



PATIENT

Ellie Hunter

SPECIES

Canine

BREED

Husky x

SEX

Spayed Female

AGE

11 Years 7 Months

WEIGHT

68.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Julie Kang

HOSPITAL NAME

Sabino Veterinary Care

REFERRING VET

Dr. Julie Kang

INVOICE

71757

DATE

11/12/25

PRESENTING CLINICAL SIGNS

Hx: AUS to investigate postprandial vomiting and progressive weight loss since MCT removal (10/16/2025; wide, clean margins; complete excision). Hx Valley Fever – currently on Posaconazole. Previously unable to tolerate fluconazole (severe diarrhea) at initial diagnosis (09/2020, titer 1:64). Switched to itraconazole (10/2020), tolerated well until 02/2024 when non-healing cutaneous lesions developed → discontinued due to stable titer (1:8).

Abnormal PE/Chem/CBC/UA Results: 04/2025: CBC WNL; Chem21 – mild ↑Mg (2.7), mild ↑SDMA (14.7), mod-marked ↑glob (5.3); TT4 WNL (1.7). UA: USG 1.027, pH 8, trace protein. Accuplex negx4. Cocci IgM neg, IgG 1:64 (↑ from 1:8 in 02/2024; Dr. Shubitz consulted; itraconazole discontinued due to non-healing skin lesions). 09/2025: Cocci 1:8 ← 1:32 (05/2025) ← 1:64 (04/2025). 10/2025: MCT low-grade (two-tier system), wide clean margins, excised 10/16/2025. Weight trend: 71 lb (10/16/2025) → 68.8 lb (10/30/2025) → 65.2 lb (11/12/2025).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The kidneys measured 8.3 cm each. Normal color flow pattern.

Adrenal Glands

The left adrenal gland presents normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 3.92 cm in length x 0.61 cm at the 0.79 cm in width.

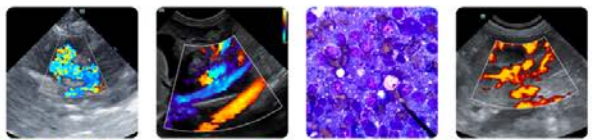
The right adrenal gland is enlarged with a rounded shape but maintaining a normal echogenic appearance, position, and appearance of the visible periadrenal vasculature. The right adrenal gland measures 3.67 cm in length x 1.52 cm and 1.28 cm in width.

Spleen

Normal size (1.4 cm in width) 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.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. A small, isoechoic parenchymal mass noted in the cranial aspect of the left lobe, measuring approximately 1.9 cm x 2.3 cm in size. No nodules or additional masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

Small containing normal anechoic bile. Thickened and hyperechogenic appearance of 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

Visible sections present 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

- Right adrenomegaly.
- Hepatic mass.
- Previous cholecystitis.

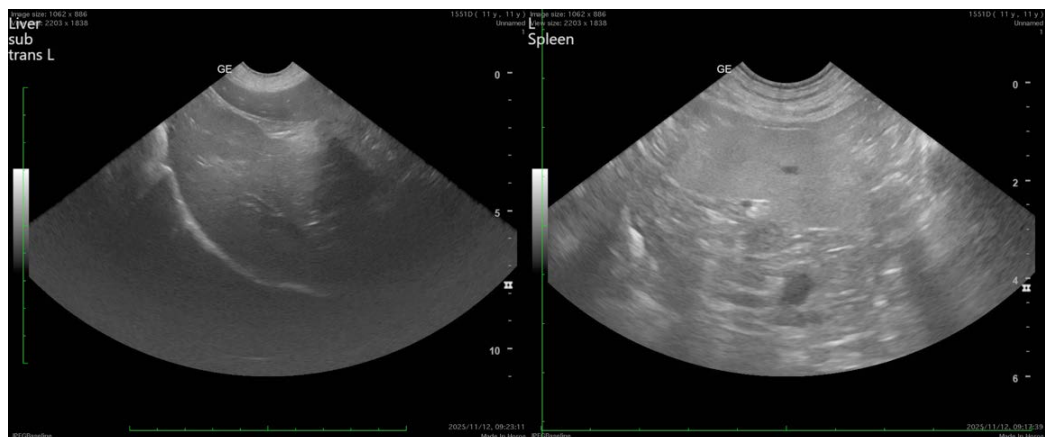
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the right adrenomegaly would be reactive hyperplasia, disease stress, and possibly emerging pituitary dependent Cushing's disease.

Etiologies for the hepatic mass would be hepatoma, nodular hyperplasia, primary hepatocellular carcinoma, and with the patient's history, metastatic mast cell tumor.

Further assessment would include FNA cytology of the mass.

Specific therapy would be dependent on an etiological diagnosis.





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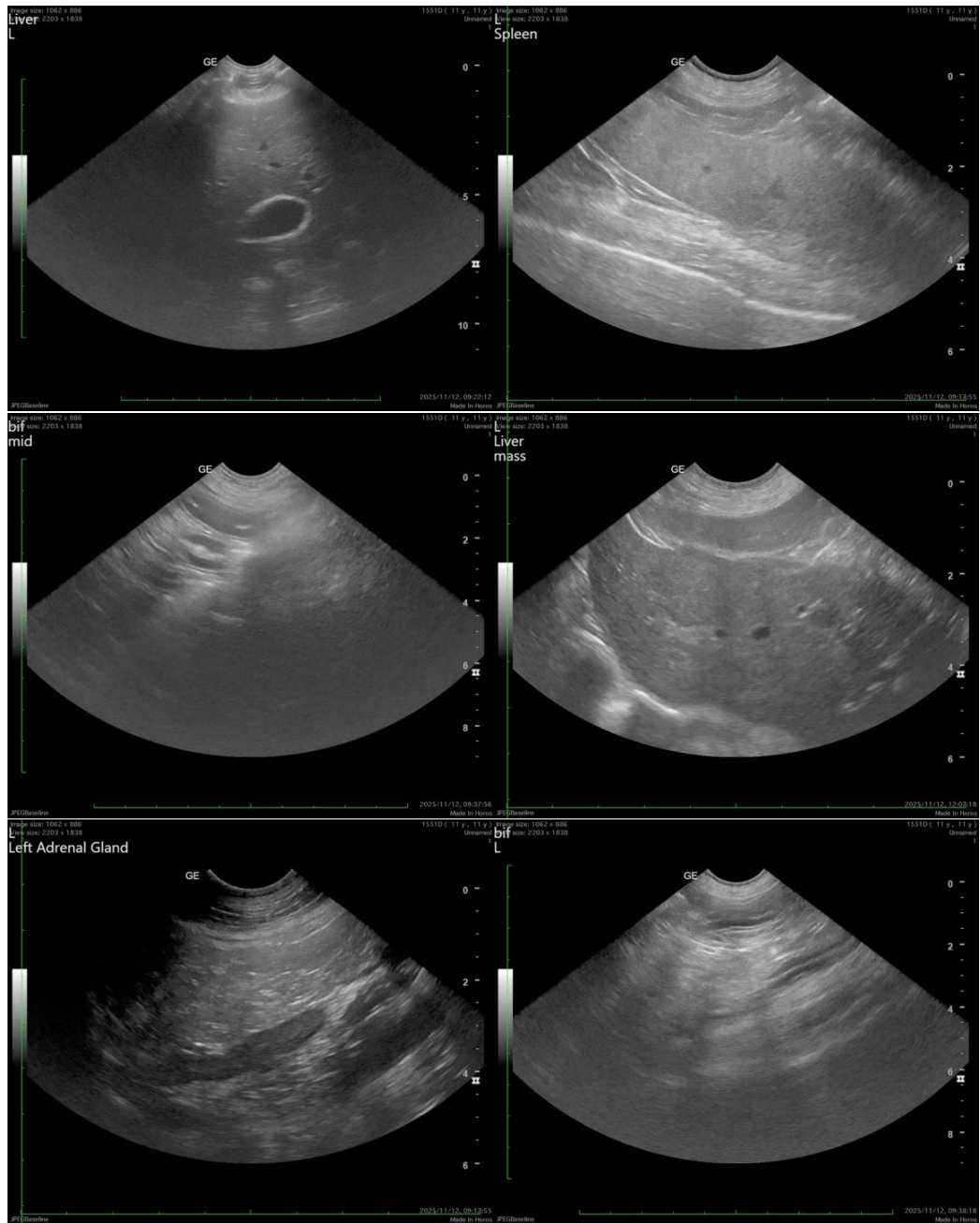
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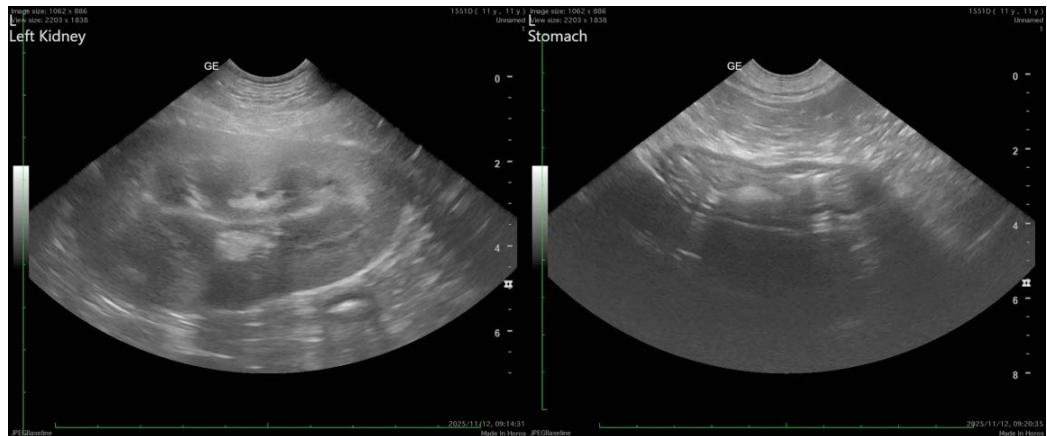
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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