



## PATIENT

Fluffy Osorio

## SPECIES

Canine

## BREED

Boxer

## SEX

Male

## AGE

8 years

## WEIGHT

57 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Cathleen, Whitcraft

## HOSPITAL NAME

Craig Road AH

## REFERRING VET

Dr. Whitcraft

## INVOICE

68250

## DATE

11/3/25

## PRESENTING CLINICAL SIGNS

History: Boxer presenting for a recheck of lethargy and mobility issues. P is eating slightly less than usual, but is still maintaining a good appetite overall, however he continues to lose weight. He has not been interested in playing or going on as many walks as he has wanted to in the past. He limps intermittently on his right front primarily, but seemingly also on the left front. The Os note that P had been having intermittent facial tremors, most recently on October 1st. He has a history of liver elevations and has been receiving Denamarin for the past month.

Abnormal PE/Chem/CBC/UA Results: Abdominal x-rays were suspicious for a cranial abdominal mass.

## 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 7.2 cm, right measured 6.7 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. An incidental, small cortical cyst measuring 0.6 cm in size in the caudal pole of the left kidney.

The prostate is small and hypoechogenic measuring 1.4 cm in width.

### Adrenal Glands

The adrenal glands are bilaterally enlarged with a rounded shape, but maintained a normal echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.29 cm and 1.13 cm in width. The right adrenal gland measured 1.06 cm and 1.09 cm in width.

### 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 2.1 cm in width.



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### *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 small 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.

### *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

- Bilateral adrenomegaly.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Further assessment would be urine cortisol to creatinine ratio and if abnormal then adrenal function testing (ACTH stimulation/LDDST) would then be indicated.

With the presenting clinical signs and the history of intermittent facial tremors, intercranial pathology needs to be considered and possibly followed up with an MRI scan.

Specific therapy would be dependent on an etiological diagnosis.



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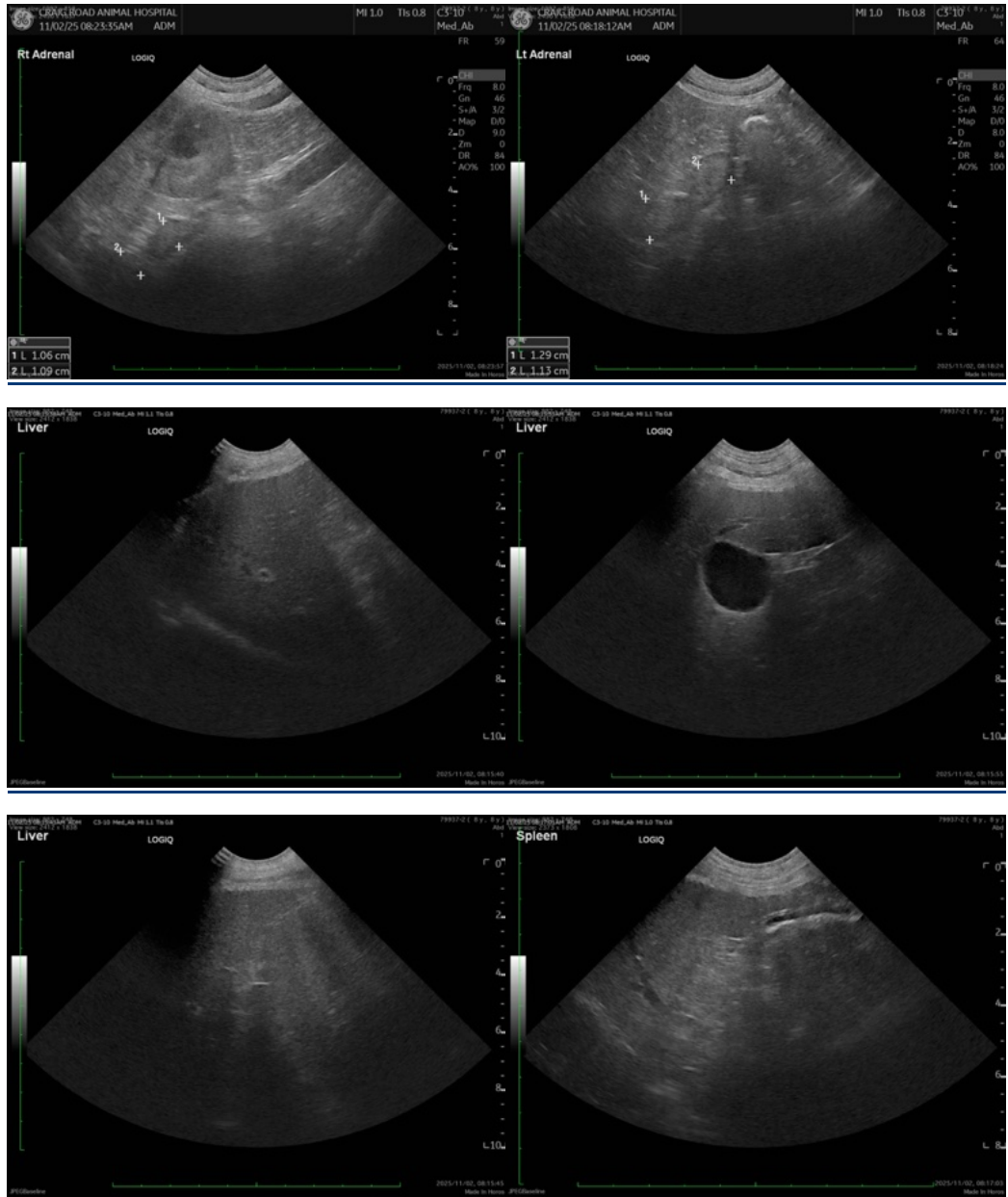
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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