



PATIENT

Chloe Luterzo

SPECIES

Canine

BREED

Dachshund

SEX

Spayed female

AGE

9 years

WEIGHT

12.48 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Heart and Paw Lake
Hopatcong

REFERRING VET

Dr. Marmolejo

INVOICE

69950

DATE

1/9/26

PRESENTING CLINICAL SIGNS

History: Hx of elevated LE's. Patient is currently doing well; asymptomatic but has progressively elevated LE's & pot bellied appearance. Current Medications: Denamarin (sedation-Torb/Alfaxalone) ALT 191 (H 118); ALP 2254 (H 131). USG : 1.017.

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.

Normal renal size (left measured 3.7 cm, right measured 3.8 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. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.43 cm and 0.44 cm in width. The right adrenal gland measured 0.54 cm and 0.57 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. A well circumscribed, isoechogenic nodule/small mass measuring 1.0 x 1.1 cm in the tail of the spleen with bulging of the overlying capsule noted. The spleen measures 1.0 cm in width. An incidental myelolipoma is present.

Liver

Normal size with a diffuse increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. Focal, hypoechoic, parenchymal nodule in the cranial aspect of the left lobe measuring 1.3 x 1.8 cm in size. No additional nodules or masses are evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is small containing normal anechoic bile. 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.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Hepatic nodule.
- Splenic nodule/small mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The most likely etiology for the hepatic nodule would be an incidental nodular hyperplasia with emerging neoplasia a less likely differential diagnosis.

With bulging of the overlying capsule noted for the splenic nodule/small mass, emerging neoplasia would be an important diagnosis with reactive hyperplasia/extramedullary hemopoiesis, hematoma and granuloma a less likely differential diagnosis.



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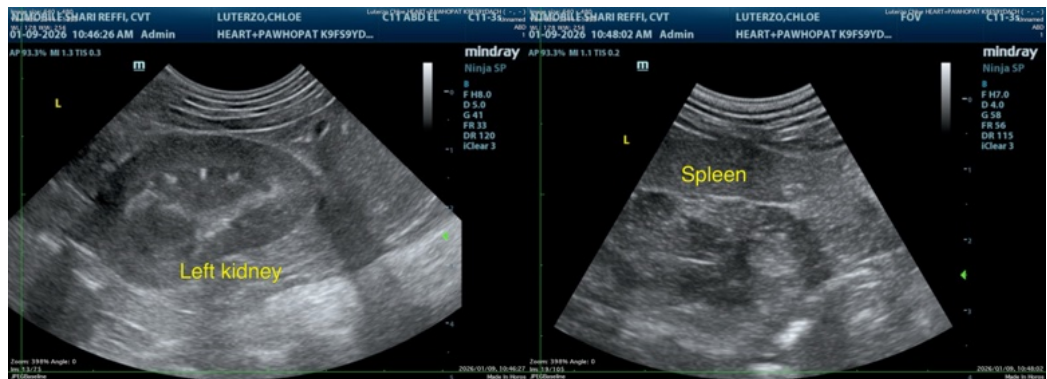
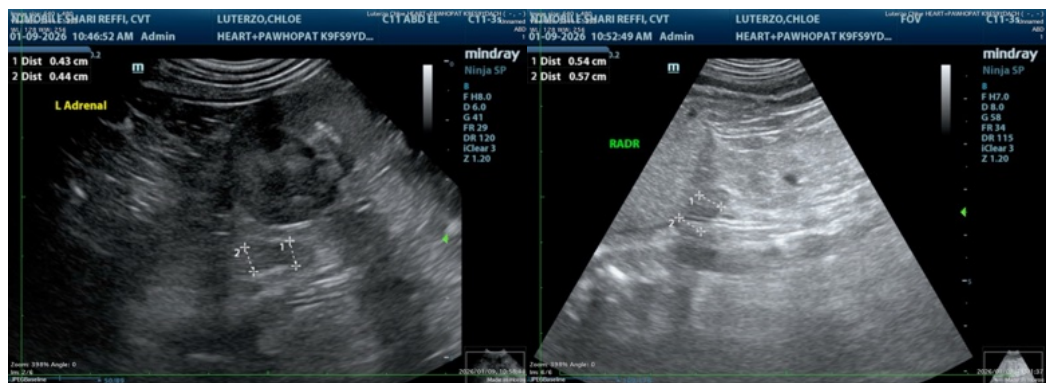
Further assessment would be three view thoracic radiographs and FNA cytology of the liver, hepatic nodule and splenic nodule.

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.

Splenectomy could be considered which would allow for a wedge biopsy of the liver.

Symptomatic management of the hepatopathy would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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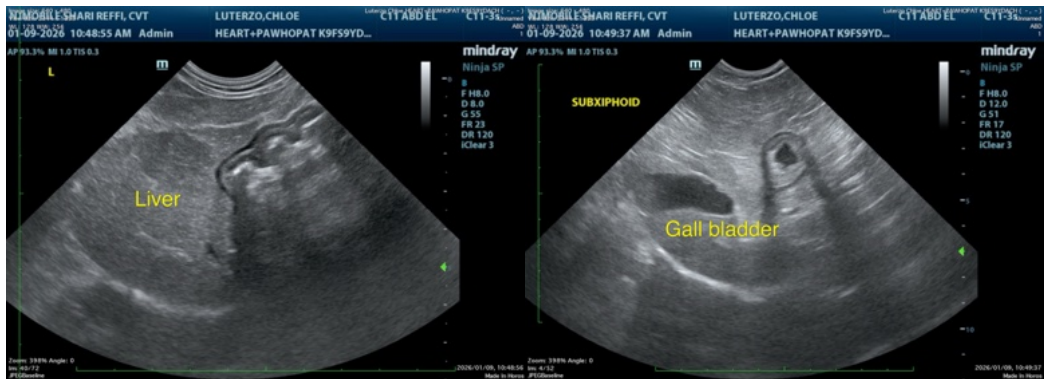
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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