



**PATIENT PRESENTING CLINICAL SIGNS**

Sam Murrey History: Excessive drooling with blood.

**SPECIES** Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: N/A.

**BREED** Serum Biochemistry: Elevated ALP activity.

Labrador Radiographic Findings: N/A.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

MN **Urinary System**

**Age** Full urinary bladder with a normal thickness and appearance of the wall. Small amount of floating hyperechogenic sediment present. No uroliths evident.

9 years

Normal trigone area, proximal urethra (0.9 cm), and iliac blood vessels.

**WEIGHT**

90 #

Normal iliac lymph nodes (1.7 cm). Ureters not visualized.

Normal renal size (left 8.8 cm, right 8.7 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

**INTERPRETED BY**

**Reproductive System**

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

Small hypoechogenic prostate (1.1 cm).

**Adrenal Glands**

Normal position, echogenic appearance, and shape but enlarged. Left 0.74 cm, right 0.71/0.81 cm.

**Spleen**

Normal size (2.5 cm) with normal echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

**Liver**

Normal size with a hyperechogenic and nodular appearance, some loss of portal markings, and regular curvilinear capsule. Nodules are parenchymal, hyperechogenic, and up to 1 cm in size. No masses evident. FNA taken with no obvious post-aspirate hemorrhage evident.

**Gall bladder**

Full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal bile duct (0.3 cm).

**INVOICE**

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**DATE**

4/18/23

**REFERRING VET**

Dr Trompeta

**HOSPITAL NAME**

Banfield Colonial Town Park

**IMAGING PERFORMED BY**

Sonya Myers, DVM


**PATIENT** *Gastrointestinal*

Sam Murrey Thickening of the stomach (0.77 cm), duodenum (0.66 cm), and small intestine (0.57 cm) with no loss of layering or distension of the lumen. Normal thickness and appearance of the ileo-cecal junction and colon (0.14 cm).

**SPECIES**

Canine

*Pancreas*

Normal size (left 1.5 cm, right 1.4 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**BREED**

Labrador

*Free Abdomen*
**SEX**

Normal mesenteric lymph nodes (2.4 cm).  
 No ascites evident.

MN

**Age**

9 years

Primary Findings:

**WEIGHT**

90 #

- Gastroenteropathy.
- Nodular hepatopathy.
- Bilateral adrenomegaly.

Secondary Findings:

- Urinary bladder sediment.

**INTERPRETED BY**

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 MMedVet (Med), PhD, Dipl.  
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**
**IMAGING PERFORMED BY**

Sonya Myers, DVM

Etiologies for the gastroenteropathy would be non-specific gastroenteritis (dietary indiscretion, toxins, viral), parasitic, inflammatory bowel disease, dietary hypersensitivity, *Helicobacter*, gastritis, ulcerative disease, and emerging lymphoma.

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

**REFERRING VET**

Dr Trompeta

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

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Further assessment needs to be based on the pending cytology results but could include urine and fecal analyses, urine culture, adrenal function testing (ACTH stimulation/LDDS test), full examination of the oral cavity, and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

**DATE**

4/18/23



**PATIENT IMAGES**

Sam Murrey

**Liver**

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

MN

**Age**

9 years

**WEIGHT**

90 #



**Small intestine**

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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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