



PATIENT

Chewie Giles

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

14 years

WEIGHT

34.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Hovis

INVOICE

75102

DATE

5/1/26

PRESENTING CLINICAL SIGNS

01-13-2025: Popliteal Lymphadenopathy, 12-16-2025 poor appetite prompted bloodwork, Increased liver enzymes, renal values, and is anemic. 400cc SC fluids since Jan 2026. Started prednisolone 5mg 1t PO SID in Dec 2026 but since increased to BID dosing 4-29-2026
Entyce PRN for appetite stimulation

Z/D wet with Purina Pro Plan Sensitive Skin and Stomach Salmon

Medications: Prednisolone 5mg 1t PO BID, Entyce 0.9mL PO SID PRN for appetite stimulation

Abnormal PE/Chem/CBC/UA Results: 2-20-2026: Superchem: ALT 604 H, ALKP 3444 H, GGT 117 H, BUN 66 H, SDMA 25.3 H, BUN/CREA RATIO 51 H, PHOS 6.6 H, CHOLESTEROL: 418 H, PSL 822 H, T4 NORMAL CBC: RBC 4.4 L, HGB 10.4L, HCT 32% L, PLATELET COUNT: 627 H UA: SG 1.014 L, PH 5.0 L, PROTEIN 1+, CASTS Coarse Gran 4-10/hpf 12-17-2025: Superchem: ALT 276 H, ALKP 1105 H, BUN 51 H, SDMA 17.7 H, BUN/CREA Ratio 43 (H), SODIUM: 159 H, CHLORIDE 123 H, CHOLESTEROL 404 H, PSL 408 H, T4: 0.4 L CBC: Platelet count: 465 H, NEUTROPHILS 80% H UA: SG: 1.012 L, Protein: Trace

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small amount of floating, hyperechogenic sediment.

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 7.3 cm, right measured 6.5 cm), increased echogenic appearance, loss of cortico-medullary differentiation, and mild pyelectasia (left worst, than right), and regular curvilinear capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys. A few, small, cortical cysts are evident in the left kidney. A large cortical cyst is present in the right kidney measuring 0.9 x 1.4 cm in size.

The prostate is small and hypoechogenic.

Adrenal Glands

The right adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Right adrenal gland measured 0.6 cm in width. The left adrenal gland was not visualized.

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. Incidental myelolipomas are present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.1 cm in width.



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Liver

Normal size with an increased echogenic appearance, normal portal markings, and regular curvilinear capsule. No nodules are evident. Focal, irregular, mottled echogenic, cystic mass in the left lobe measuring 1.8 x 3.4 cm in size. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is small containing normal anechoic bile. 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

- Renal disease.
- Hepatic mass.
- Hepatopathy.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys would be consistent with chronic kidney disease and in line with the patient's history.

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia highly unlikely differential diagnosis.



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Etiologies for the hepatic mass would be granuloma, organized hematoma and emerging hepatocellular carcinoma.

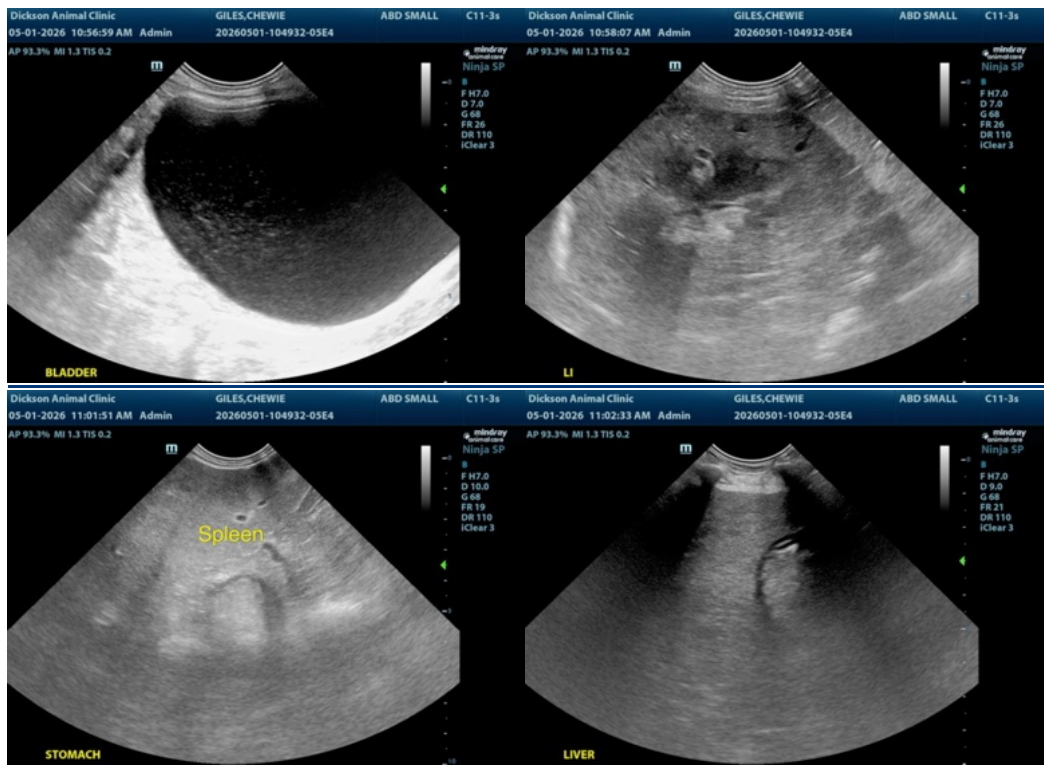
Etiologies for the urinary bladder sediment would be incidental debris, crystalluria and possibly bacterial cystitis.

Further assessment would be urinalysis, possibly urine culture, UPC (if sediment and culture are negative), blood pressure and FNA cytology of the liver and hepatic mass. However, a tru cut or wedge biopsy of the hepatic mass and liver may be required for a final etiological diagnosis.

Management of the renal disease would be feeding a renal diet, enteric phosphate binders as needed and possibly an ace inhibitor or receptor blocker.

Management of the hepatopathy would be the use of Ursodiol with regular monitoring of the liver enzyme activity.

If surgery is being contemplated for the hepatic mass then a CT scan would be recommended.





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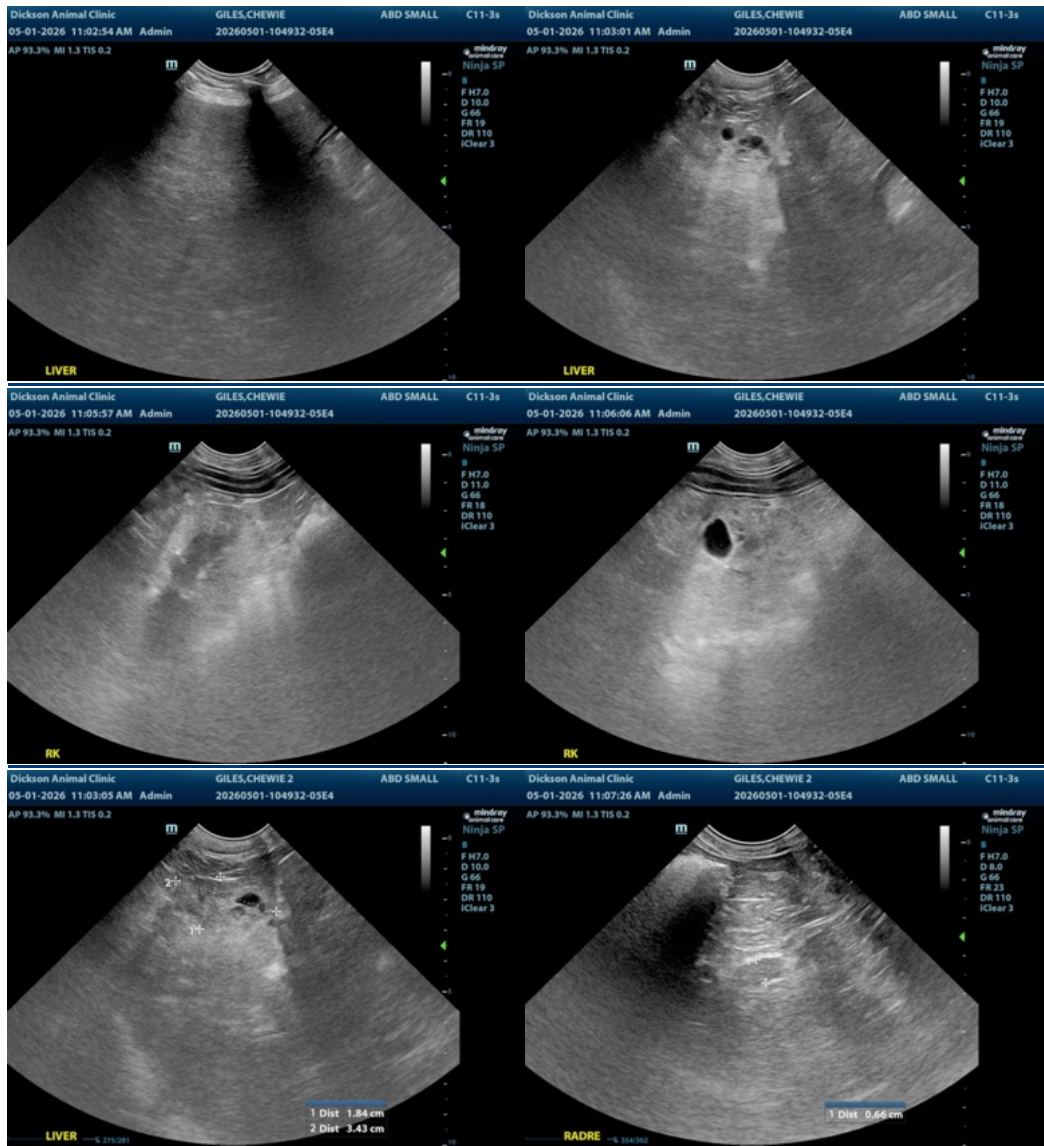
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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