



PATIENT

Penny Moat

SPECIES

Canine

BREED

Maltese

SEX

Spayed female

AGE

14 years

WEIGHT

5.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Striano Kaplan

HOSPITAL NAME

Ramsey VH

REFERRING VET

Dr. Striano Kaplan

INVOICE

68739

DATE

11/17/25

PRESENTING CLINICAL SIGNS

History: Dx with L adrenal mass and hypoglycemia at BP 10/28/25. Pt been on pred and karo syrup since. Continue to vomits 1-2x daily.

Abnormal PE/Chem/CBC/UA Results: Mild dehydration; tense abdomen LYM: 0.43L, MONO: 1.72H, EOS: 0.02L, PLT: 486H, CREA: 0.3L, CHOL: 102L

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 3.3 cm, right measured 3.6 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 enlarged, irregular with a mottled echogenic and mineralized mass measuring 2.1 x 3.4 cm in size. Normal appearance of the visible peri-adrenal vasculature with no obvious invasion evident.

The right adrenal gland revealed a mass like structure in the region of the right adrenal gland, which most likely is superimposition from the left adrenal mass. However, a right-sided adrenal mass cannot be conclusively excluded.

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. A small, focal, hypoechogenic, parenchymal nodule in the tail of the spleen measuring 0.5 cm in size. The spleen measures 0.7 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 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. A small amount of ingesta is present in the stomach compatible with a recent meal.

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.
- Possible right adrenal mass.
- Splenic nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The most likely etiology for the splenic nodule would be incidental reactive hyperplasia/extramedullary hemopoiesis.

Further assessment (if not already done) would be three view thoracic radiographs, adrenal function testing (ACTH stimulation/LDDST), serial blood pressure monitoring and urine/plasma catecholamine assay.

FNA cytology of the adrenal mass could also be considered if a pheochromocytoma has been excluded.

Specific therapy would be dependent on an etiological diagnosis. If surgery is being contemplated then a CT scan would be recommended.



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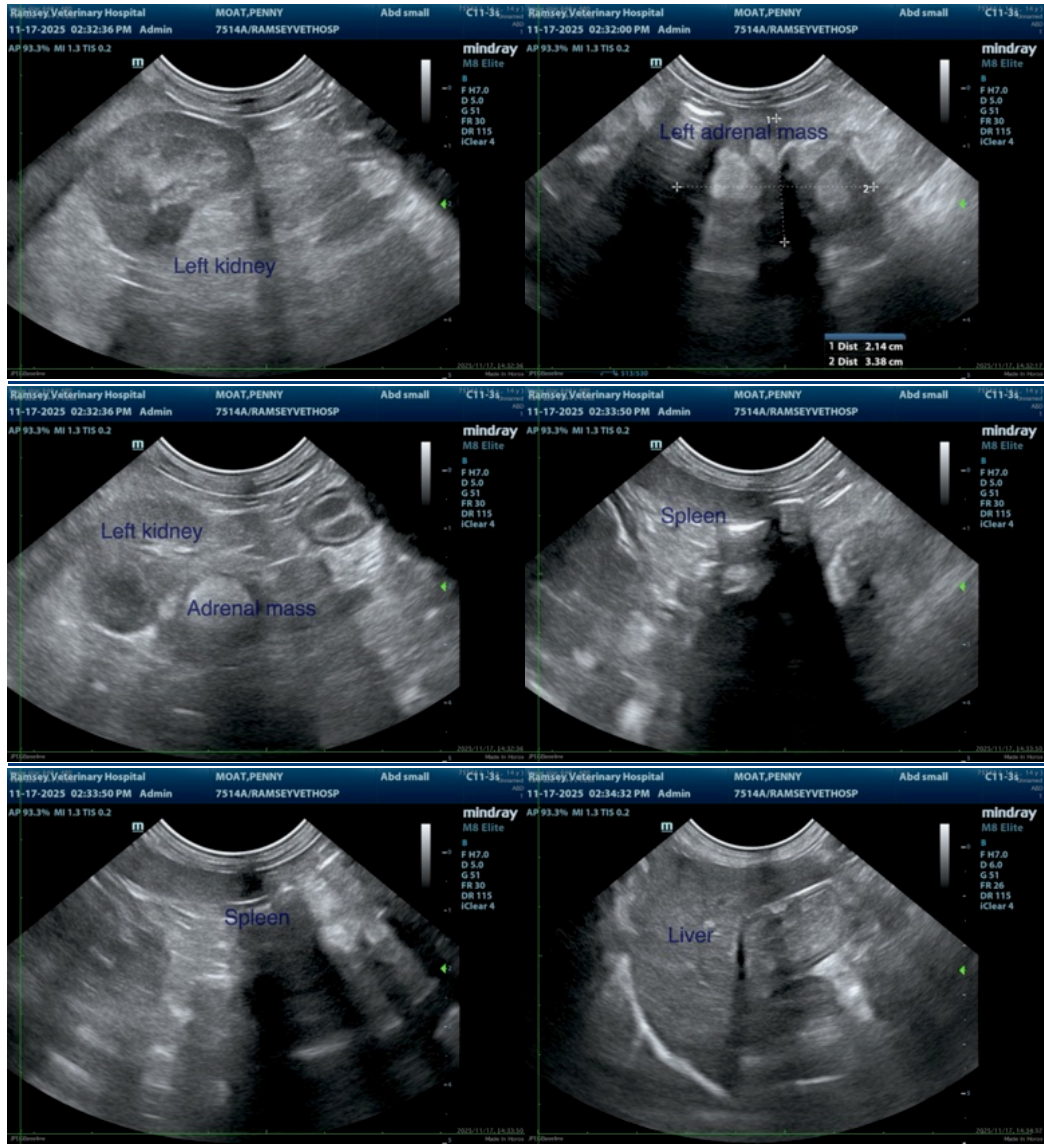
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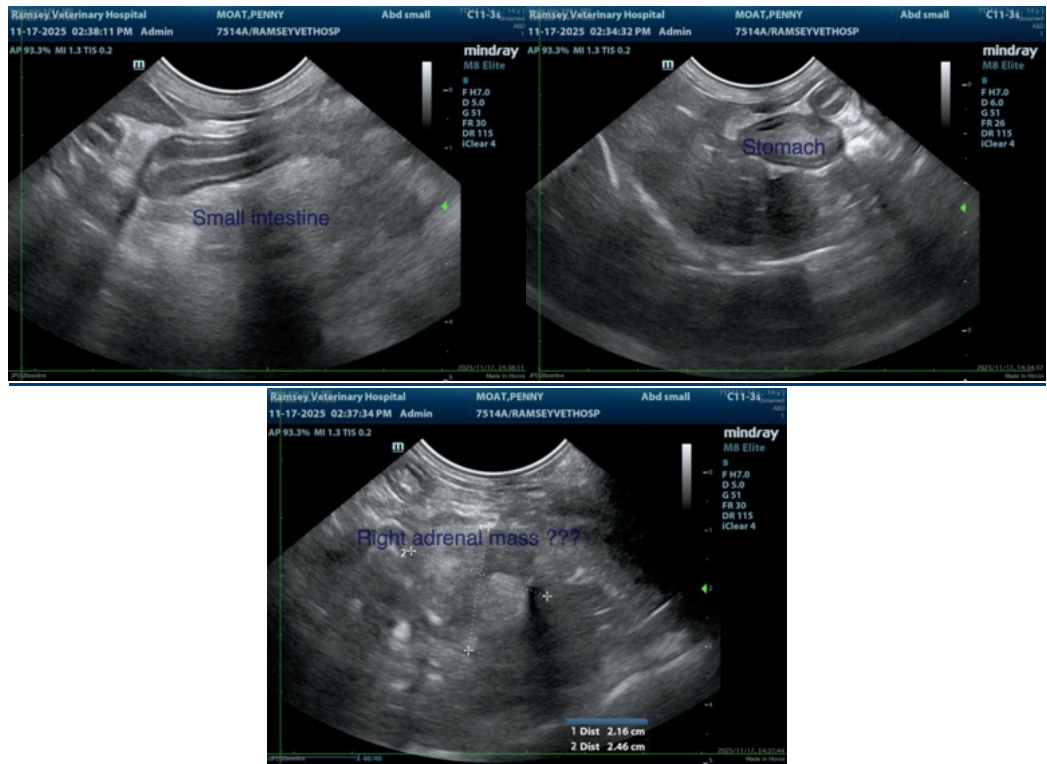
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com