



PATIENT

Dobby Laluk

SPECIES

Canine

BREED

Chihuahua

SEX

Intact female

AGE

9 months

WEIGHT

4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gagne

HOSPITAL NAME

Hart Family VC

REFERRING VET

Dr. Gagne

INVOICE

75289

DATE

5/11/26

PRESENTING CLINICAL SIGNS

History: episode of ataxia, stagger and knuckling, has had 2-3 episodes of this. No access to toxins including marijuana. Not right after eating, takes few hours then perks up and playing again. Intermittent vomiting as well independent from episodes of ataxia
ddx: PSS, microvascular dysplasia, storage dz, hepatitis, other

CBC and chem wnl Elevated bile acids (was fasted and told o not to feed / take out food for other pets to try to prevent GB contact prior to sample collection) Bile Acids Preprandial 21.2 * 0.0-14.9 µmol/L
Bile Acids Postprandial 36.7 * 0.0-29.9 µmol/L

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 3.5 cm, right measured 3.4 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

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.0 cm in length and 0.33 cm in width. The right adrenal gland measured 0.41 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 1.0 cm in width.

Liver

Normal size, 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

The gallbladder is full 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. A moderate amount of ingesta is present within the stomach compatible with a recent meal. The gastric wall measured 0.21 cm, duodenum measured 0.27 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

- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for either the presenting clinical signs or the mildly elevated bile acids.

Etiologies to consider would be a small portosystemic shunt and possibly primary portal vein hyperplasia.

Further assessment would be CT angiography and possibly liver biopsy.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be feeding a low protein diet.



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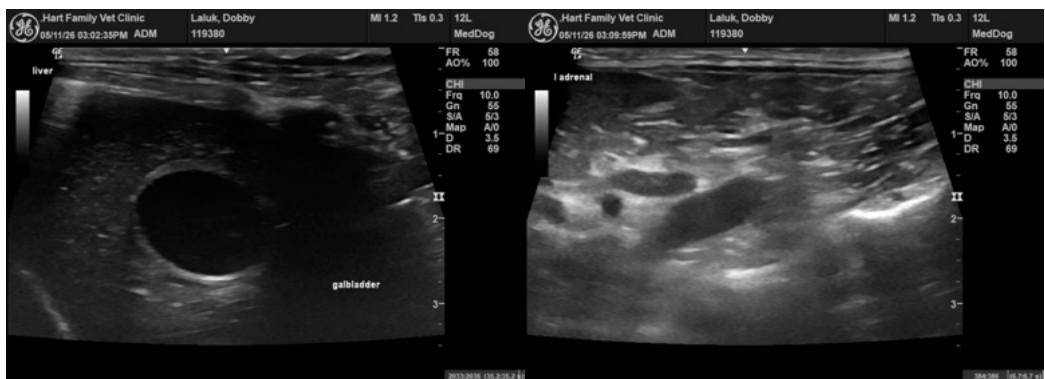
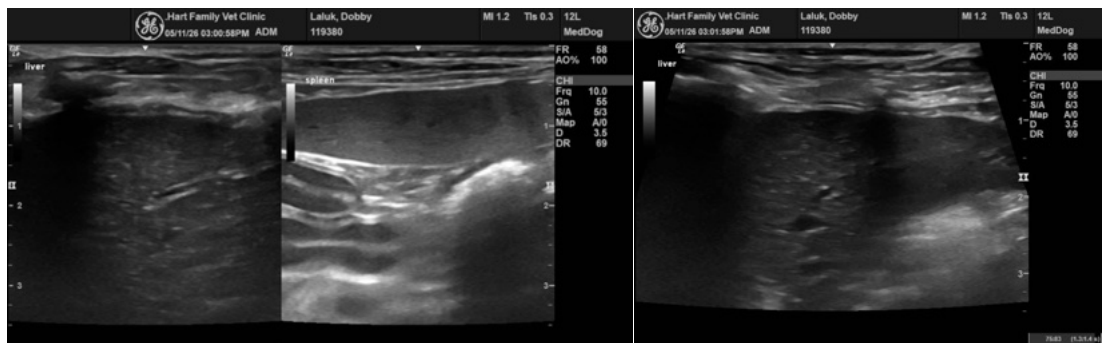
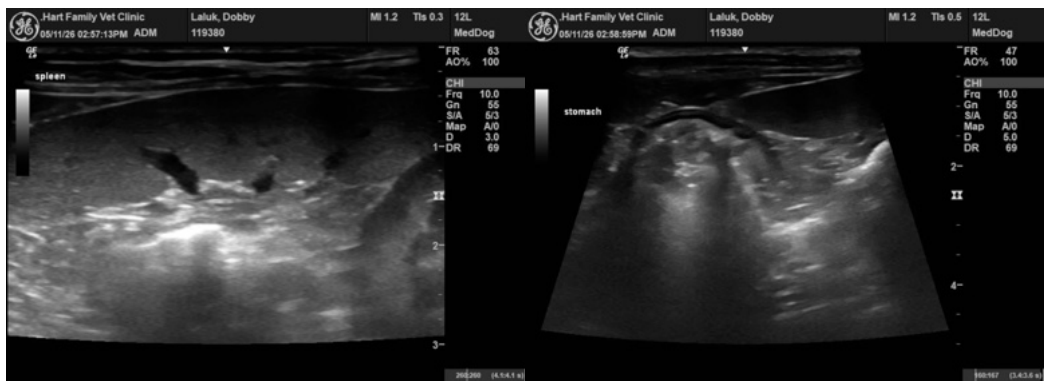
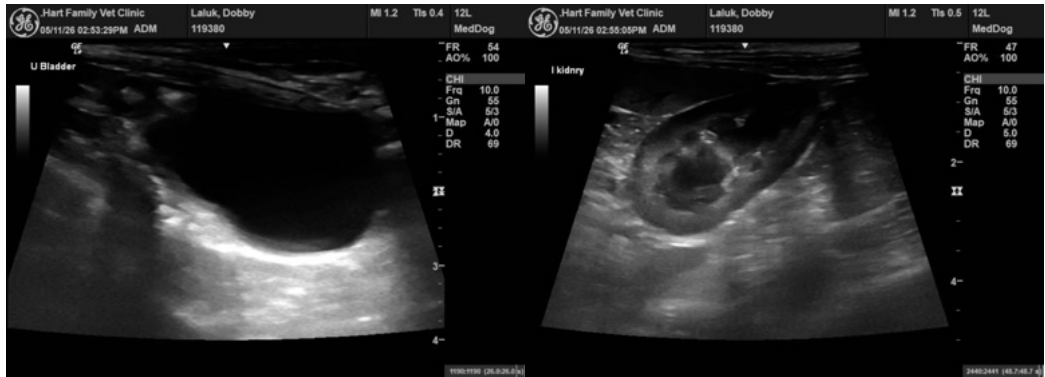
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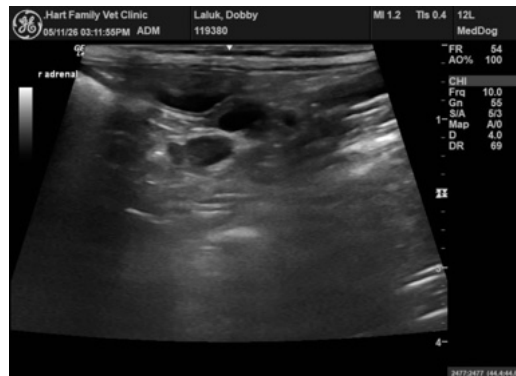
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com