



## PATIENT

Mr Legs Tarboro

## SPECIES

Canine

## BREED

Chihuahua Mix

## SEX

Neutered male

## AGE

11 years

## WEIGHT

12 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Chloe Lowe, CVT

## HOSPITAL NAME

William Penn VH

## REFERRING VET

Dr. Bouzaout

## INVOICE

78393

## DATE

6/4/26

## PRESENTING CLINICAL SIGNS

History: Liver enzymes elevated/patient needs a dental.  
Increased – ALP, ALT, globulin, GGT, creatinine kinase, platelets.

## 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 3.5 cm, right measured 3.6 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. Small, incidental cortical cyst is present in the left kidney measuring 0.6 cm, in size.

The prostate is small and hypoechogenic measuring 0.6 cm in width.

### *Adrenal Glands*

The adrenal glands are bilaterally enlarged, but maintained a normal shape, echogenic appearance, position and appearance of the periadrenal vasculature. The left adrenal gland measured 2.31 cm in length x 0.76 cm and 0.64 cm in width. The right adrenal gland measured 1.94 cm in length x 0.59 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 measured 1.0 cm in width.

### *Liver*

Normal size with a diffuse, increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. Two focal, well circumscribed, poorly vascularized, hypoechogenic nodules in the left lobe. One measured 1.9 x 2.0 cm in size. The other measured 1.7 x 1.7 cm in size. No additional nodules or masses 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. A moderate amount of ingesta is present within the stomach compatible with a recent meal.

## 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

- Hepatopathy.
- Hepatic nodules.
- Bilateral adrenomegaly.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The most likely etiology for the hepatic nodules would be nodular hyperplasia with granulomas and infiltrative neoplasia a less likely differential diagnosis.

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

Further assessment would be urine specific gravity 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 and hepatic nodules would be FNA cytology. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.



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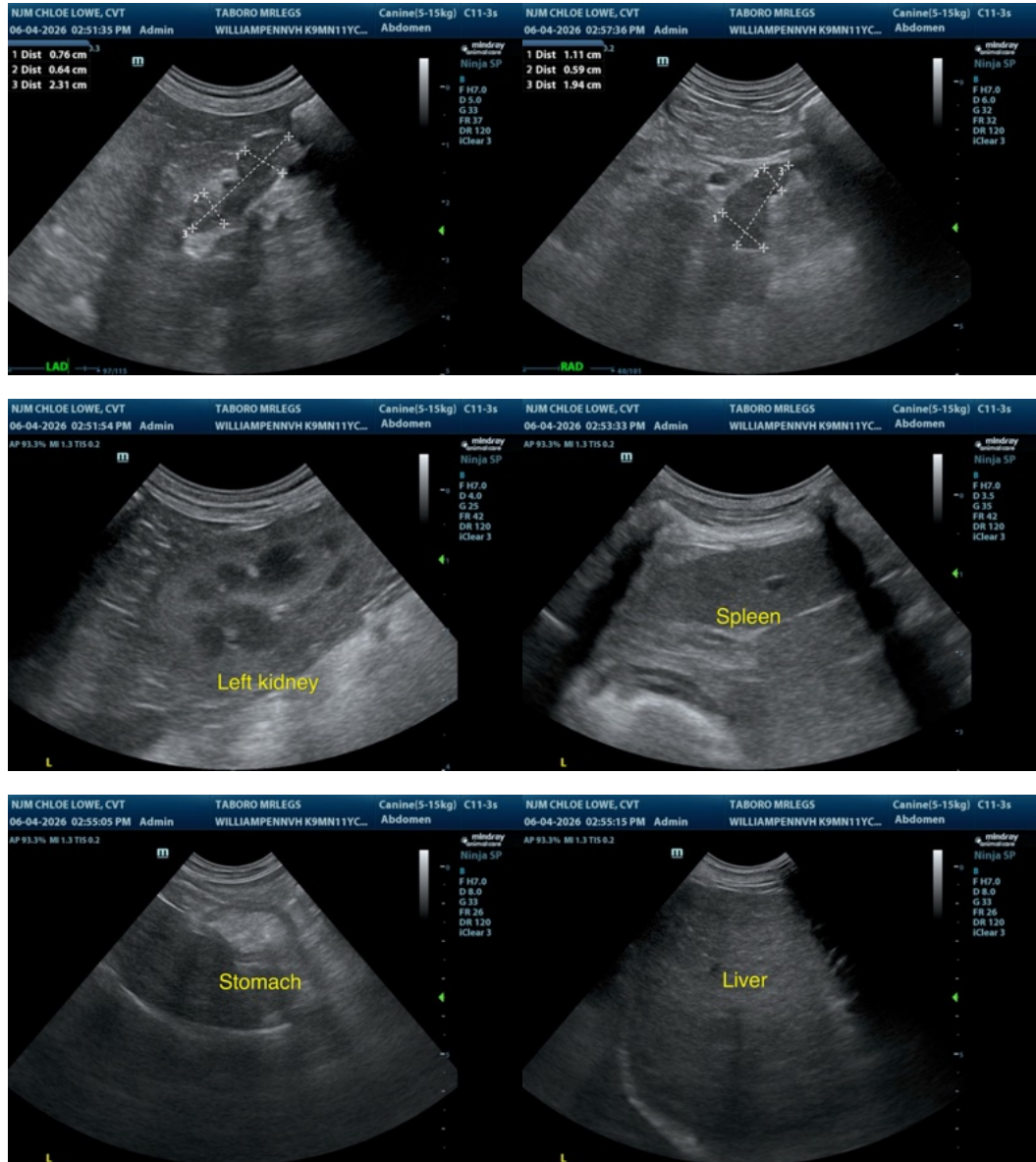
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Specific therapy would be dependent on an etiological diagnosis.



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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](mailto:info@sonopath.com)