



## PATIENT

Barbie Guthrie

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Spayed female

## AGE

13 years

## WEIGHT

59 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Brandi Barry

## HOSPITAL NAME

Bluegrass AH

## REFERRING VET

Dr. Disney

## INVOICE

68996

## DATE

11/25/25

## PRESENTING CLINICAL SIGNS

History: History of Cushing's disease, hypertension, vestibular disease, and VPCs. Mild non-regenerative anemia present on recent labs. History of elevated ALKP. Current meds: Amlodipine & Vetoryl.  
Abnormal PE/Chem/CBC/UA Results: Most recent blood panel performed 11/17/25: CBC: HCT L 35.5 (37.3-61.7) CHEM 17: ALKP H 1465 (23-212)

## 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 6.2 cm, right measured 6.5 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.

### *Adrenal Glands*

The adrenal glands are not clearly visualized, but appear to be of normal shape, echogenic appearance and size.

### *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. Incidental myelolipoma was noted. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measures 2.6 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.

### *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.



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## 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

- Normal ultrasound examination of the abdomen.

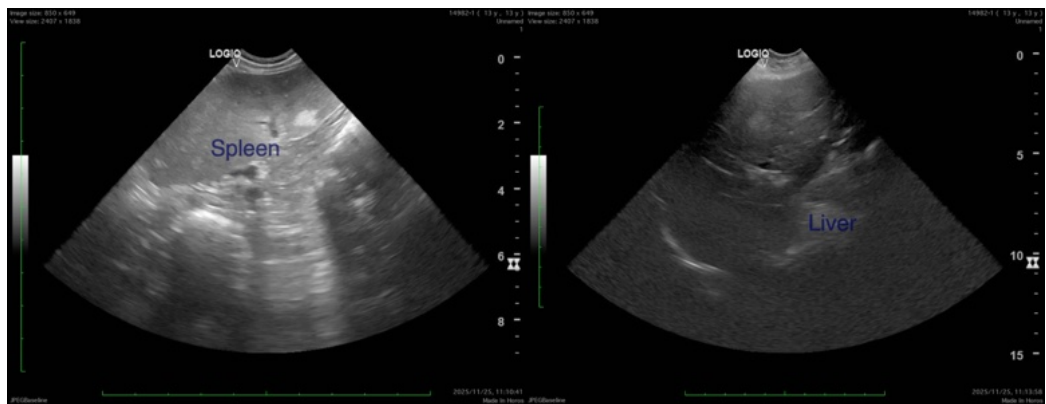
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the elevated ALP activity would be the Cushing's disease with reactive hyperplasia, early nodular hyperplasia and vacuolar a less likely differential diagnosis. Hepatitis and infiltrative neoplasia would be highly unlikely differential diagnosis.

Further assessment would be ACTH stimulation test (if not recently done).

FNA cytology of the liver can also be considered.

Further specific therapy would be dependent on an etiological diagnosis.





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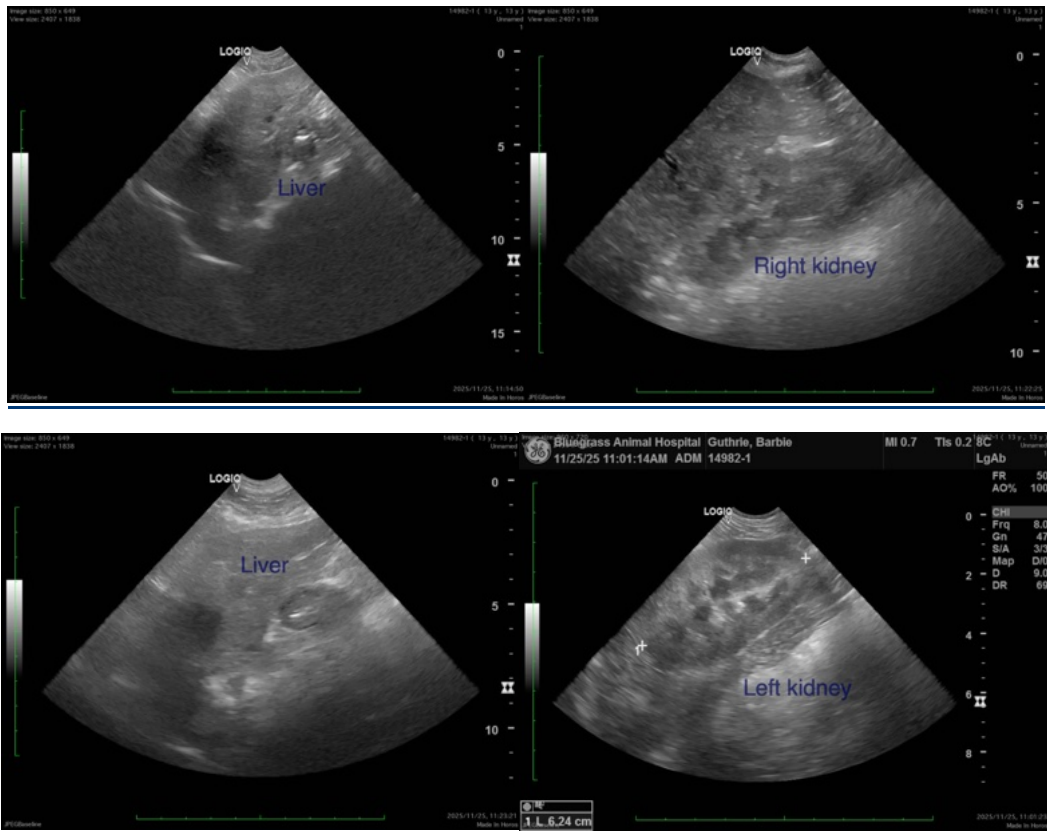
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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