



## PATIENT

Aizey Roberts

## SPECIES

Canine

## BREED

Chihuahua Mix

## SEX

Spayed female

## AGE

11 years

## WEIGHT

13.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

Barton Heights VH

## REFERRING VET

Dr. Candelaria

## INVOICE

68882

## DATE

11/20/25

## PRESENTING CLINICAL SIGNS

History: Elevated LE's, hx of pancreatitis. Grade IV/VI left apical systolic heart murmur.  
Abnormal PE/Chem/CBC/UA Results: ALP >2k; ALT 334; BUN 39; CPL 396

## 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 3.9 cm, right measured 4.1 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. A small, incidental cortical cyst is present in the left kidney.

### *Adrenal Glands*

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.39 cm in length x 0.41 cm and 0.42 cm in width. The right adrenal gland was enlarged with a rounded shape, but maintained normal echogenic appearance, position and appearance of the visible peri-adrenal vasculature. The right adrenal gland measured 1.46 cm in length x 0.7 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. Incidental myelolipomas were present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.6 cm in width.

### *Liver*

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



## PATIENT

Aizey Roberts

## SPECIES

Canine

## BREED

Chihuahua Mix

## SEX

Spayed female

## AGE

11 years

## WEIGHT

13.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

Barton Heights VH

## REFERRING VET

Dr. Candelaria

## INVOICE

68882

## DATE

11/20/25

## ***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.

## ***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***

Normal size with an increased echogenic appearance and an irregular capsule. Mild increase in the 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**

- Chronic pancreatitis.
- Right adrenomegaly.
- Hepatopathy.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the adrenomegaly would be disease, stress, reactive hyperplasia and emerging pituitary dependent Cushing's disease.

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

Initial further assessment would be urinalysis and urine cortisol to creatinine ratio and if abnormal then adrenal function testing (ACTH stimulation/LDDST) would then be indicated.

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



**PATIENT**

Specific therapy would be dependent on an etiological diagnosis.

Aizey Roberts

Symptomatic management of the pancreatitis would be feeding small, frequent meals of a low fat, intestinal type diet.

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Spayed female

**AGE**

11 years

**WEIGHT**

13.6 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Barton Heights VH

**REFERRING VET**

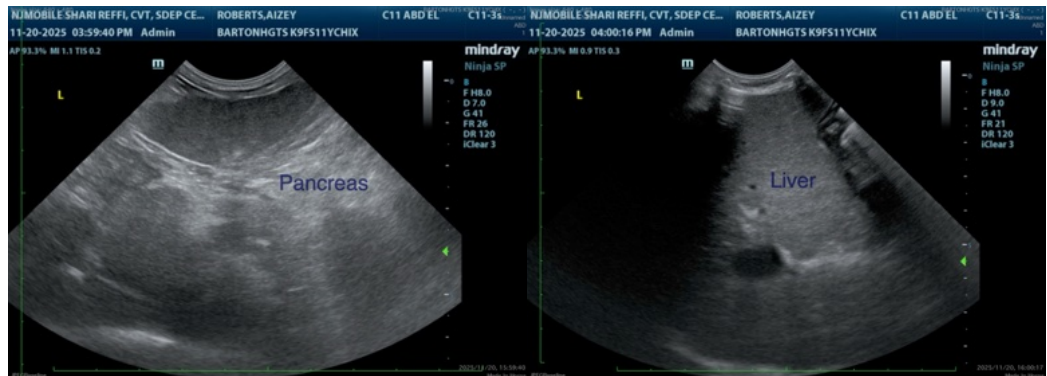
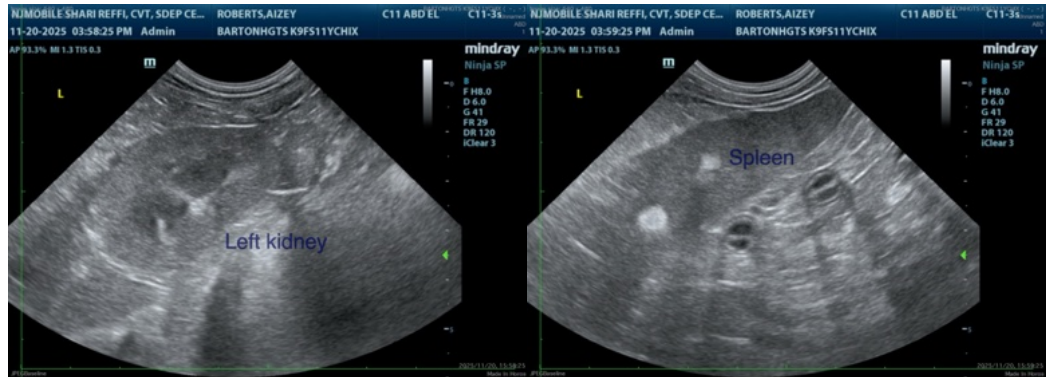
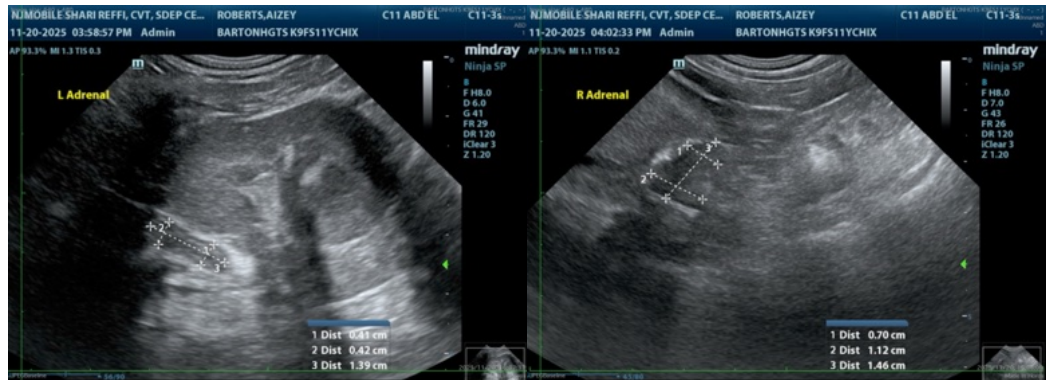
Dr. Candelaria

**INVOICE**

68882

**DATE**

11/20/25





## PATIENT

Aizey Roberts

## SPECIES

Canine

## BREED

Chihuahua Mix

## SEX

Spayed female

## AGE

11 years

## WEIGHT

13.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

Barton Heights VH

## REFERRING VET

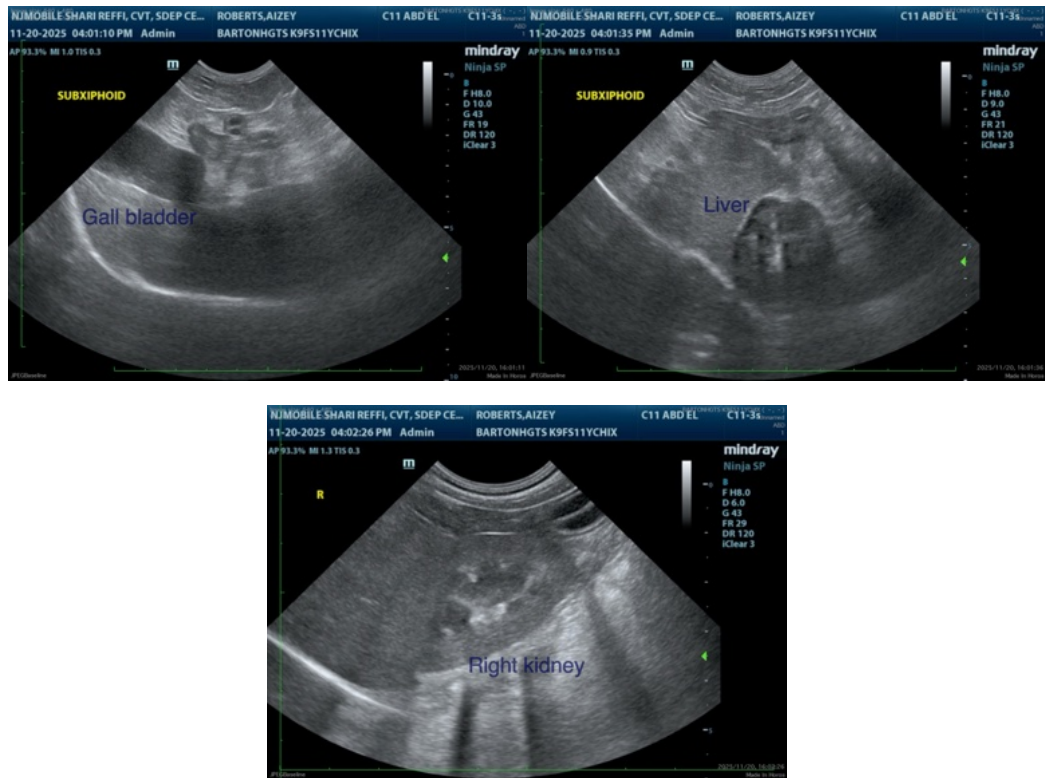
Dr. Candelaria

## INVOICE

68882

## DATE

11/20/25



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](mailto:info@sonopath.com)