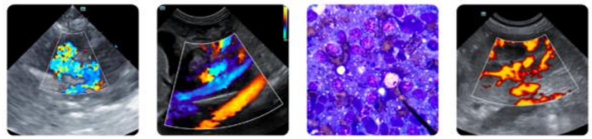
SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
SonoPath.com info@sonopath.com 1.800.838.4268



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Maggie Hodess

SPECIES

Canine

BREED

Chihuahua/Dachshund

SEX

Spayed Female

AGE

10 Years

WEIGHT

10.7 kg

INTERPRETED BY

Remo Lobetti BVSc, MMedVet, PhD, DECVIM

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Prairie Winds AC

REFERRING VET

Dr. Singla

INVOICE

37267

DATE

5/28/26

PRESENTING CLINICAL SIGNS

History: Pet was in for dental procedure in March 2026, and has been slightly lethargic and gaining weight since. X-rays concerning for hepatomegaly and /or splenomegaly.

Abnormal PE/Chem/CBC/UA Results: BW before dental was unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder, containing a scant amount of floating hyperechogenic sediment, with a normal thickness and smooth appearance of the wall. 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, 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 left kidney measured 5.7 cm. The right kidney measured 5.8 cm. Normal color flow pattern is evident in both kidneys. A small incidental cortical cyst was present in the left kidney, measuring approximately 0.6 cm in size.

Adrenal Glands

The adrenal glands were bilaterally plump in size, but maintaining a normal shape, echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.72 cm and 0.72 cm in width. The right adrenal gland measured 0.68 cm and 0.51 cm in width.

Spleen

Normal size (1.3 cm in width) 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. Incidental myelolipomas were present.

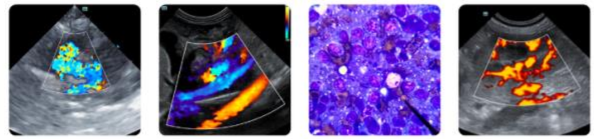
Liver

The liver was enlarged with rounded edges with a diffuse increased echogenic appearance, normal portal markings, and a regular curvilinear capsule. A focal non-vascularized hypoechogenic parenchymal nodule was noted in the left lobe, measuring approximately 1.0 cm x 1.4 cm in size. No additional nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full gallbladder, almost distended, containing a large amount of both adhered and non-adhered hyperechogenic sediment with the adhered sediment arranged in an early stellate pattern. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal



PATIENT

Maggie Hodess

SPECIES

Canine

BREED

Chihuahua/Dachshund

SEX

Spayed Female

AGE

10 Years

WEIGHT

10.7 kg

INTERPRETED BY

Remo Lobetti BVSc, MMedVet, PhD, DECVIM

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Prairie Winds AC

REFERRING VET

Dr. Singla

INVOICE

37267

DATE

5/28/26

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. Fecal material was present within the colon.

Pancreas

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. Left lobe of the pancreas measured 1.0 cm in width. The right lobe of the pancreas measured 1.0 cm in width.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adenomegaly
- Hepatopathy
- Hepatic nodule
- Emerging mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the adenomegaly would be age-related reactive hyperplasia, disease stress and possibly emerging pituitary dependent Cushing's disease.

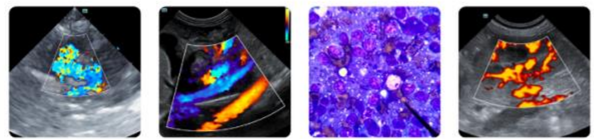
Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic, with hepatitis and infiltrative neoplasia, highly unlikely differential diagnoses.

The most likely etiology for the hepatic nodule would be incidental nodular hyperplasia.

Further assessment would urine specific gravity and urine cortisol to creatine ratio, and if abnormal, then adrenal function testing (ACTH simulation/LDDST) would then be indicated. If Cushing's disease has been excluded, then further assessment of the hepatopathy would be FNA cytology. However, a tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

Management of the mucocele would either be cholecystectomy or medical therapy with ursodiol.



PATIENT

Maggie Hodess

SPECIES

Canine

BREED

Chihuahua/Dachshund

SEX

Spayed Female

AGE

10 Years

WEIGHT

10.7 kg

INTERPRETED BY

Remo Lobetti BVSc, MMedVet, PhD, DECVIM

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Prairie Winds AC

REFERRING VET

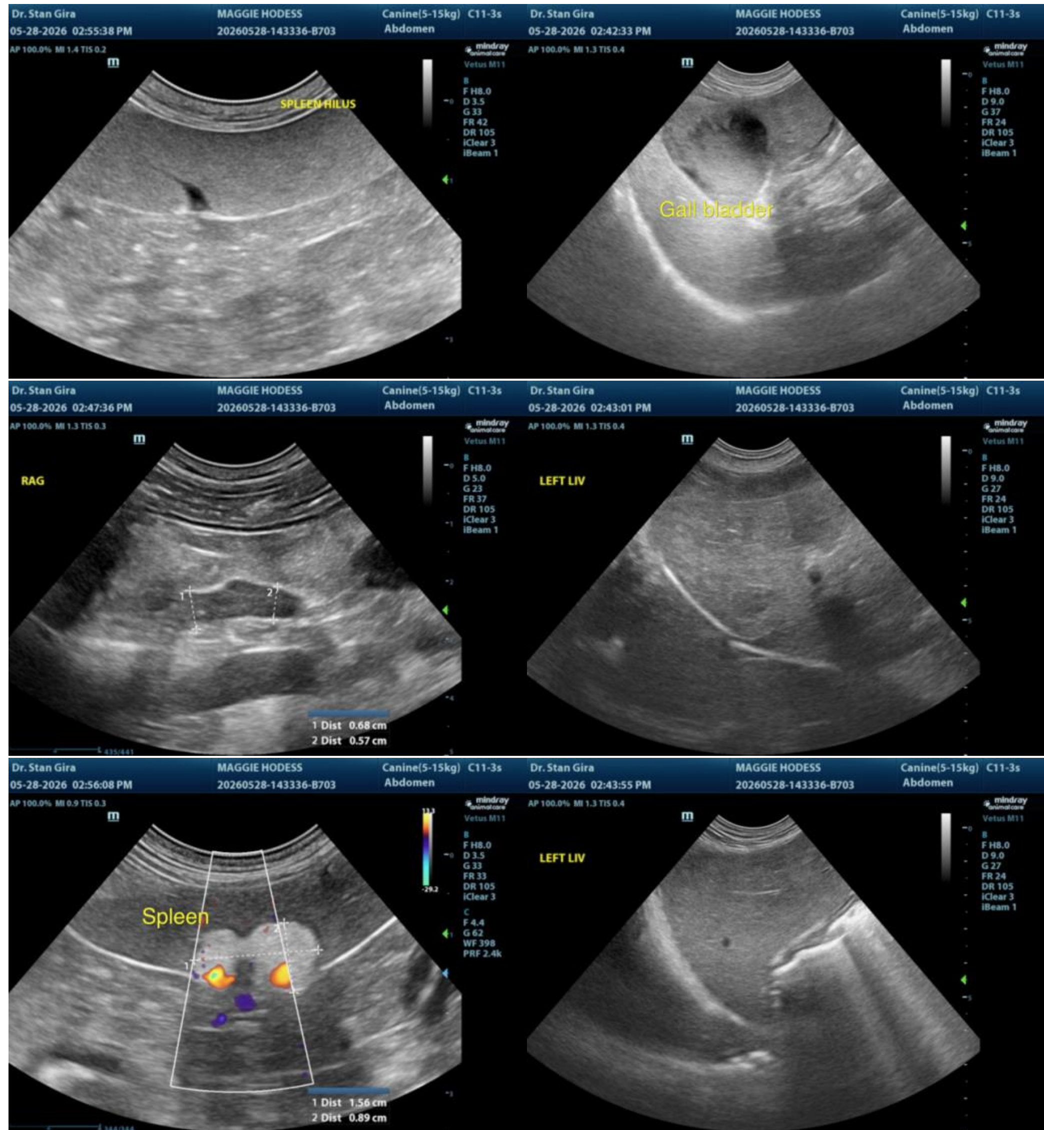
Dr. Singla

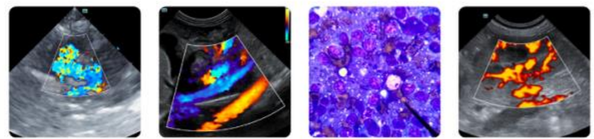
INVOICE

37267

DATE

5/28/26





PATIENT

Maggie Hodess

SPECIES

Canine

BREED

Chihuahua/Dachshund

SEX

Spayed Female

AGE

10 Years

WEIGHT

10.7 kg

INTERPRETED BY

Remo Lobetti BVSc, MMedVet, PhD, DECVIM

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Prairie Winds AC

REFERRING VET

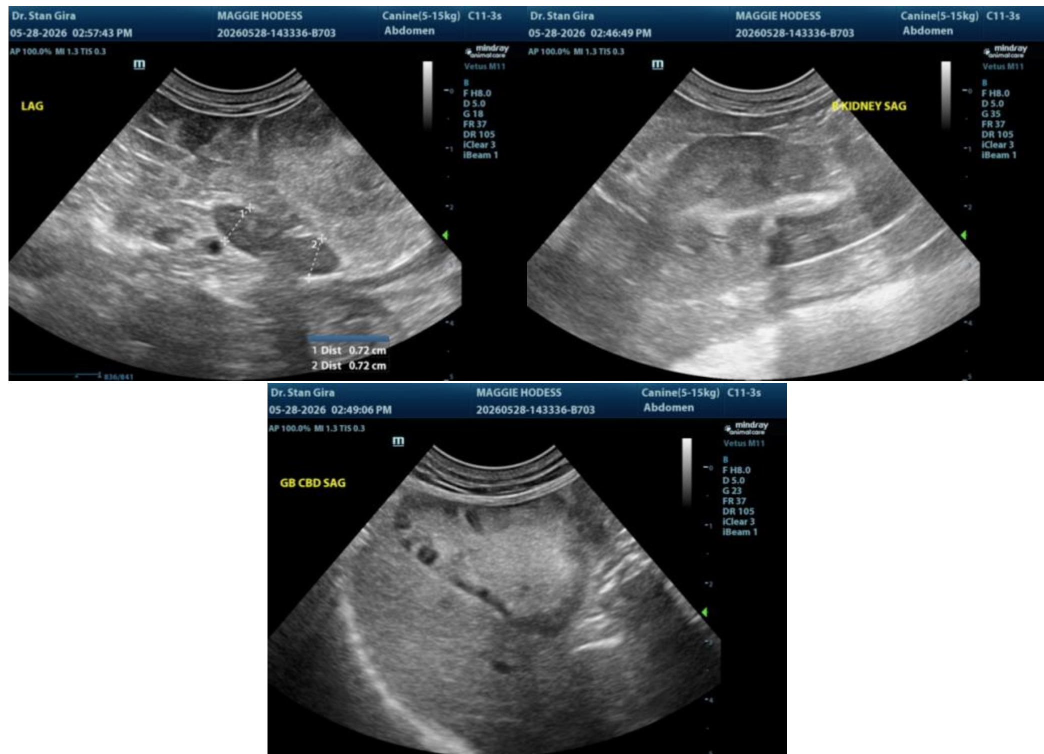
Dr. Singla

INVOICE

37267

DATE

5/28/26



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