



PATIENT

Dex Lubetzki

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered male

AGE

13 years

WEIGHT

7.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Bond Vet Edgewater

REFERRING VET

Dr. Friedman

INVOICE

70201

DATE

1/16/26

PRESENTING CLINICAL SIGNS

History: Presented 1/14 complaints of pacing overnight and grooming. No csvd. Pocus identified a large liver with severely dilated gallbladder and sludge. Pain in cranial palpation. HX collapse trachea
Abnormal PE/Chem/CBC/UA Results: Sept 2025-BUN-46 CRT-1.6 cystatB-242 K+6.1 ALT-133 ALP-228 Lipase-534 mono-0.756 PLT-569

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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.

Small left kidney measuring 3.2 cm with increased echogenic appearance, loss of cortico-medullary differentiation, pyelectasia and a regular curvilinear capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident.

The right kidney is normal in size and measured 4.9 cm with normal 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 prostate is small and hypoechogenic.

Adrenal Glands

The left adrenal gland is small and dorsoventrally flattened maintaining a normal echogenic appearance, position and appearance of the visible periadrenal vasculature. The left adrenal gland measures 1.68 cm in length x 0.26 cm and 0.29 cm in width.

The right adrenal is enlarged with a slightly rounded appearance, maintaining a normal echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. The right adrenal gland measures 2.5 cm in length x 0.9 cm and 1.3 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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measures 1.7 cm in width.



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Liver

The liver is enlarged with rounded edges, diffuse increased echogenic appearance, normal portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing a scant 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

The 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.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Right adrenomegaly.
- Small left adrenal gland.
- Hepatopathy.
- Left-sided nephropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the right adrenal gland would be emerging functional carcinoma with result in atrophy of the left gland.

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia a less likely differential diagnosis.



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Etiologies for the left kidney would be previous acute kidney injury, bacterial nephritis, obstructive uropathy or a congenital anomaly.

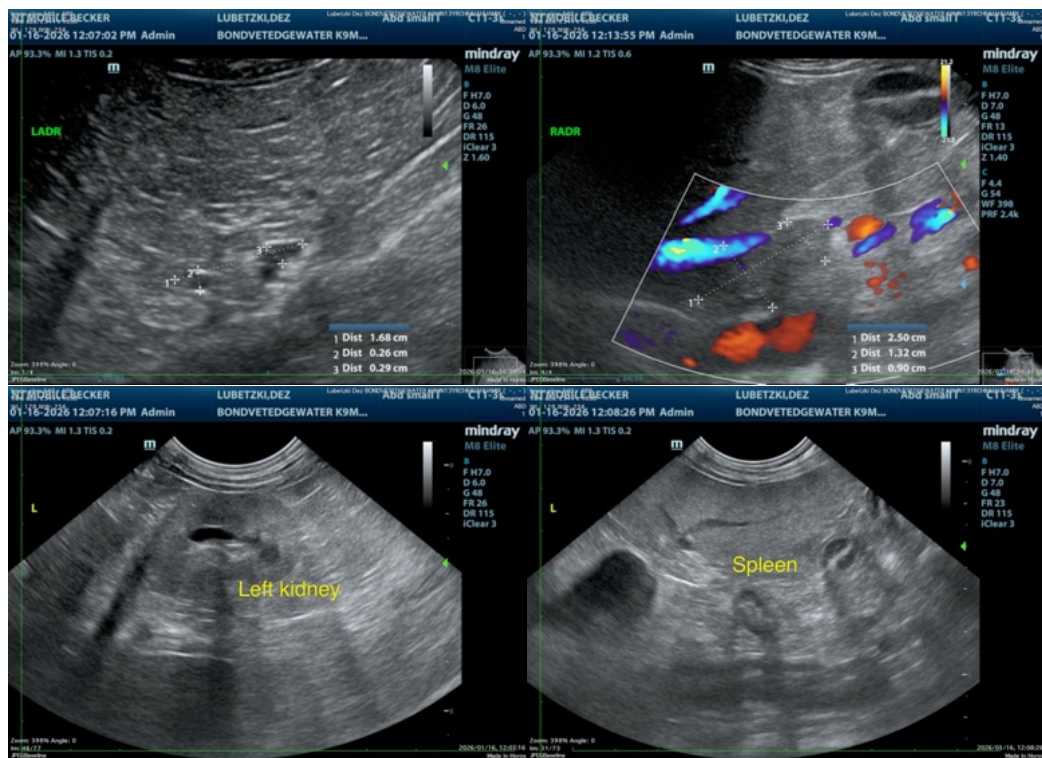
Although the visible section of the pancreas appear ultrasonographically normal, with the presenting clinical signs, pancreatitis needs to be considered.

Initial further assessment would be CPL/PSL assay, urine specific gravity and a urine to cortisol to creatinine ratio.

If there is a low urine specific gravity and/or an abnormal urine to cortisol to creatinine ratio then further assessment would be adrenal function testing (ACTH stimulation/LDDST).

If Cushing's disease has been excluded then further assessment of the hepatopathy would be FNA cytology. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.





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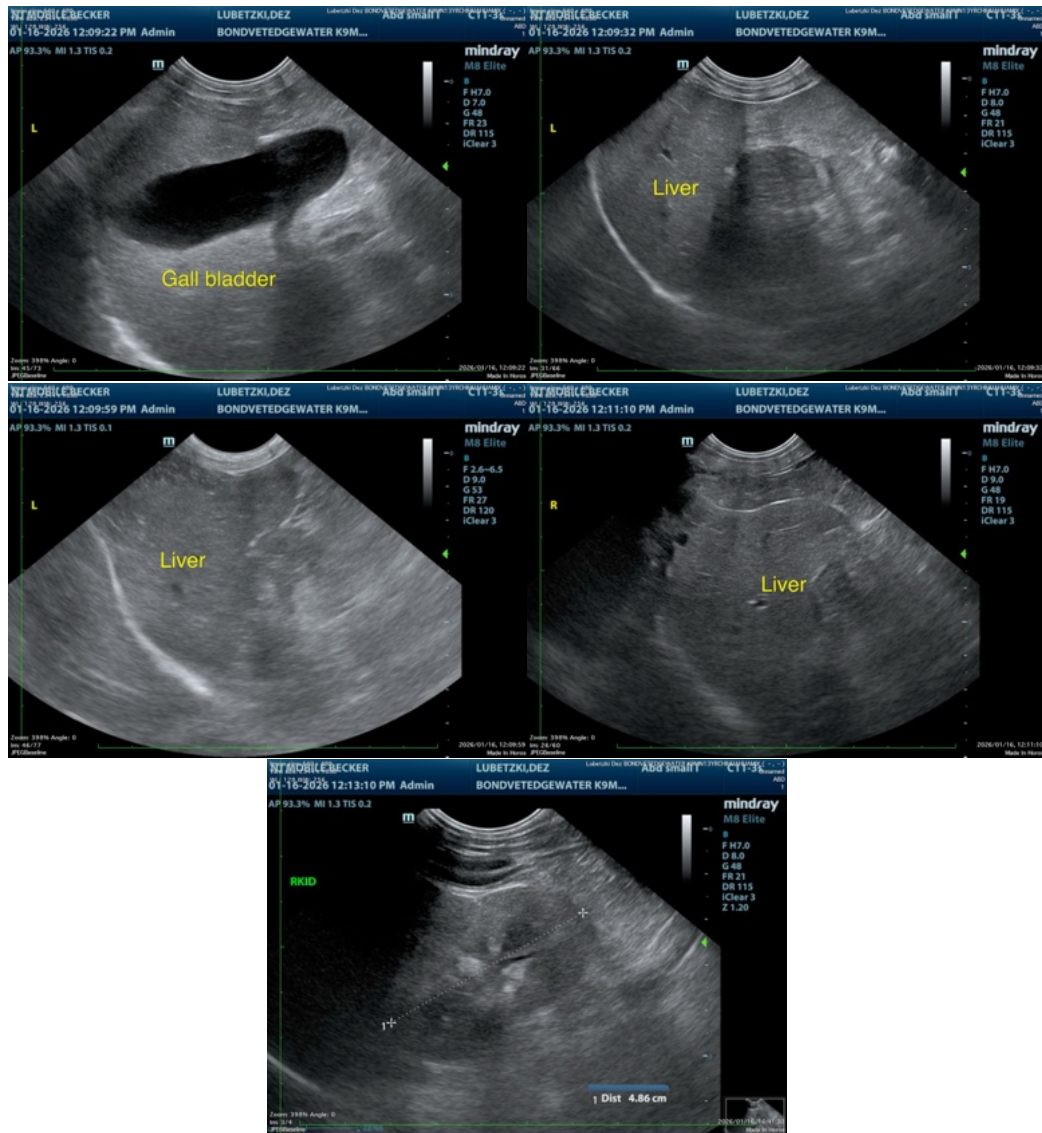
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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