



**PATIENT PRESENTING CLINICAL SIGNS**

Jessie Gray  
History: Uroliths.  
Physical Examination: N/A.  
**SPECIES**  
Canine  
Urinalysis: N/A.  
CBC: N/A.

**BREED**  
Corgi  
Serum Biochemistry: Severely elevated liver enzyme activity, elevated bilirubin.  
Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

FS  
**Age**  
13 years  
**Urinary System**  
Full urinary bladder with a thickened ventral wall and a normal thickness and appearance of the rest of the wall. Normal anechoic urine with no sediment or uroliths evident.

**WEIGHT**  
Normal trigone area, proximal urethra (0.5 cm), and iliac blood vessels.  
Normal iliac lymph nodes (2.1 cm). Ureters not visualized.

**INTERPRETED BY**

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ECVIM

Normal renal size (left 4 cm, right 5.4 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule. Left pyelectasia and normal right pelvis. Bilateral pinpoint mineralization.

**Reproductive System**

N/A.

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**Adrenal Glands**

Normal position, echogenic appearance, and shape but enlarged. Left 0.7/0.79 cm, right 0.73/0.77 cm. Hyperechogenic parenchymal nodule in the cranial pole of the left gland (0.8 x 1.6 cm).

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**Spleen**

Normal size (1.9 cm) with normal echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. Small hypoechoic parenchymal nodule (0.4 cm) in the body of the spleen. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

**REFERRING VET**

Dr Privette

**Liver**

**INVOICE**

304133

Normal size with a mottled echogenic and nodular appearance, some loss of portal markings, and regular curvilinear capsule. Nodules are parenchymal, hyperechogenic, and up to 0.8 cm in size. or masses evident. Focal cystic lesion (1.6 cm).

**DATE**

4/18/23



**PATIENT** *Gall bladder*

Jessie Gray Distended containing moderate amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Dilated and tortuous cystic bile duct (1.4 cm). Dilated bile duct (0.6 cm). Hyperechogenic sediment at the duodenal papilla (0.4 cm).

**SPECIES**

Canine

**Gastrointestinal**

**BREED**

Corgi

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.28 cm, duodenum 0.44 cm, jejunum 0.33 cm, colon 0.3 cm) and no distension of the lumen.

**SEX**

FS

**Pancreas**

Normal size (left 1 cm, right 0.9 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**Age**

13 years

**Free Abdomen**

Normal mesenteric lymph nodes (0.7 cm). No ascites evident.

**WEIGHT**

**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Bile duct obstruction.
- Bilateral adrenomegaly.
- Left adrenal nodule.
- Nodular hepatopathy.
- Cystitis.

Secondary Findings:

- Splenic nodule.
- Age-related renal changes.
- Liver cyst.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the adrenomegaly would be disease stress and pituitary-dependent Cushing's disease.

The most likely etiology for the left adrenal nodule would be an incidental non-functional adenoma with emerging carcinoma a differential diagnosis.

Etiologies for the liver would be reactive, nodular hyperplasia, metabolic, vacuolar, chronic hepatitis, granulomatous disease, and infiltrative neoplasia.

Initial further assessment would be urinalysis, urine culture, and laparotomy to address the bile duct obstruction, which will also for a wedge biopsy of the liver. Once the patient has recovered, adrenal function testing (ACTH stimulation/LDDS test) would be recommended.

Specific therapy would be dependent on an etiological diagnosis.

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**PATIENT**

Jessie Gray

**SPECIES**

Canine

**BREED**

Corgi

**SEX**

FS

**Age**

13 years

**WEIGHT**

**IMAGES**

**Gall bladder/bile duct**



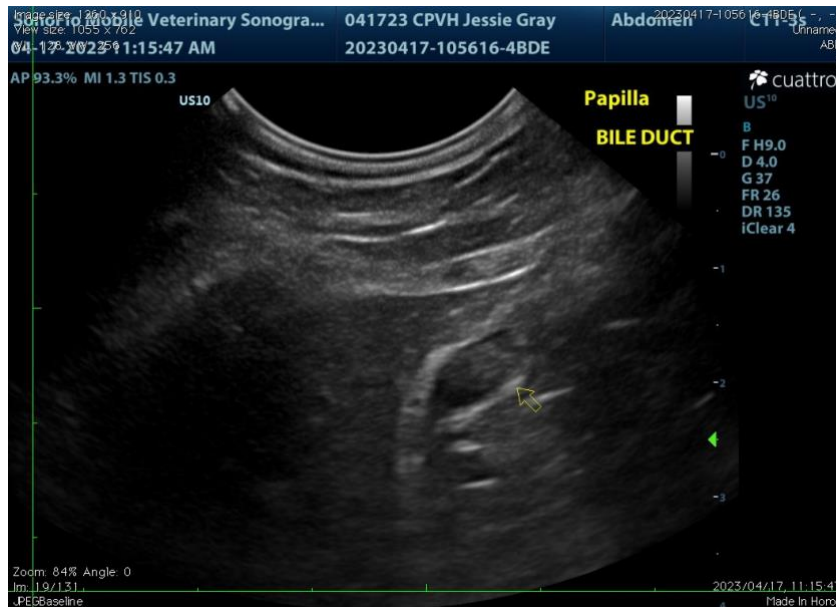
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**Duodenal papilla**

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**PATIENT** Left adrenal gland

Jessie Gray

**SPECIES**

Canine

**BREED**

Corgi

**SEX**

FS

**Age**

13 years

**WEIGHT**



**Urinary bladder**

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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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