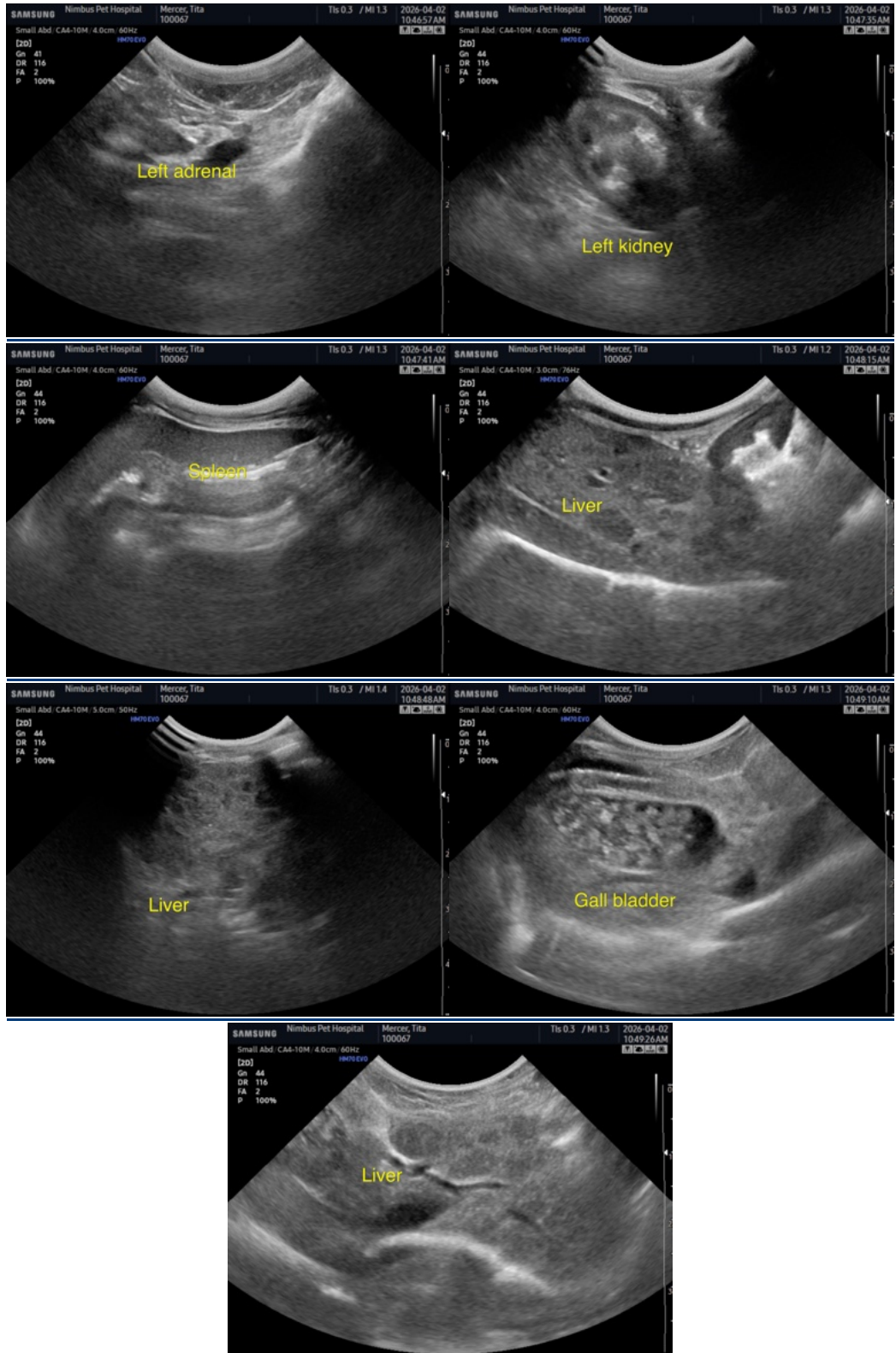
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@sonopath.com

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