



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Izzy Coleman	History: ALT 383, ALKP 413, bile acids pre 118, bile acids post 60s. Newly diagnosed heart murmur grade 1-2.
<b>SPECIES</b>	
Canine	
<b>BREED</b>	<b>Urinary System</b>
Chihuahua	The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.
<b>SEX</b>	Normal appearance of the trigone area, proximal urethra (0.40 cm), and iliac blood vessels.
Female Spayed	Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.
<b>AGE</b>	
8 years	Normal renal size (left kidney 3.60 cm) (right kidney 4.10 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts or renoliths evident. Mild bilateral pinpoint mineralization within both kidneys.
<b>WEIGHT</b>	
8.6 lbs	<b>Adrenal Glands</b>
<b>INTERPRETED BY</b>	Normal shape, echogenic appearance, size (left 0.62 x 0.44 cm) (right 0.56 x 0.71 cm), position, and appearance of the visible peri-renal vasculature.
Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	Normal size (0.90 cm) 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.
Sonya Myers DVM	<b>Liver</b>
<b>HOSPITAL NAME</b>	Normal size, with a mottled echogenic appearance, loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.
Banfield Oviedo	<b>Gallbladder</b>
<b>REFERRING VET</b>	The gallbladder is distended containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct (0.20 cm). No obvious obstruction to the gallbladder evident.
Narayansingh	<b>Gastrointestinal</b>
<b>INVOICE</b>	Normal appearance of the duodenum (0.44 cm), jejunum (0.36 cm) small intestine, ileo-cecal junction, and colon (0.24 cm) with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Segmental thickening of the gastric wall (up to 0.11 cm) with no loss of layering or distention of the lumen.
14152	<b>Pancreas</b>
<b>DATE</b>	Normal size (left 0.70 cm / right 1.10 cm) with a diffuse hyperechogenic appearance and irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.
8.17.23	<b>Free Abdomen</b>
	Normal mesenteric lymph nodes (one of which measures 1.70 cm). Perigastric lymphadenomegaly (measuring 0.50 x 0.70 cm) with normal echogenic appearance and shape. Reduced ratio of the portal vein: aorta and caudal vena cava, with no turbulent blood flow evident within the caudal vena cava. The aorta measured 0.64 cm. The caudal vena cava measured 0.57 cm. The portal vein measured 0.45 cm.



**PATIENT**

No ascites evident

Izzy Coleman

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Female Spayed

**AGE**

8 years

**WEIGHT**

8.6 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Sonya Myers DVM

**HOSPITAL NAME**

Banfield Oviedo

**REFERRING VET**

Narayansingh

**INVOICE**

14152

**DATE**

8.17.23

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Hepatopathy
- Gastropathy
- Gastric lymphadenomegaly
- Pancreatic fibrosis vs chronic pancreatitis
- Reduced ratio of the portal vein: aorta and caudal vena cava

**Secondary Findings**

- Distended gallbladder
- Renal mineralization

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the hepatopathy would be reactive, hyperplasia, vacuolar, chronic hepatitis and primary portal vein hyperplasia.

Etiologies for the gastropathy would be nonspecific gastritis (dietary indiscretion, toxins), helicobacter gastritis, inflammatory bowel disease, ulcerative gastritis, and granulomatous gastritis, with emerging neoplasia a less likely differential diagnosis.

The most likely etiology for the gastric lymphadenomegaly would be reactive, with lymphadenitis and neoplasia less likely differential diagnoses.

Although the reduced ratio of the aorta: caudal vena cava and portal vein may be an incidental finding, primary portal vein hyperplasia and small portosystemic shunt needs to be considered.

Further assessment would be cPL/PSL assay, FNA cytology of the liver, gastric wall and lymph node, and gastroscopy with biopsies.

Additional diagnostics that could be considered would be a Tru-cut or wedge biopsy of the liver and CT angiogram.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be Ursodiol with monitoring of liver enzyme activity.



**PATIENT**

Izzy Coleman

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Female Spayed

**AGE**

8 years

**WEIGHT**

8.6 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Sonya Myers DVM

**HOSPITAL NAME**

Banfield Oviedo

**REFERRING VET**

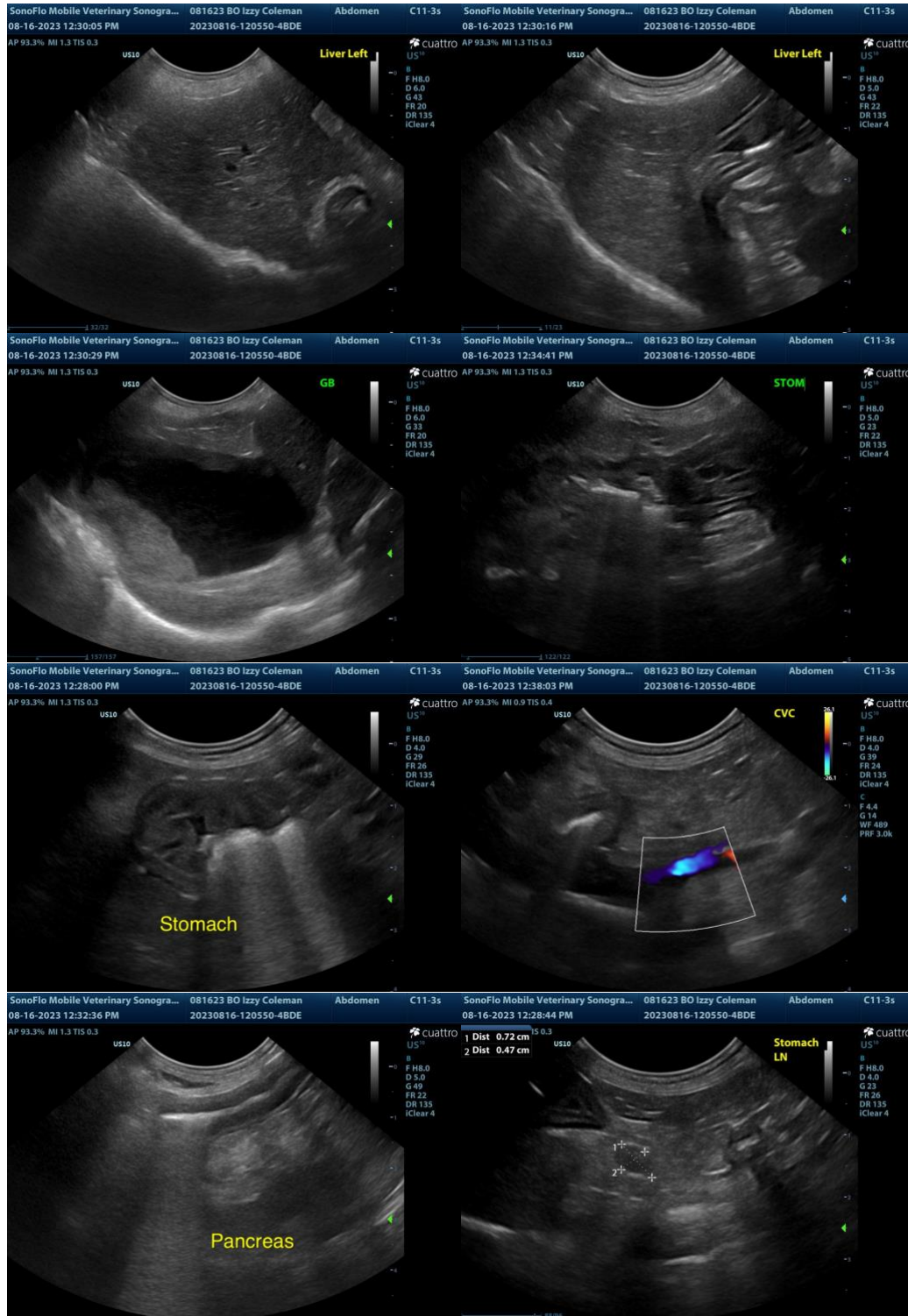
Narayansingh

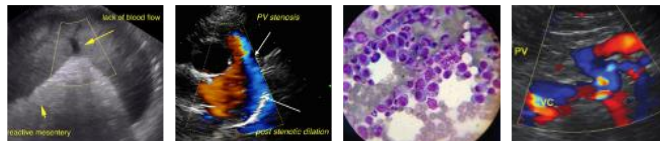
**INVOICE**

14152

**DATE**

8.17.23





**PATIENT**

Izzy Coleman

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

**SPECIES**

Canine

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.

**BREED**

Chihuahua

**Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)**  
[info@sonopath.com](mailto:info@sonopath.com)

**SEX**

Female Spayed

**AGE**

8 years

**WEIGHT**

8.6 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Sonya Myers DVM

**HOSPITAL NAME**

Banfield Oviedo

**REFERRING VET**

Narayansingh

**INVOICE**

14152

**DATE**

8.17.23