



## PATIENT

Missy Parmiter

## SPECIES

Canine

## BREED

Lab Mix

## SEX

Spayed Female

## AGE

11 years

## WEIGHT

68 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Smatt

## HOSPITAL NAME

The Pets I Love

## REFERRING VET

Dr. Smatt

## INVOICE

71033

## DATE

1/28/26

## PRESENTING CLINICAL SIGNS

- Patient came in for PE, noted PU/PD. Patient has pot belly and large areas of alopecia. Blood work was performed on the visit.
- Patient came in today for LDDST and abdominal ultrasound.

## 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 7.4 cm, right measured 7.2 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.

### *Adrenal Glands*

The left adrenal gland was large and irregular with a mottled echogenic mass that measured 3.0 x 4.0 cm in size maintaining its normal position and appearance of the visible peri-adrenal vasculature. The right adrenal gland was enlarged measuring 2.5 cm in length x 1.8 cm in width with an increased echogenic appearance, rounded shape, but maintained normal position and appearance of the visible peri-adrenal vasculature.

### *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 2.2 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.

## ***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 adrenomegaly.
- Gallbladder sediment.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology for the left adrenal gland would be a non-functional carcinoma or a pheochromocytoma.

The most likely etiology for the right adrenal gland would be afunctional carcinoma.

The gallbladder sediment can be considered an incidental finding.

Further assessment would be based on the pending LDDST test results, but could include three view thoracic radiographs, urine/plasma catecholamine assay, serial blood pressure monitoring and FNA cytology of the left adrenal gland.

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

Specific therapy would be dependent on an etiological diagnosis.



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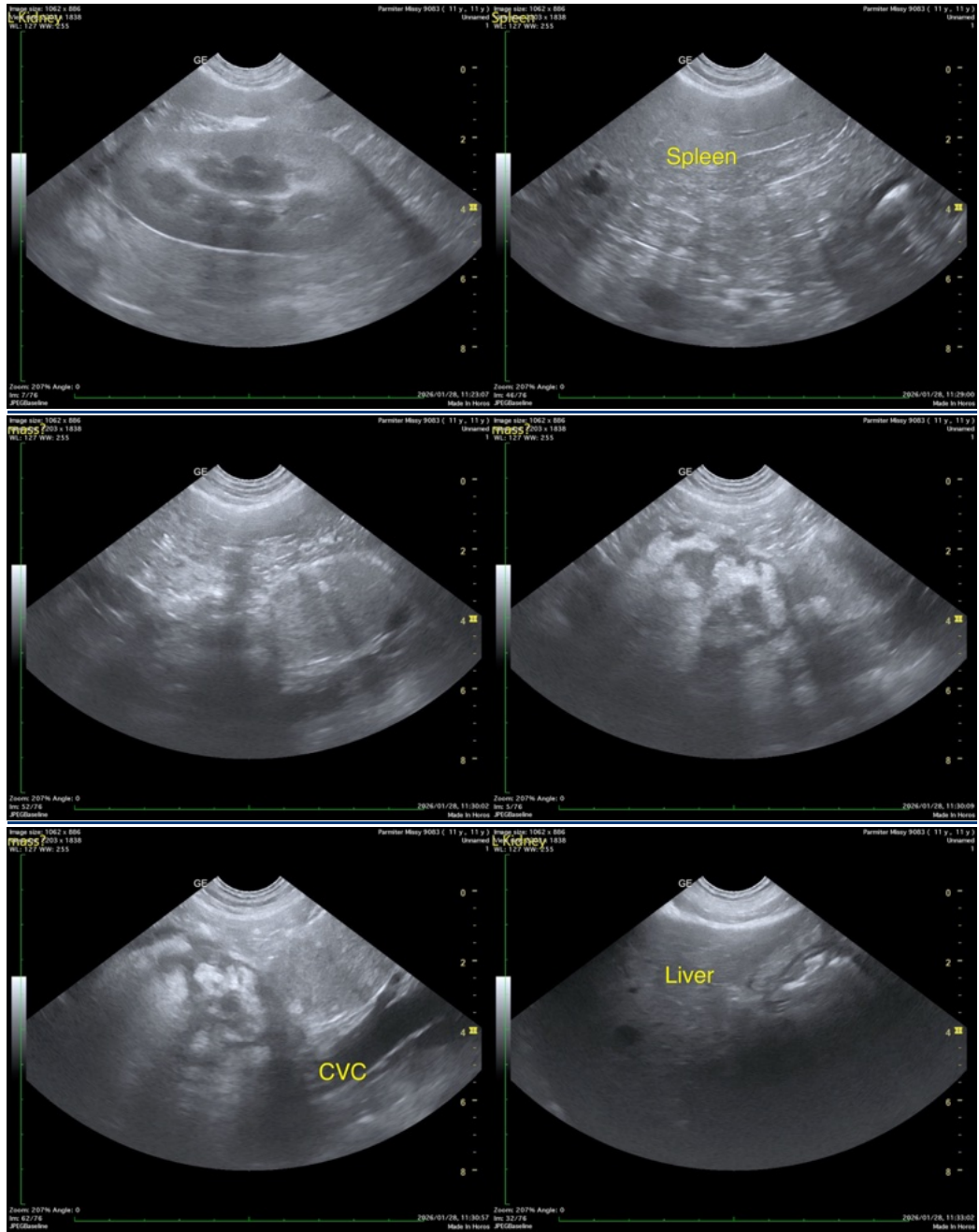
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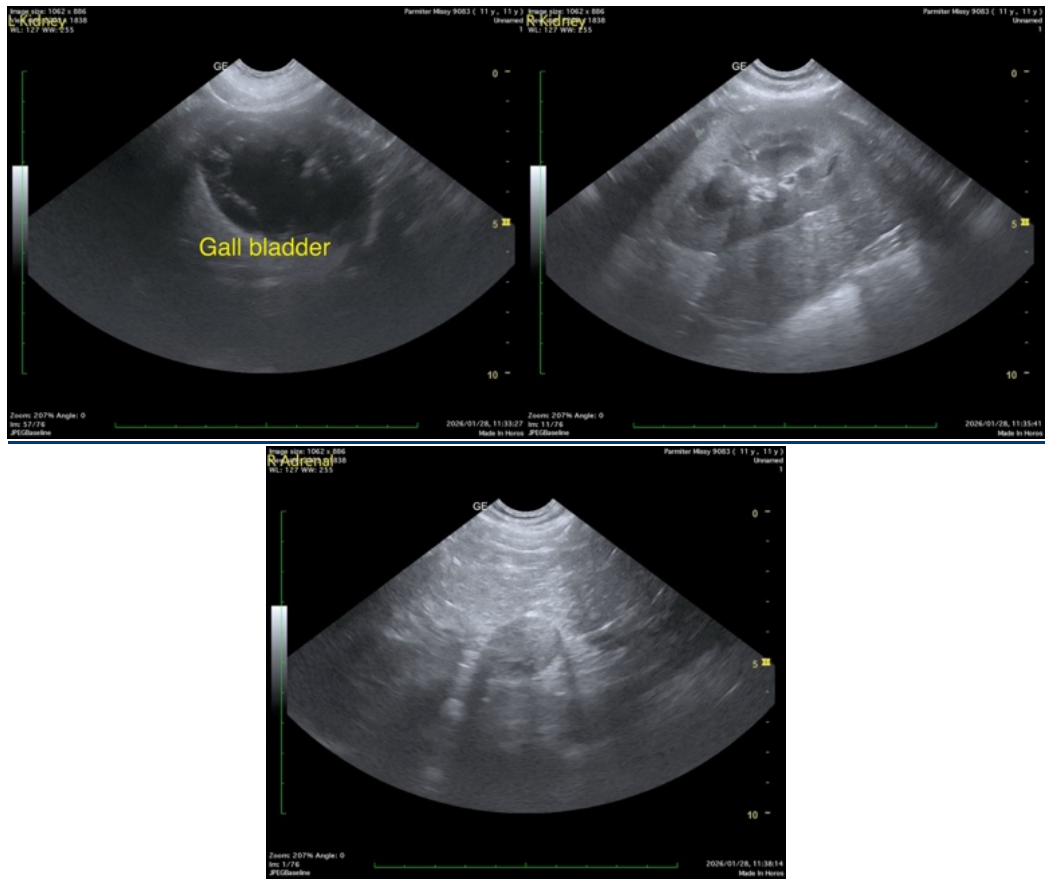
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

[info@sonopath.com](mailto:info@sonopath.com)