

## PATIENT

Tobi Acebo

## SPECIES

Canine

## BREED

Boston Terrier

## SEX

Neutered male

## AGE

14 years

## WEIGHT

34 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Denise Bruno, LVT,  
RDMS

## HOSPITAL NAME

Kenilworth AH

## REFERRING VET

Dr. Mansour

## INVOICE

70354

## DATE

1/20/26

## PRESENTING CLINICAL SIGNS

- Blood in urine. No stones, no UTI. Evaluate Urinary bladder for neoplasia. Labs & X-rays attached.

## 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 6.0 cm, right measured 5.7 cm), increased echogenic appearance, some loss of cortico-medullary differentiation and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

The prostate is small and hypoechogenic measuring 1.3 cm in length.

### *Adrenal Glands*

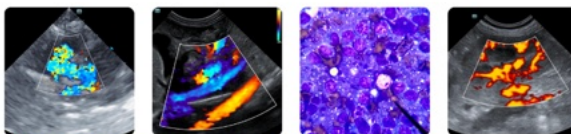
The left adrenal gland had a large, irregular, mottled echogenic mass that measured 3.4 x 6.4 cm in size maintaining normal position with either possible invasion into the caudal vena cava or a thrombus present in the vicinity. The right adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The right adrenal gland measured 2.5 cm in length x 0.56 cm and 0.65 cm in width. A small, parenchymal nodule is noted in the caudal pole measuring 0.4 x 0.7 cm in size.

### *Spleen*

Bulbous appearance of the head of the spleen with an irregular, hyperechogenic center with the area maintaining a smooth homogenous parenchyma and a normal 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 1.4 cm in width.

### *Liver*

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



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**Gallbladder**

The gallbladder is full containing a small amount of 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. The small intestine measured up to 0.53 cm.

**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**

- Left adrenal mass.
- Right adrenal nodule.
- Caudal vena cava invasion/thrombosis.
- Splenic pathology?
- Gallbladder sediment.
- Age related renal changes versus early chronic kidney disease.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

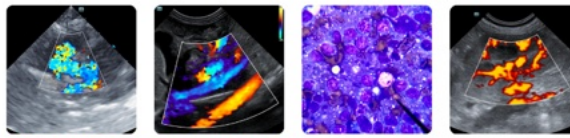
Etiologies for the left adrenal mass would be a non-functional carcinoma and possibly a pheochromocytoma.

The right adrenal nodule is most likely an incidental, non-functional adenoma.

Although the appearance of the head of the spleen may merely be an incidental finding, emerging neoplasia needs to be considered.

The gallbladder sediment can be considered an incidental finding.

Further assessment would be three view thoracic radiographs and FNA cytology of the left adrenal mass and the head of the spleen.



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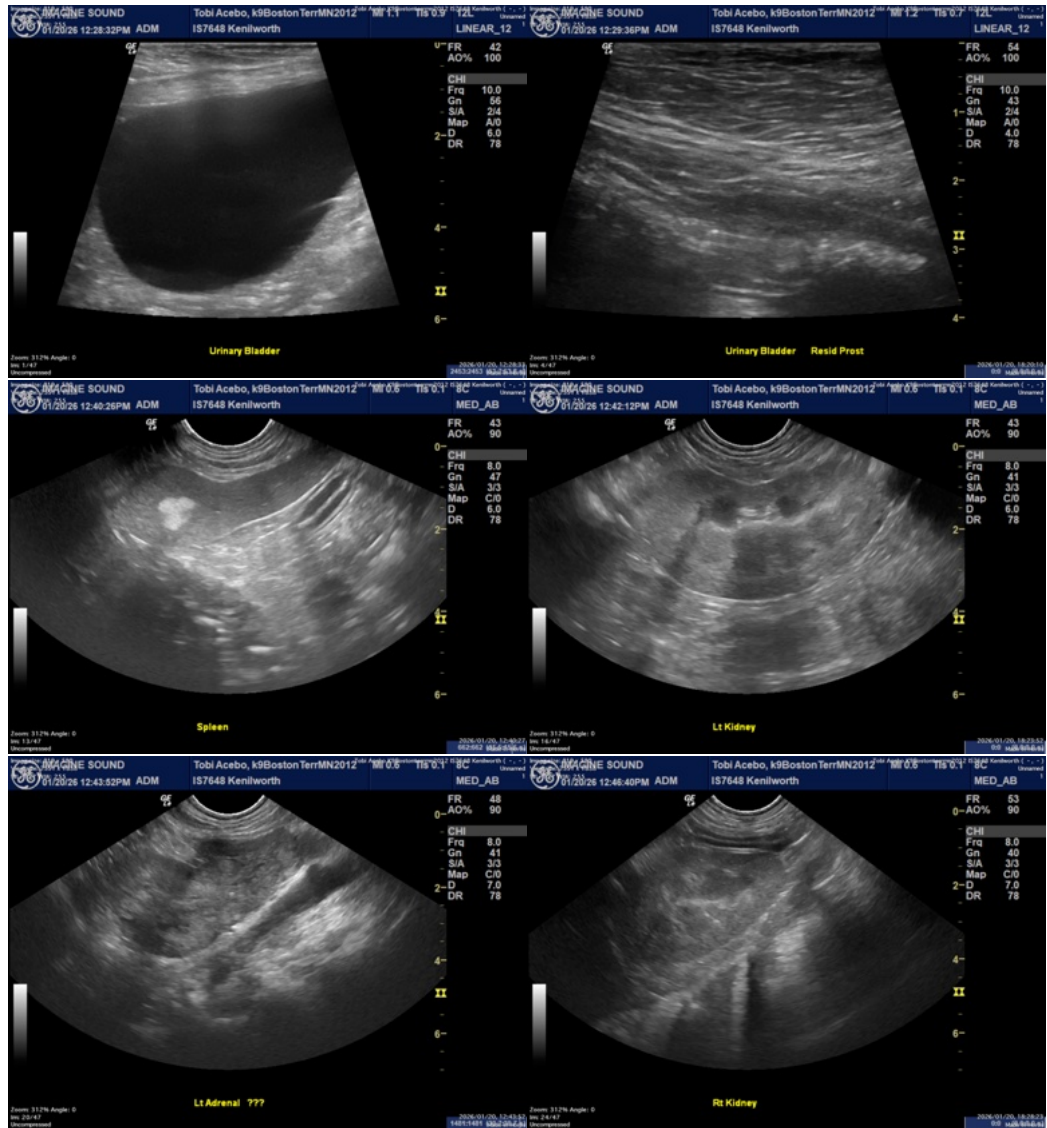
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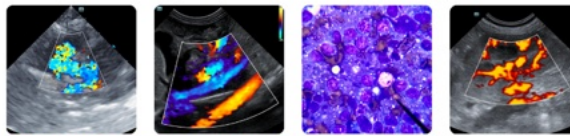
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Specific therapy would be dependent on an etiological diagnosis.

If surgery is being contemplated for the left adrenal gland then a CT scan would be recommended.





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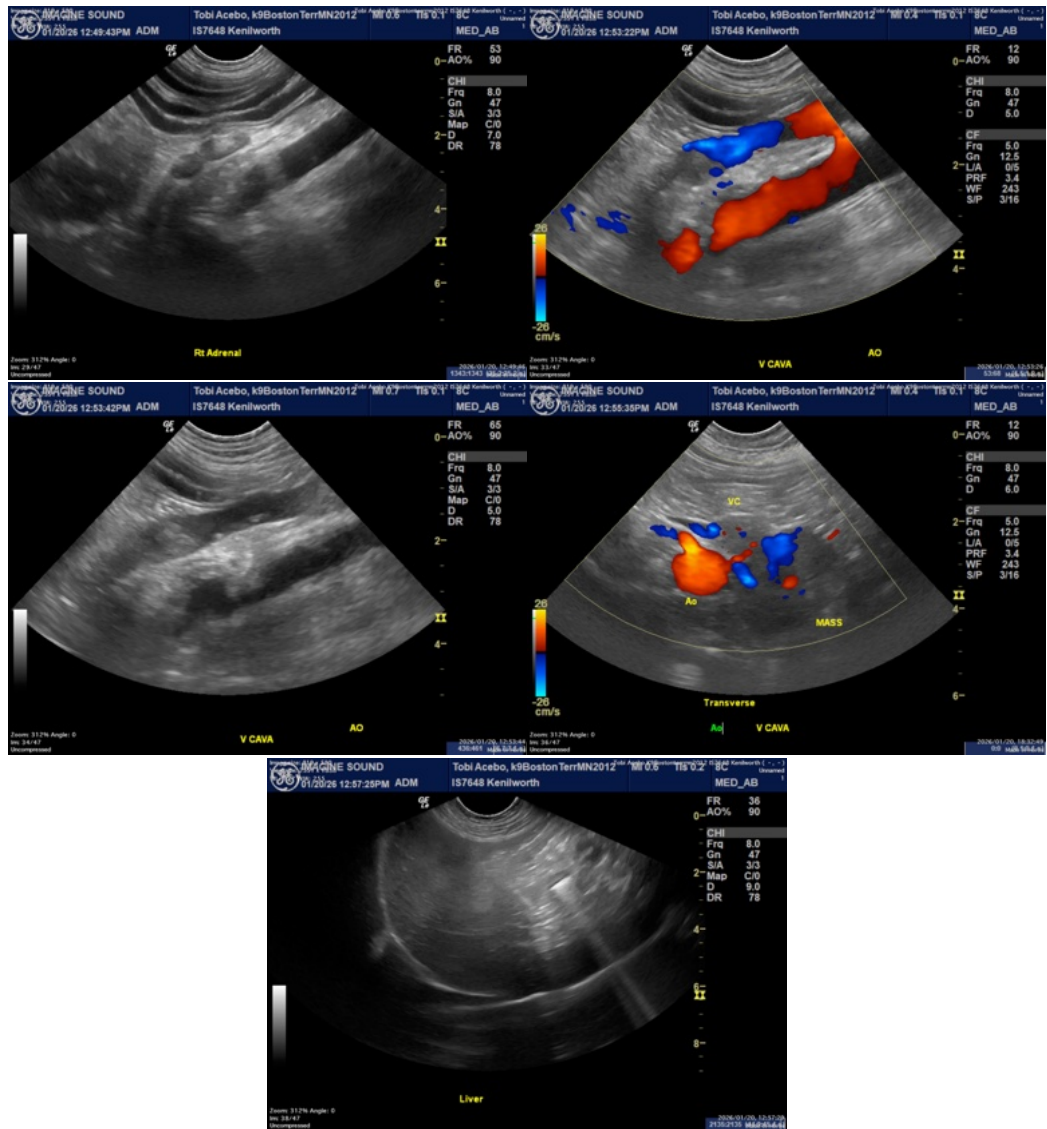
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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