



PATIENT	PRESENTING CLINICAL SIGNS
Lucky Carpentier	History: Hx of bow pose and licking surfaces. O thought it was acid reflux so pt is on Pepcid. Pt has 3/6 systolic murmur- pt is already seeing cardiologist. All bloodwork was WNL in clueing spec CPL
SPECIES	Abnormal PE/Chem/CBC/UA Results:
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	History: Bow pose and licking surfaces. O thought it was acid reflux so pt is on Pepcid. Pt has 3/6 systolic murmur- pt is already seeing cardiologist. All bloodwork was WNL in clueing spec CPL
Chihuahua Mix	
SEX	Urinary System
Neutered Male	The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.
AGE	Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.
11 years	
WEIGHT	Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.
15 lbs	
INTERPRETED BY	Normal renal size (left kidney 3.8 cm) (right kidney 3.8 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. Small, focal cortical cyst in the cranial pole of the left kidney. No infarcts, mineralization or renoliths evident.
Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM	Reproductive System
	Small, hypoechogenic prostate.
IMAGING PERFORMED BY	Adrenal Glands
Dr Gallick	Normal shape, echogenic appearance, size (left 0.38 x 0.34 cm) (right 0.39 x 0.37 cm), position, and appearance of the visible peri-renal vasculature.
HOSPITAL NAME	Spleen
Magnolia Springs VC	Normal size (1.40 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.
REFERRING VET	Liver
Dr Gallick	Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.
INVOICE	Gallbladder
14195	The gallbladder is full containing moderate amount of both adhered and nonadhered hyperechogenic sediment (some of it appearing in an early stellate pattern). Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.
DATE	Gastrointestinal
8.23.23	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 and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.



PATIENT

Lucky Carpenter

Free Abdomen

Normal mesenteric lymph nodes.

SPECIES

Canine

No ascites evident.

BREED

Chihuahua Mix

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gall bladder sediment

SEX

Secondary Findings

- None

Neutered Male

AGE

11 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

15 lbs

Although the appearance of the gallbladder may be an incidental finding, and emerging mucocele needs to be considered, and could account for the presenting clinical signs. There are no other obvious etiologies for the presenting clinical signs on this ultrasound.

INTERPRETED BY

Further assessment would be to monitor the gallbladder ultrasonographically.

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

Symptomatic management of the gallbladder would be Ursodiol.

IMAGING PERFORMED BY

Dr Gallick

HOSPITAL NAME

Magnolia Springs VC

REFERRING VET

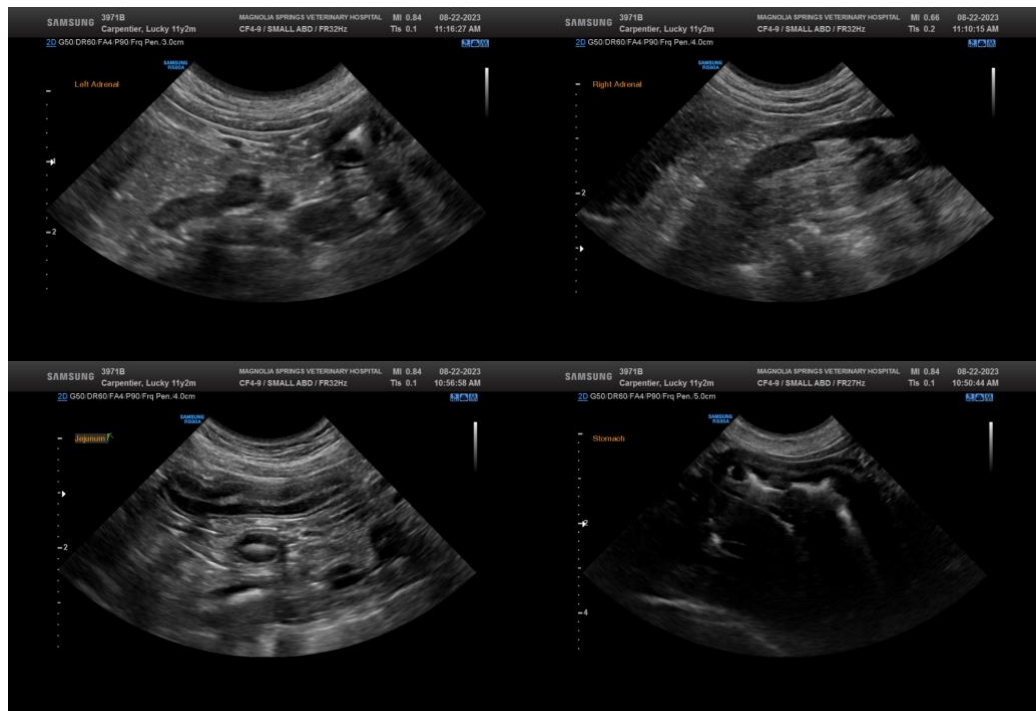
Dr Gallick

INVOICE

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DATE

8.23.23





PATIENT

Lucky Carpenter

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

11 years

WEIGHT

15 lbs

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IMAGING

PERFORMED BY

Dr Gallick

HOSPITAL NAME

Magnolia Springs VC

REFERRING VET

Dr Gallick

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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.

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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