



## PATIENT

Spike Yervey

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Neutered male

## AGE

8 ½ years

## WEIGHT

19.4 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Arms

## HOSPITAL NAME

Gilbertsville VH

## REFERRING VET

Dr. Arms

## INVOICE

74291

## DATE

4/8/26

## PRESENTING CLINICAL SIGNS

History: Acute onset vomit, anorexia, febrile, lethargy with ALKP/ALT too high to read and mild increased catalase pancreatic lipase. Responded well to amoxicillin and cerenia.

Hx treated and in remission for IMPA no recent pred

Hx hepatomegaly with mildly increased alkp since 2024, mildly progressive

Hx central vestibular event with residual ataxia and negative menace though neuro stable >1y

Abnormal PE/Chem/CBC/UA Results: 2024 hepatomegaly with alkp 269 2025 hepatomegaly with alkp 392 and upc 1.5 4/2/26 - ALT and AlKP too high to read on in house machine, CPL 270, glob 4.8, chol 420, GGT 66, low Na and Cl. hct 32.5 - non regenerative. treated with amoxi and cerenia. temp 103.1 4/7/26 - temperature 102.8, vomit resolved, eating well, brighter and feeling well at home. glob 4.6, increased BUN 43, ALT 271, AlKP 1949, GGT 46, chol 375, CPL 276.

## 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 4.6 cm, right measured 4.8 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.

The prostate is small and hypoechogenic.

### Adrenal Glands

The left adrenal gland is plump in size, but maintained normal shape, echogenic appearance, position and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.65 cm in width. The right adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The right adrenal gland measured 0.35 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 measured 0.8 cm in width.

### Liver



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The liver is enlarged with rounded edges, but maintained a normal 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***

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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.

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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.

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### ***Pancreas***

The pancreas is not clearly visualized, but the visualized sections are normal.

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### ***Free Abdomen***

Normal mesenteric lymph nodes.

No ascites evident.

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## ULTRASONOGRAPHIC FINDINGS

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- Hepatomegaly.
- Mild, left-sided adrenomegaly.
- Gallbladder sediment.

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

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

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Although the left-sided adrenomegaly may merely be an incidental finding, pituitary dependent Cushing's disease should still be considered.



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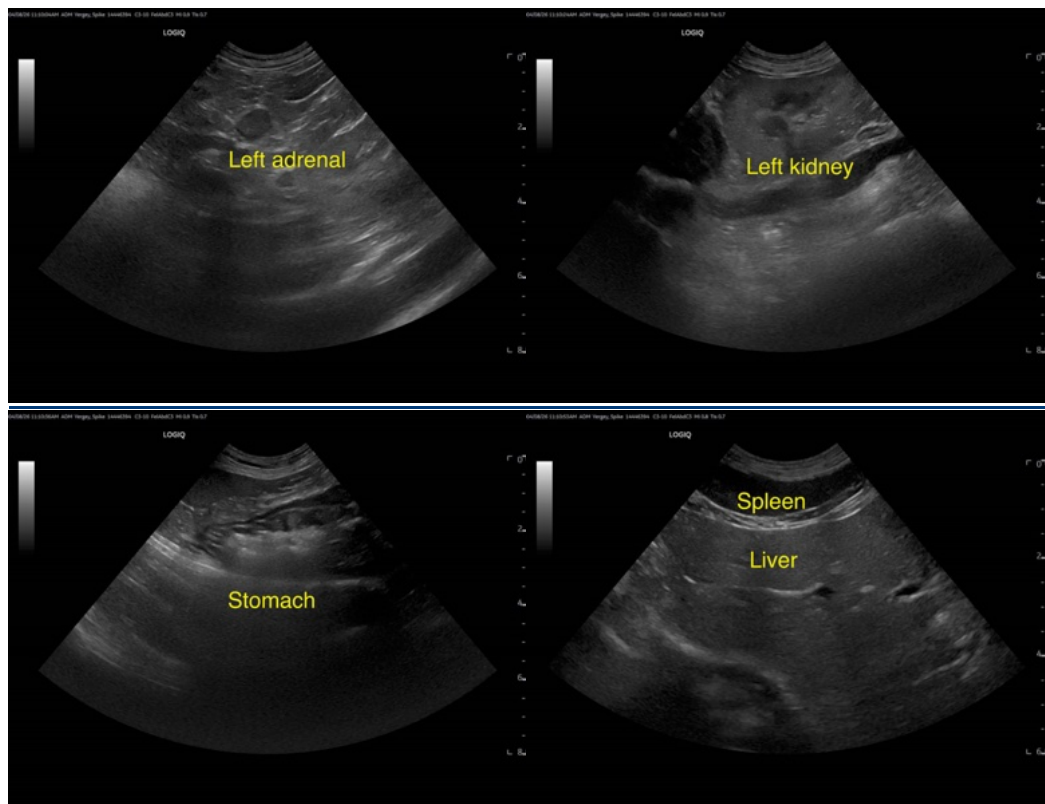
Although the gallbladder sediment is most likely an incidental finding, monitoring for the development of the a mucocele would be recommended.

The most likely etiology for the presenting clinical signs would be non-specific gastroenteritis such as dietary indiscretion, toxins and viral, which would account for the mildly elevated CPL activity.

Further assessment that can be considered for the hepatomegaly and the left-sided adrenomegaly (once a course of symptomatic therapy has been completed) would be urine specific gravity and a urine to cortisol to creatinine ratio and if abnormal then adrenal function testing (ACTH stimulation/LDDST) would then be indicated.

If Cushing's disease has been excluded and further assessment of the hepatomegaly would be FNA cytology. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

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





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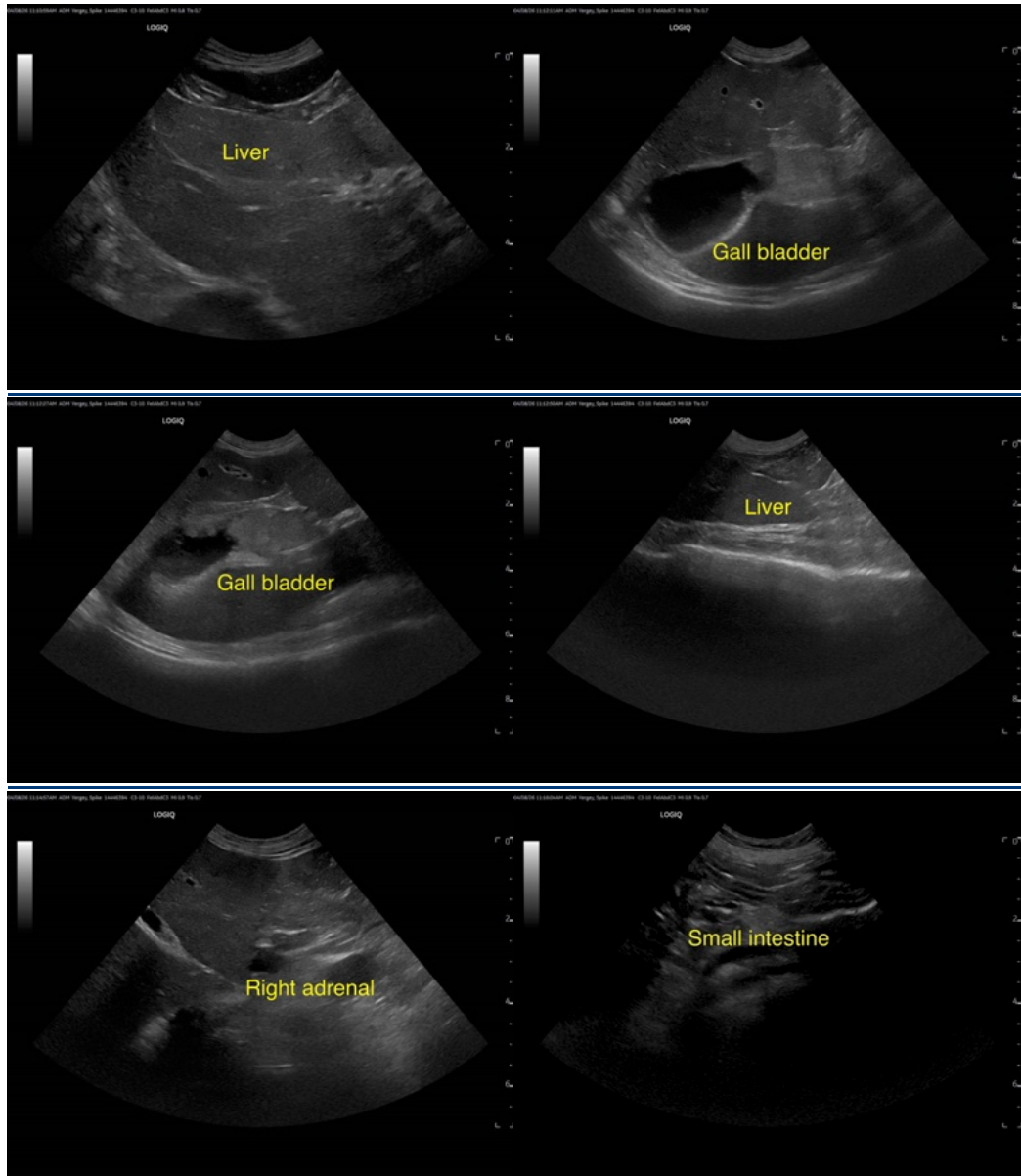
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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