



PATIENT

Buttons Cooper

SPECIES

Canine

BREED

Fox Terrier

SEX

Spayed Female

AGE

7 years

WEIGHT

12.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Healing Traditions VH

REFERRING VET

Dr. Gerrow

INVOICE

11151

DATE

1/16/2026

PRESENTING CLINICAL SIGNS

Significant elevation of ALP. BW attached.

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 (0.4 cm x 0.9 cm, and 0.6 cm x 1.2 cm). Ureters not visualized, which can be considered a normal finding.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 5.0 cm, and the right kidney measures 5.1 cm.

Adrenal Glands

The adrenal glands are bilaterally enlarged (right worst than left) maintaining a normal shape, echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal measures 0.73 cm and 0.63 cm in width. Right adrenal measures 1.19 cm and 0.68 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 measures 1.4 cm in width.

Liver

The liver is enlarged with rounded edges, diffuse increased echogenic appearance, prominent portal markings, and regular curvilinear capsule. Few hypoechoic parenchymal nodules, measuring up to 1.0 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full containing moderate 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, 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 (right pancreas 1.3 cm in width) with a hyperechogenic appearance and an irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.



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Free Abdomen

Normal mesenteric lymph nodes measuring up to 0.6 cm x 1.3 cm in size.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly.
- Hepatopathy.
- Hepatic nodules.
- Chronic pancreatitis versus pancreatic fibrosis.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

For the adrenomegaly would be disease stress, reactive hyperplasia, with pituitary dependent Cushing's disease an important differential diagnosis.

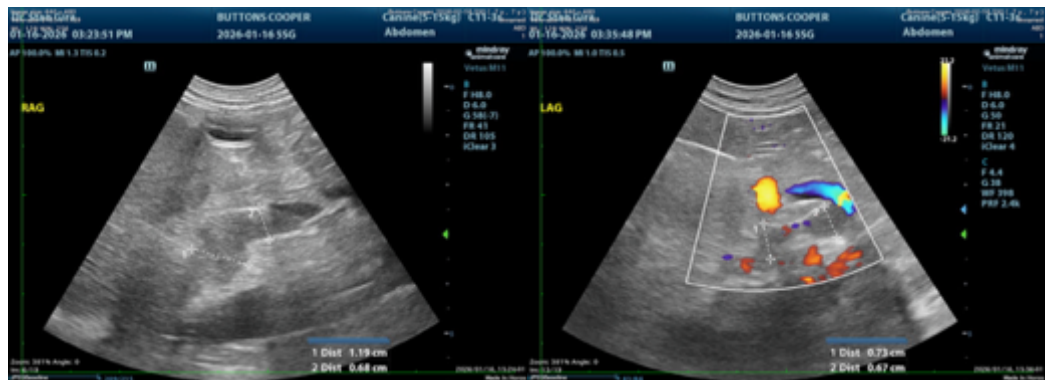
Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia highly unlikely differential diagnoses.

The most likely etiology for the hepatic nodules would be incidental nodular hyperplasia.

The gallbladder sediment can be considered an incidental finding.

Further assessment would be CPL/PSL assay, and adrenal function testing (ACTH Stimulation/LDDST). If Cushing's disease has been excluded and 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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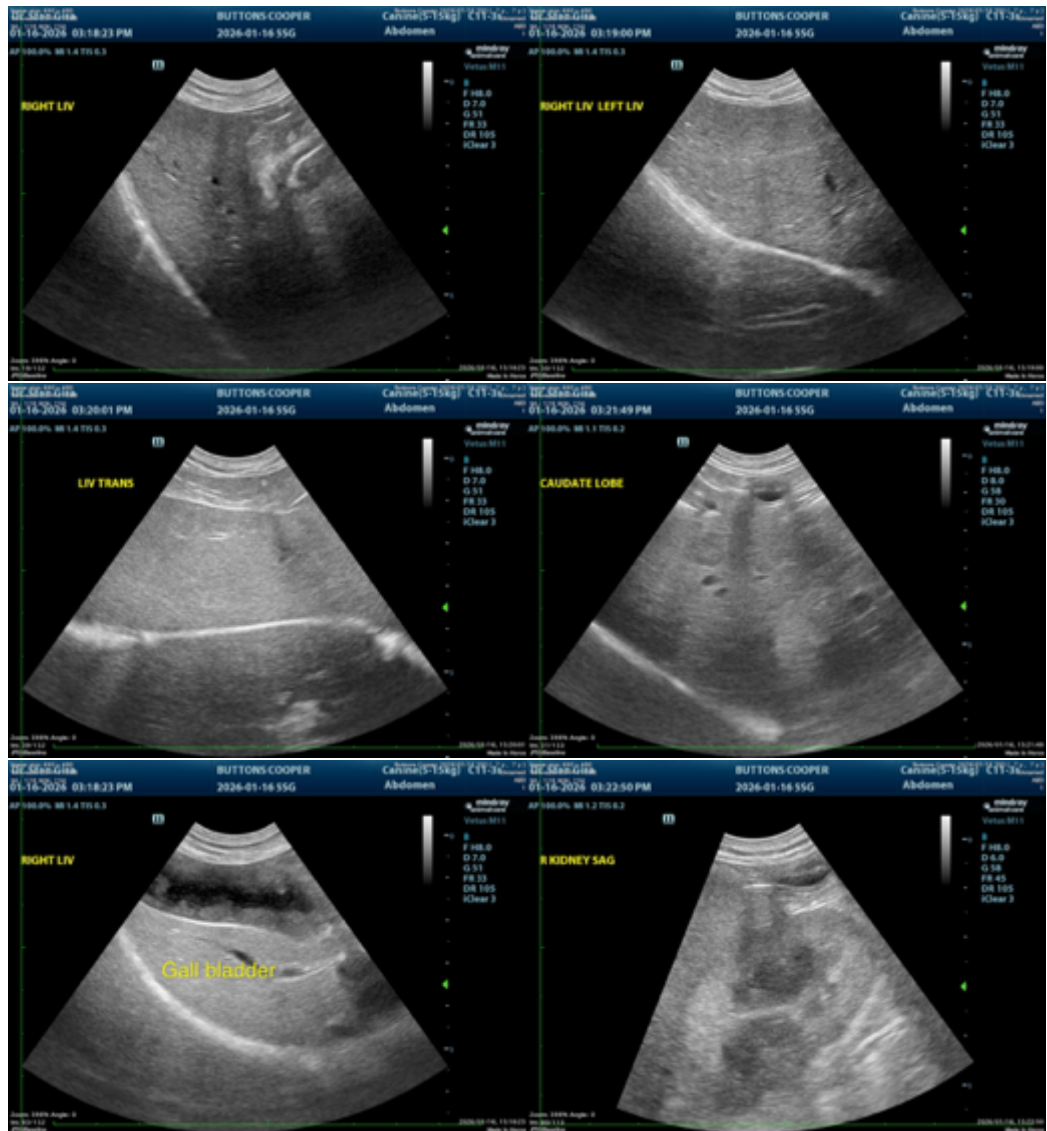
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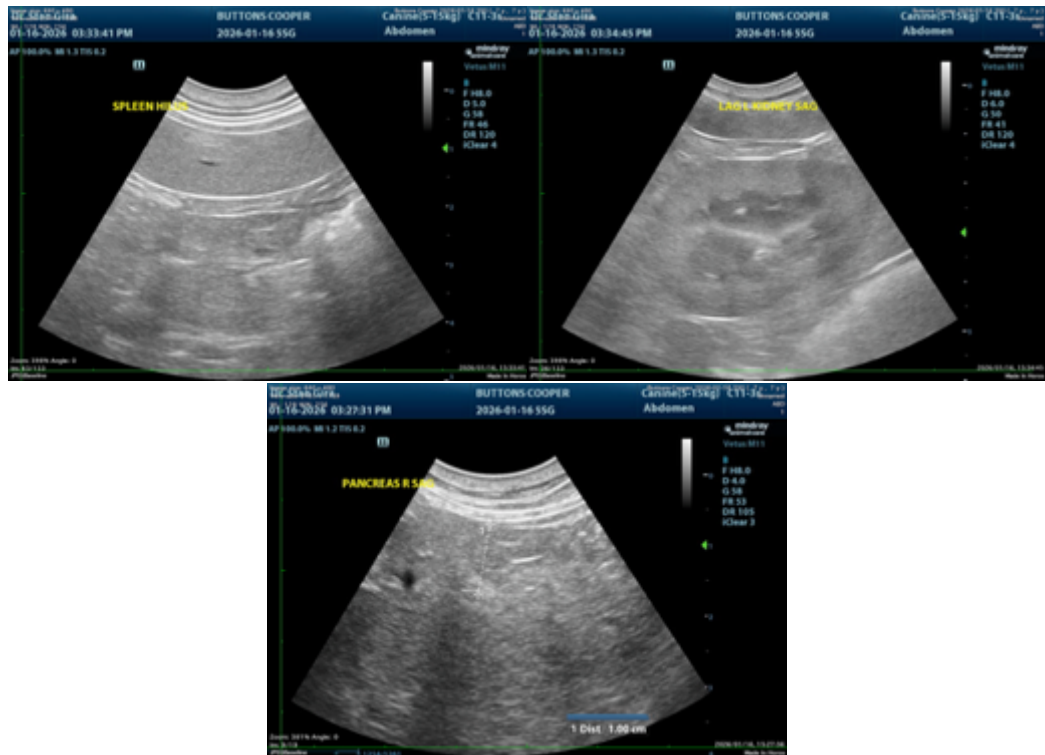
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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