



## PATIENT

Nico Meila

## SPECIES

Canine

## BREED

Stabyhoun

## SEX

Neutered Male

## AGE

11 years

## WEIGHT

55 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. John Ammeraal

## HOSPITAL NAME

Sova Animal Hospital

## REFERRING VET

Dr. John Ammeraal

## INVOICE

10701

## DATE

11/7/2025

## PRESENTING CLINICAL SIGNS

Sometimes has loose stools., Current diet Fromm Beef Salmon oil, CBD, Movoflex and probiotics. Otherwise, normal overall.

Abnormal PE/Chem/CBC/UA Results: Chem 27 ALKP 1192 U/L , Prec PSL 202 U/L CBC WNL T4 1.0ug/dL, FreeT4 8.6ug/dL USG 1.042, UPC 1.8 Fecal neg

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Full 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. Left kidney measures 6.3 cm, and the right kidney measures 7.6 cm.

### Reproductive System

Small, hypoechoic prostate.

### Adrenal Glands

Adrenal glands are bilaterally enlarged but maintaining normal shape, echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal measures 2.92 cm in length x 0.96 and 0.84 cm in width. The right adrenal measures 2.83 cm in length x 0.77 cm and 0.78 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 measures 2.0 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

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



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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.

**SPECIES**

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**Pancreas**

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

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**Free Abdomen**

Normal mesenteric lymph nodes.

**SEX**

No ascites evident.

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

11 years

- Bilateral adrenomegaly.

**WEIGHT**

55 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiologies for the adrenomegaly would be age related or reactive hyperplasia with pituitary dependent Cushing's disease an unlikely differential diagnosis as a urine specific gravity is well concentrated. However, the elevated ALP activity may be an indicator of possible emerging Cushing's disease.

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On this ultrasound there is no obvious etiology for the intermittent diarrhea. Although, the GI tract appears ultrasonographically normal, with the intermittent diarrhea an underlying such as dietary hypersensitivity and inflammatory bowel disease should still be considered.

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Further assessment would be urine cortisol to creatinine ratio, and if abnormal, an adrenal function testing (ACTH Stim/LDSS test) would be indicated.

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Further assessment of the possible enteropathy would be cobalamin and folate assay, an endoscopy of the upper GI tract with biopsies.

**REFERRING VET**

Dr. John Ammeraal

Specific therapy would be dependent on an etiological diagnosis.

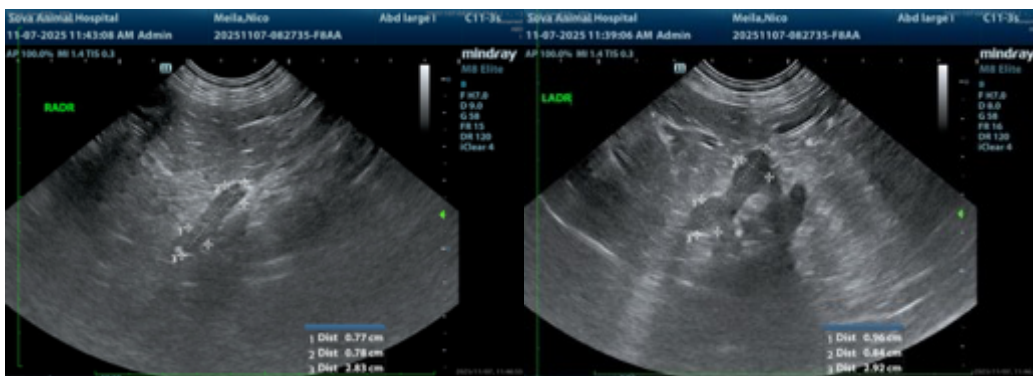
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Symptomatic management of the enteropathy would be feeding a novel protein/hypoallergenic diet, cobalamin supplementation, and if it's not at a satisfactory improvement, then a course of prednisolone should then be considered.





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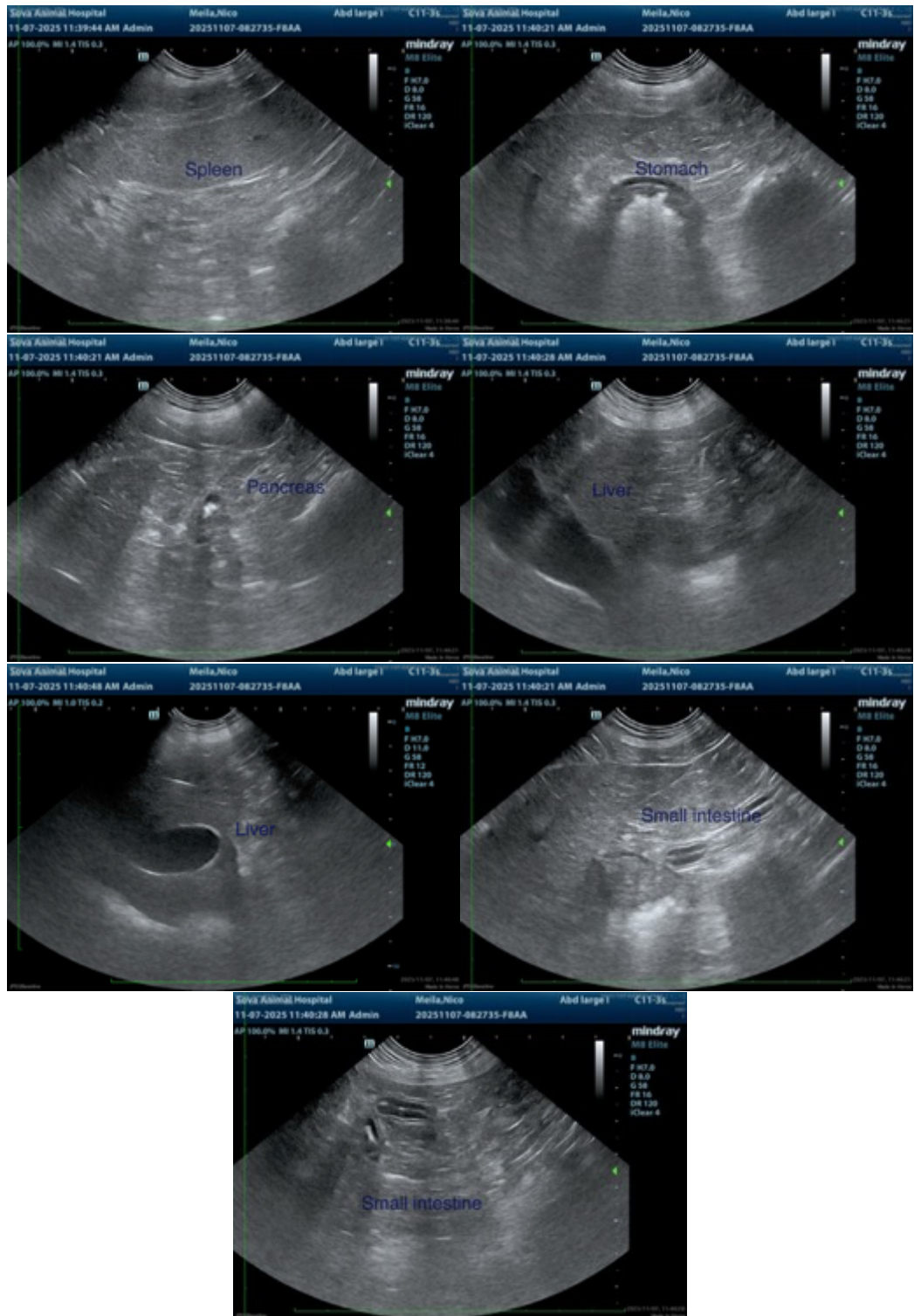
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**

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