



PATIENT

Peanut Pope

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered male

AGE

8 years

WEIGHT

19.44 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Galanti

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Cooper

INVOICE

78056

DATE

5/27/26

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Peanut presents for anorexia beginning yesterday morning
Patient History:

- On phenobarbital 32.4mg, 1.5 tablets q12h for seizure control
- Last seizure in 2017

- Missed phenobarbital for 2 days due to inability to eat
- Usually takes medication hidden in pork jerky treats

- Recent lab work showed low albumin
- Urinalysis recommended by Dr. Galanti

- Dental work scheduled but postponed
- Yesterday ate only small amount of food, today refusing all food including treats, soft eggs, sausage

- Normal urination and defecation this morning
- Occasional cough, sometimes productive of clear material
- No vomiting or diarrhea

Abnormal PE/Chem/CBC/UA Results: cPLI: abnormal Liver Chemistry ALBUMIN 2.6 (LOW) 2.7-4.4 g/dL GLOBULIN 4.2 (HIGH) 1.6-3.6 g/dL A/G RATIO 0.6 (LOW) 0.8-2.0 AST (SGOT) 72 (HIGH) 15-66 IU/L ALT (SGPT) 39 12-118 IU/L ALK PHOS 471 (HIGH) 5-131 IU/L GGT 6 1-12 IU/L T. BILIRUBIN 0.1 0.1-0.3 mg/dL BUN 15 6-31 mg/dL GLUCOSE <10 (LOW)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 4.8 cm, right measured 5.0 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. Small incidental cortical cysts are present in the left kidney measuring 0.4 cm in size.

The prostate measured 0.8 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.36 cm and 0.42 cm in width. The right adrenal gland measured 0.45 cm and 0.4 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.



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No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.5 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Few, small, parenchymal, hyperechoic nodules measuring 0.7 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing a large 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.

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

Normal size (left lobe measured 0.4 cm in width, right lobe measured 1.4 cm in width) both with a hypoechoic appearance and an irregular capsule. Increased echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Hepatic nodules
- Gallbladder sediment



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas would be consistent with acute pancreatitis.

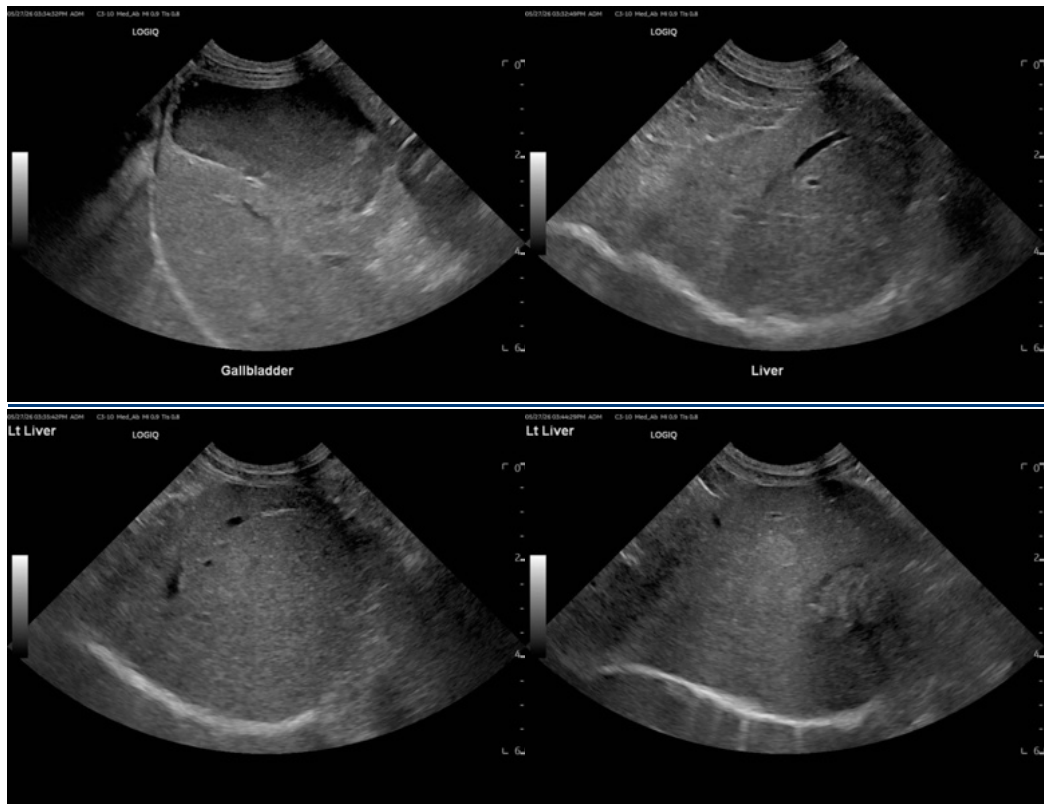
The most likely etiology for the hepatic nodules would be age related nodular hyperplasia.

The gallbladder sediment can be considered an incidental finding.

The most likely etiology for the elevated liver enzyme activity would be the Phenobarbital therapy.

Further assessment would be CPL/PSL assay and monitoring of the glucose. If the hyperglycemia is not artifactual then further assessment would be insulin assay.

Management of the pancreatitis would be fluid therapy, correction of any electrolyte anomalies (if present), antiemetics, opioid analgesics and feeding small frequent meals of a low fat intestinal type diet.





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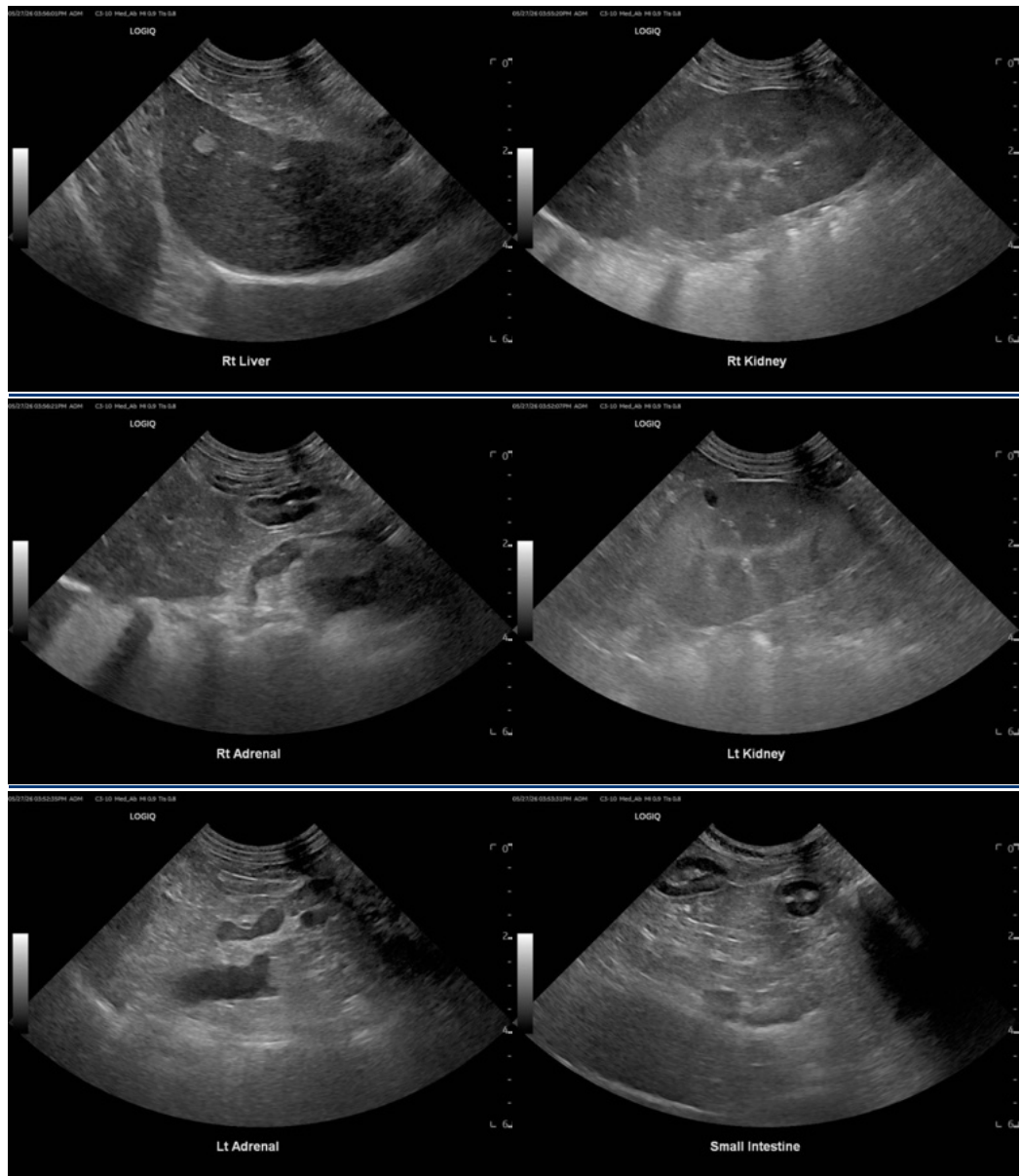
Dr. Cooper

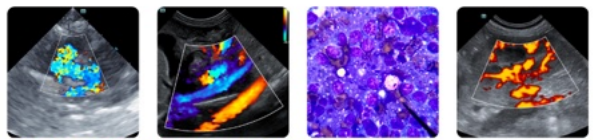
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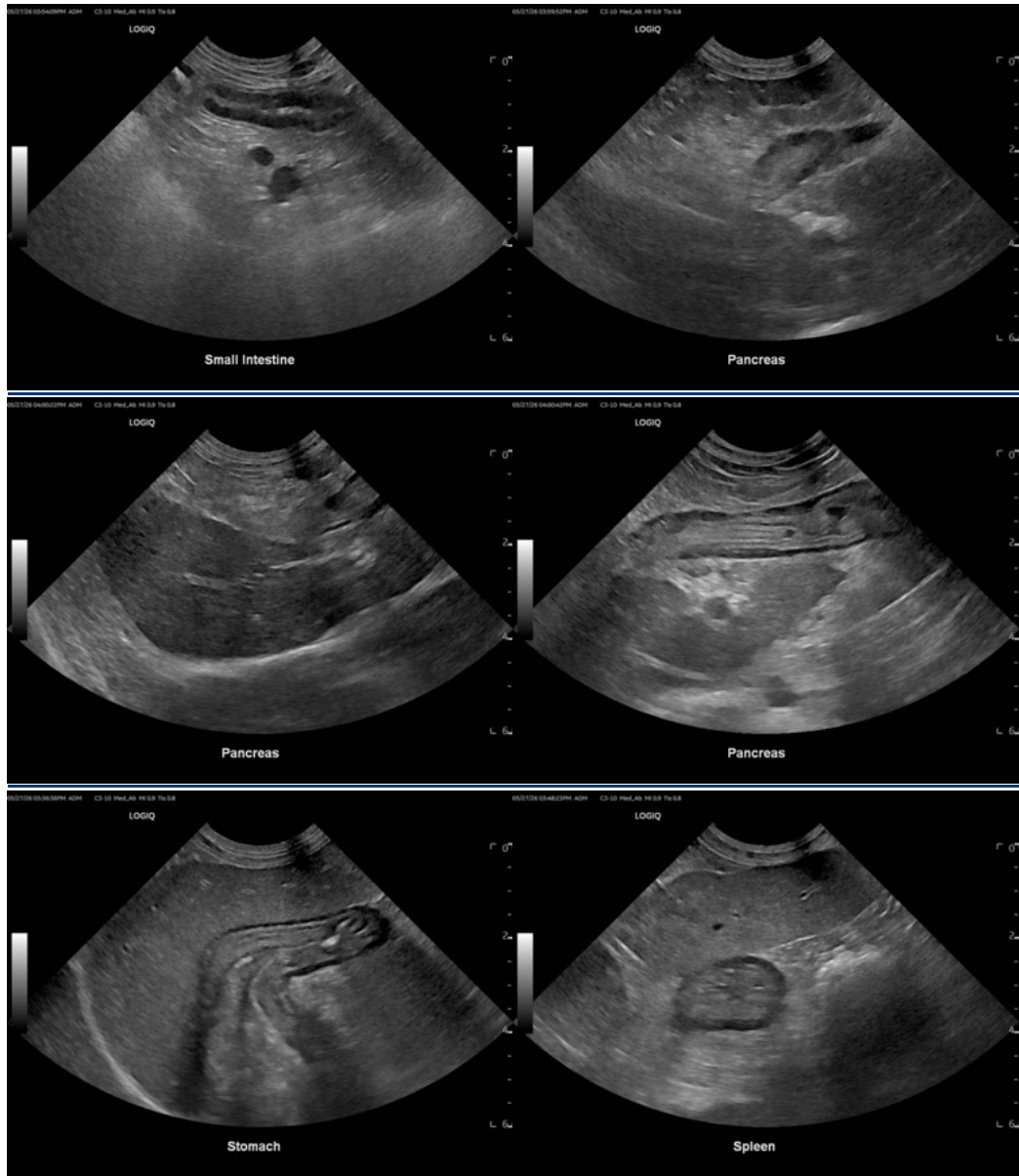
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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