



PATIENT PRESENTING CLINICAL SIGNS

Ozzy Gaudet History: History of reduced appetite, chronic cough, and weight loss. He has lost over four pounds since May 2023.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Grade II-III left parasternal systolic murmur. Thin body condition. No obvious abdominal masses palpable, non-painful.

BREED

Chihuahua

Radiographs of thorax recently performed - showed bronchitis, normal cardiac size, no evidence of CHF. Lab-work/diagnostics show chronically elevated ALKP-669, sodium sl elevated at 156, persistent proteinuria, mild hypertension. Looking for underlying causes for weight loss and reduced appetite.

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

12 years

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

WEIGHT

10lbs

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.

INTERPRETED BY

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

Normal renal size (left kidney 4.6 cm) (right kidney 4.8 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.

IMAGING

Reproductive System

PERFORMED BY

Dr. Kitz

Small hypoechoic prostate.

Adrenal Glands

HOSPITAL NAME

Woodlands AH

Normal shape, echogenic appearance, size (left 0.67 x 0.53 cm) (right 0.45 cm), position, and appearance of the visible peri-renal vasculature.

Spleen

Normal size (measuring 1.30 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

Dr. Danielle Kitz

Liver

Normal size, with a mottled echogenic and coarse appearance, prominent portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

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Gallbladder

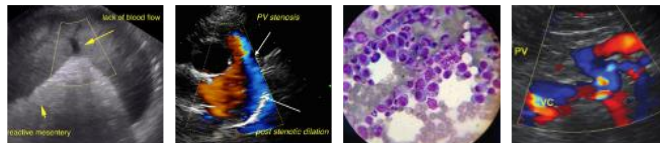
The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

DATE

8.23.23

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.



PATIENT *Pancreas*

Ozzy Gaudet Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Canine Normal mesenteric lymph nodes.

BREED No ascites evident.

Chihuahua **ULTRASONOGRAPHIC FINDINGS**

SEX Primary Findings

Neutered Male • Hepatopathy

AGE Secondary Findings

12 years • None

WEIGHT

10lbs

INTERPRETED BY

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Etiologies for the hepatopathy would be reactive, hyperplasia, metabolic, chronic hepatitis, and infiltrative neoplasia.

IMAGING PERFORMED BY

Dr. Kitz

Although the GI tract appears ultrasonographically normal, with the history of reduced appetite and weight loss, an underlying enteropathy is still possible, with possible etiologies being dietary hypersensitivity, inflammatory bowel disease and parasitic enteritis.

HOSPITAL NAME

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Further assessment would be fecal analysis, UPC and FNA cytology of the liver. A Tru-cut or wedge biopsy of the liver may however be required for a final etiological diagnosis.

REFERRING VET

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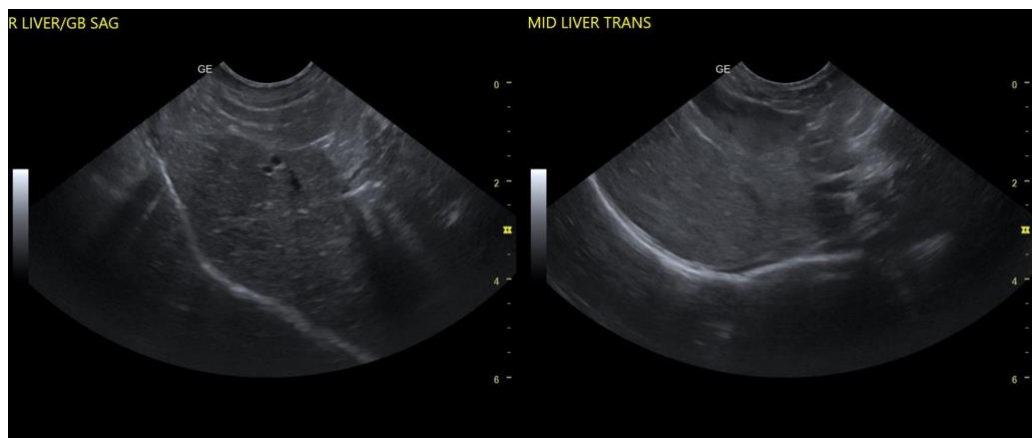
Specific therapy would be dependent on an etiological diagnosis. Initial symptomatic management would be anti-hypertensive therapy and monitoring of the UPC. Adding Ursodiol would also be indicated for the hepatopathy.

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Ozzy Gaudet

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BREED

Chihuahua

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**IMAGING
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HOSPITAL NAME

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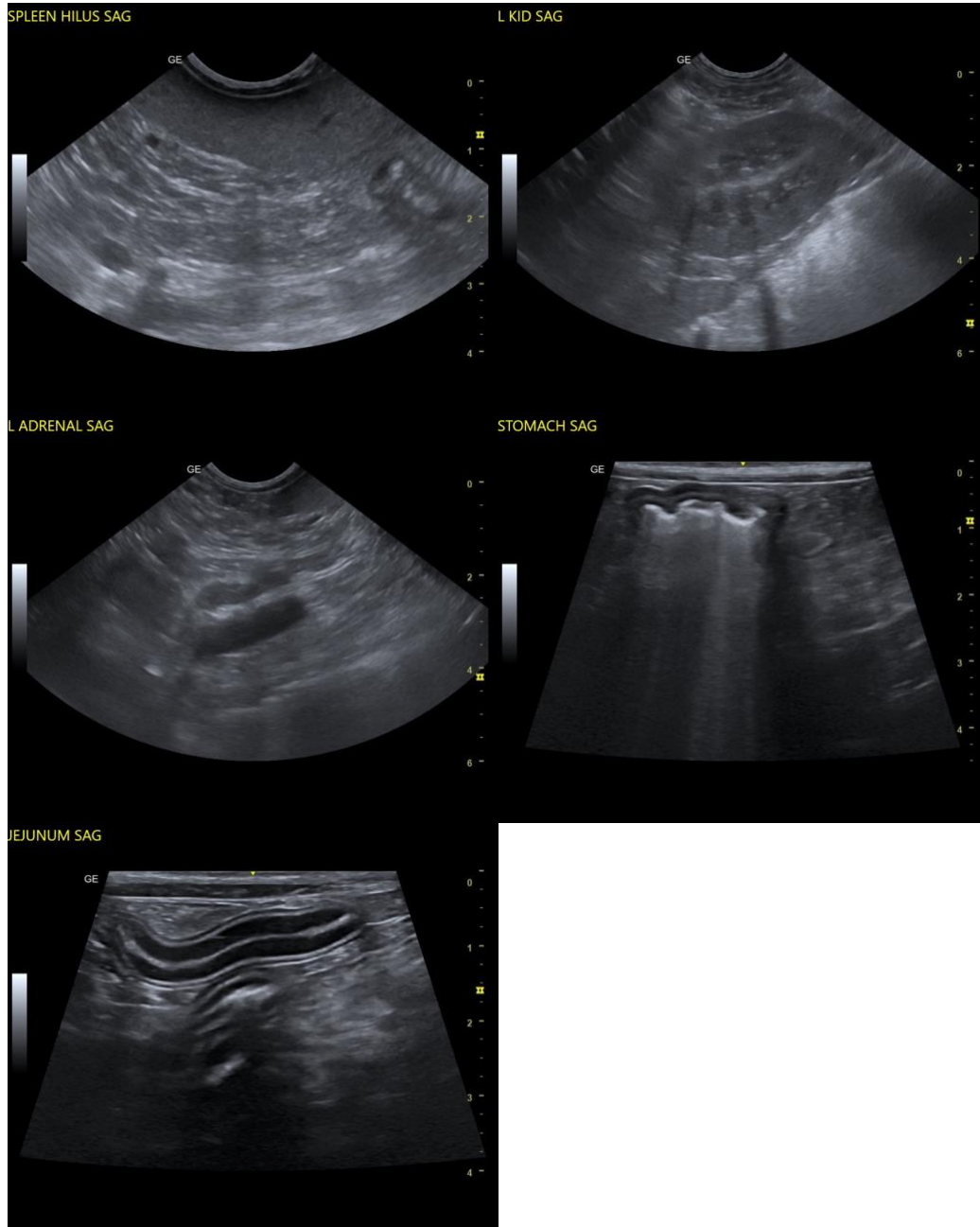
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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