



PATIENT

Willy Sherwood

SPECIES

Canine

BREED

Labrador Mix

SEX

MN

AGE

14

WEIGHT

61.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cassels- Conways

HOSPITAL NAME

Central Broward
Animal Hospital

REFERRING VET

Dr. Lara Oms

INVOICE

11143

DATE

1/16/2026

PRESENTING CLINICAL SIGNS

HX lbdz on Cyclosporin, cobalamin, limited ingredient diet- well controlled. Hx osteoarthritis- on librela, gabapentin, antinol Recent History Pu/pd/pp previous ultrasound 10/2/24-Conclusion 1. Left adrenal nodules, likely benign although may or may not be functional. Functional adrenal testing is recommended. 2. Moderate diffuse hepatopathy, likely benign vacuolar change.

Abnormal PE/Chem/CBC/UA Results: Chem- Alp-496 h--465 Hem 1+ T4- 0.9 N U/a- Sp G 1.027 Prot trace Bil crystals 0-1 H.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder 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 kidney measures 6.4 cm, right kidney measures 6.2 cm) with normal echogenic appearance, but some loss of cortico-medullary differentiation. Normal pelvis, and capsule. No infarcts, mineralizations, or renoliths evident. Small incidental cortical cysts present in the right kidney, measuring approximately 0.7 cm in size.

Reproductive System

Small, hypoechogenic prostate.

Adrenal Glands

The left adrenal gland is enlarged, and irregular with a hyperechogenic appearance but maintaining normal position and appearance of the visible peri-adrenal vasculature. The left adrenal measures 1.52 cm, and 1.43 cm in width.

The caudal pole of the right adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The caudal pole of the right adrenal measures 0.81 cm in width. Hyperechogenic parenchymal nodule in the cranial pole measuring approximately 0.9 cm x 1.4 cm in size.

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 measures 2.2 cm in width.

Liver

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



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Gallbladder

Full containing small amount of non-adhered hyperechogenic sediment. 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 (0.33 cm), small intestine (0.35 cm), 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 and echogenic appearance. 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.
- Gallbladder sediment.
- Left adrenal mass.
- Right adrenal nodule.
- Age related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Likely etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia highly unlikely differential diagnoses.

The gallbladder sediment is most likely an incidental finding.

The most likely etiology for the left adrenal would be emerging non-functional carcinoma. However, a functional carcinoma should still be considered. Especially with the presenting clinical signs.

The most likely etiology for the right adrenal nodule would be an incidental non-functional adenoma.

Further assessment would be urine cortisol-creatinine ratio, and if abnormal, then adrenal function testing (ACTH Stimulation/LDDST) would then be indicated.

Urine plasma/catecholamine assay and serial blood pressure monitoring could also be considered for the left adrenal mass.

Further assessment of the hepatopathy would be FNA cytology, however, a Tru-cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.



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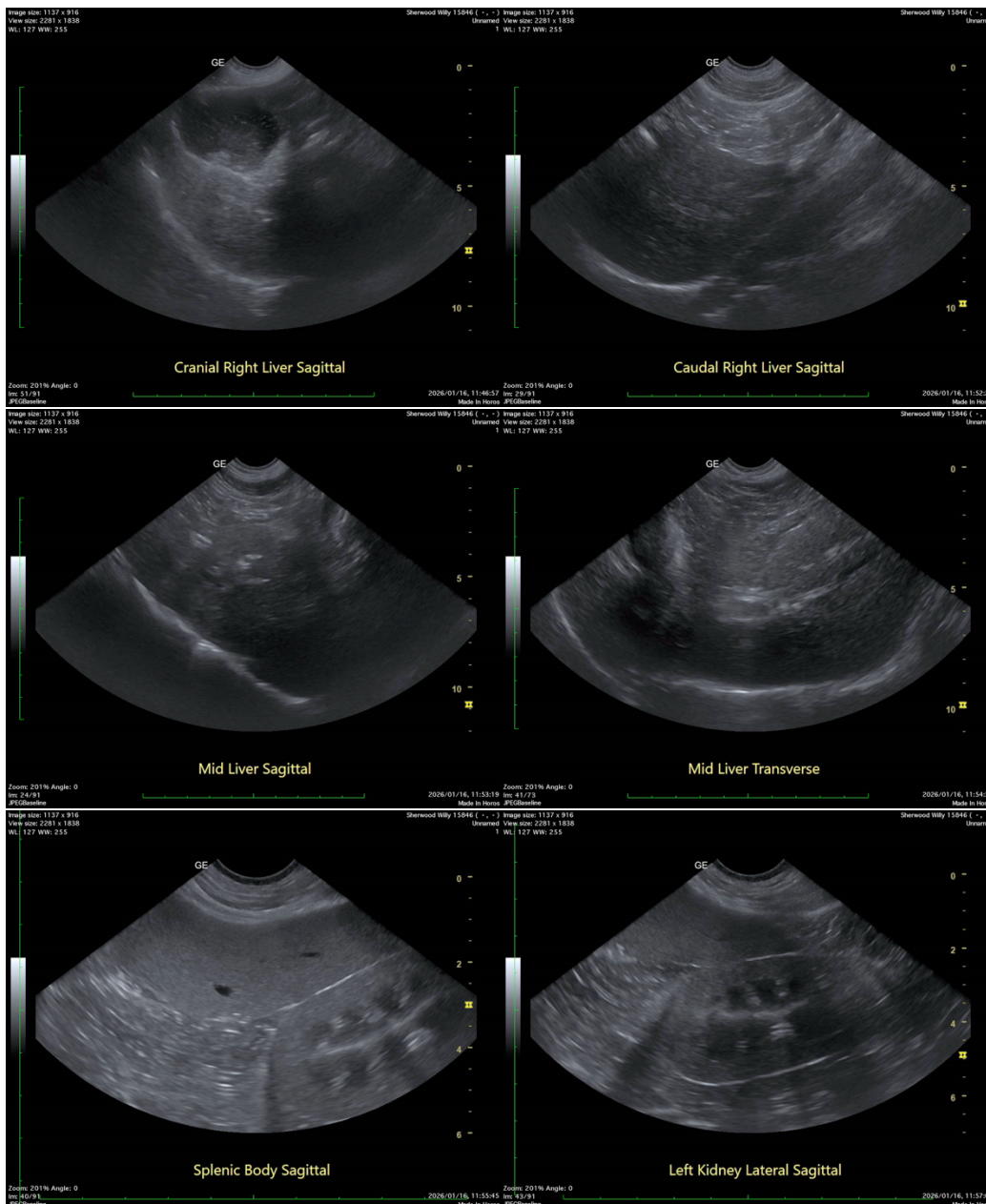
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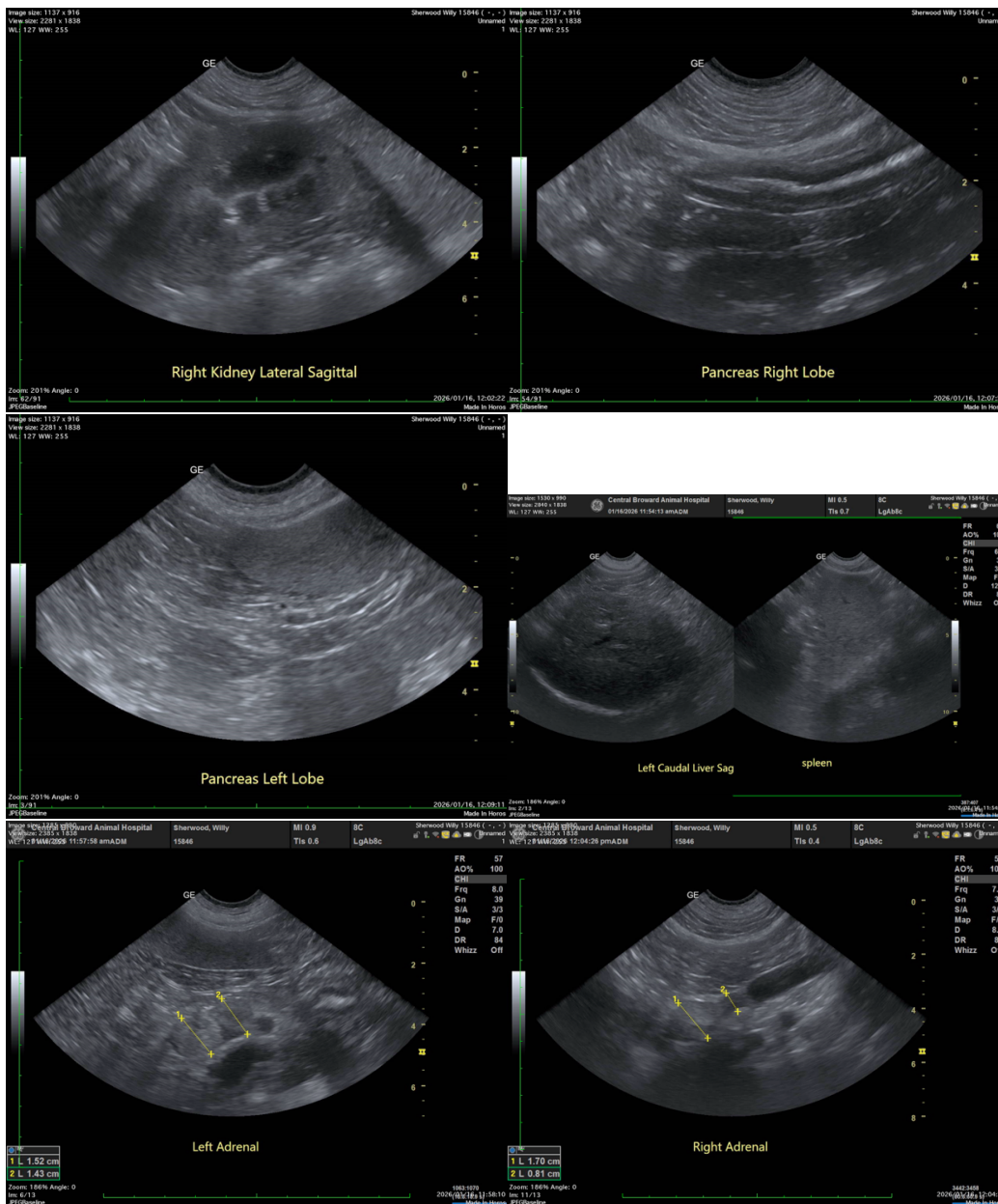
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com



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