



## PATIENT

Oliver Stevanus

## SPECIES

Canine

## BREED

Cavalier King Charles  
Spaniel

## SEX

Neutered male

## AGE

8 ½ years

## WEIGHT

26 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Robyn Lantz

## HOSPITAL NAME

Eastgate VC

## REFERRING VET

Dr. Moses

## INVOICE

70319

## DATE

1/20/26

## PRESENTING CLINICAL SIGNS

- Patient is on Trilostane 20mg po bid & monthly Librela injections
- Crepitus in left stifle, dental disease, debris in ears.
- Very "relaxed" abdomen when pressing with ultrasound probe & pot-belly appearance (uncontrolled hyperadrenocorticism sign?)
- ALP, PSL, Cortisol still elevated even with increasing over time on trilostane (7/25 started with 10mg po bid, then 15mg po bid, now 20m po bid)
- pre-pill cortisol levels still elevated even with higher doses of trilostane
- Still PU/PD
- 12/17/25: CBC wnl ALP 791 IU/L PrecisionPSL 377 U/L CORTISOL SAMPLE 7.0 ug/dL

## 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 5.5 cm, right measured 5.9 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 cysts are present in the right kidney.

The prostate is small and hypoechogenic.

### Adrenal Glands

The adrenal glands are bilaterally enlarged with a rounded shape, but maintained normal echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.78 cm and 0.75 cm in width. The right adrenal gland measured 0.9 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 1.1 cm in width.



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## Liver

The liver is enlarged with rounded edges. A diffuse, increased echogenic appearance was noted with normal portal markings and a regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

## Gallbladder

The gallbladder is full 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.

## 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

- Bilateral adrenomegaly.
- Hepatopathy.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral adrenomegaly would be consistent with pituitary dependent Cushing's disease and Trilostane therapy.

The most likely etiology for the hepatopathy would be metabolic secondary to the Cushing's disease. With the poorly controlled Cushing's disease in this patient, gradually increasing the Trilostane dose to a maximum of 6 mg/kg/day would be recommended.



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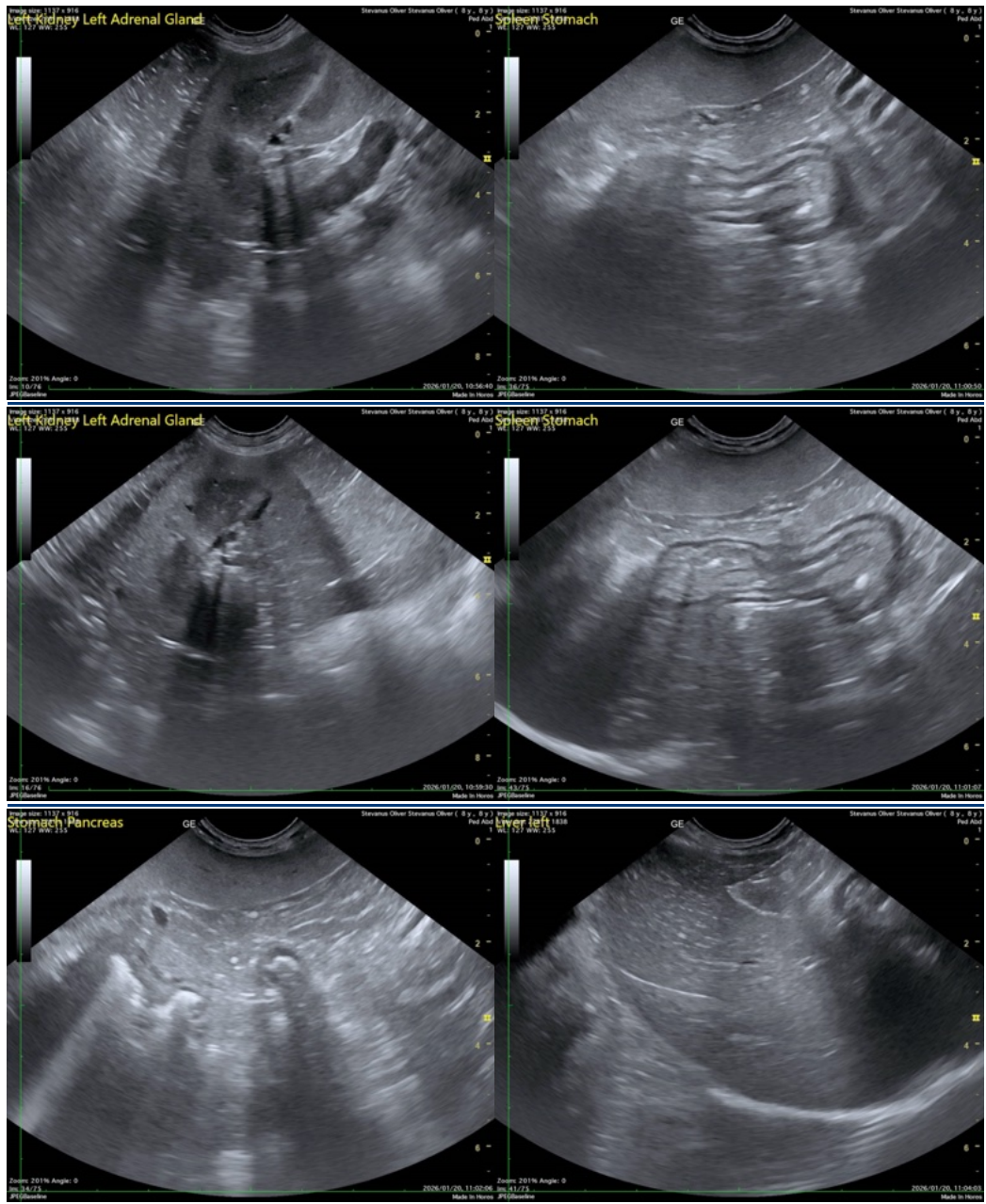
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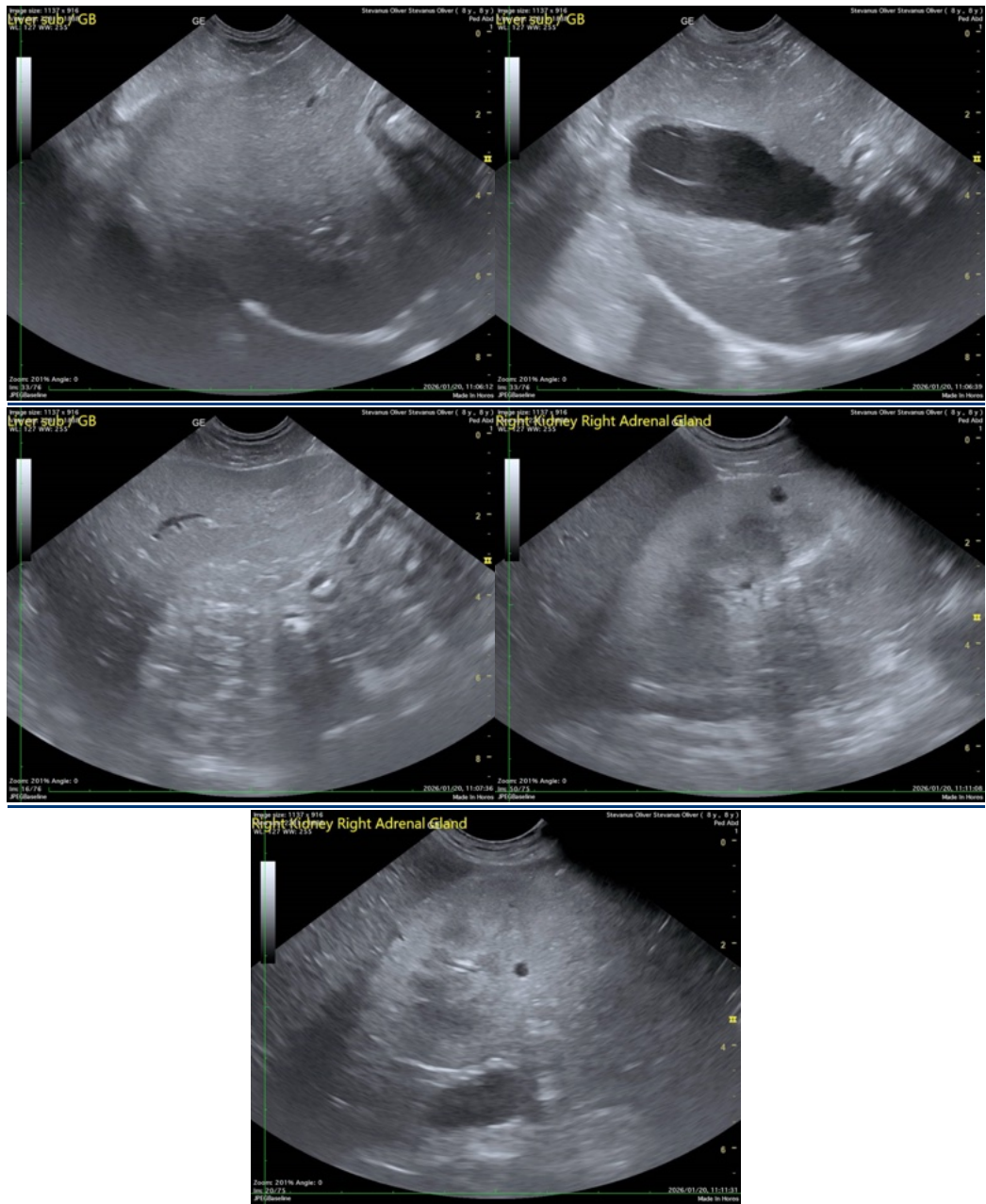
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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