



## PATIENT

Yorko Rodriguez

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Neutered male

## AGE

16 years

## WEIGHT

10.2 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Ferrer

## HOSPITAL NAME

Pulse Pet Ultrasound  
Services

## REFERRING VET

Dr. Gonzalez

## INVOICE

69244

## DATE

12/12/25

## PRESENTING CLINICAL SIGNS

History: Pt presented for an abdominal ultrasound to evaluate elevated liver enzymes and hepatomegaly. PT presented to rDVM with abdominal pain and ataxia. Eating well, no V/D. Dx revealed hepatomegaly on radiographs and elevated liver enzymes. R/o hepatic neoplasia. Pt is currently taking Denamarin cat/small dog: 1 tab PO SID x 30 days Gabapentin [50mg/ml] 1 ml PO BID x 7 days. By O patient is panting more, and has polyphagia, and seems to urinate more than normal. Abnormal PE/Chem/CBC/UA Results: Bloodwork and Radiographs attached as supporting documents.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is small 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 3.9 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, bilateral pyelectasia and a regular curvilinear capsule. No infarcts, mineralization or renoliths evident.

The prostate was small and hypoechoic.

### *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 1.67 cm in length x 0.73 cm and 0.57 cm in width. The right adrenal gland measured 1.39 cm in length x 0.71 cm and 0.77 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. Multiple myelolipomas are present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.1 cm in width.



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### *Liver*

The liver is enlarged with rounded edges with a diffuse increased echogenic appearance, decreased 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 a large amount of hyperechogenic, dependent sediment, but not adhered. 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. The stomach measured 0.26 cm, duodenum 0.48 cm, small intestine 0.36 cm and colon measured 0.23 cm.

### *Pancreas*

Normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. The left pancreas measured 1.1 cm in width and the right pancreas measured 1.5 cm in width.

### *Free Abdomen*

Normal mesenteric lymph nodes measuring 1.0 cm in length.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly
- Hepatopathy
- Gallbladder sediment
- Age related renal changes versus early chronic kidney disease

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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



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Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with infiltrative neoplasia and hepatitis an unlikely differential diagnosis.

Although the gallbladder sediment is most likely an incidental finding, monitoring for the development of a mucocele would be recommended.

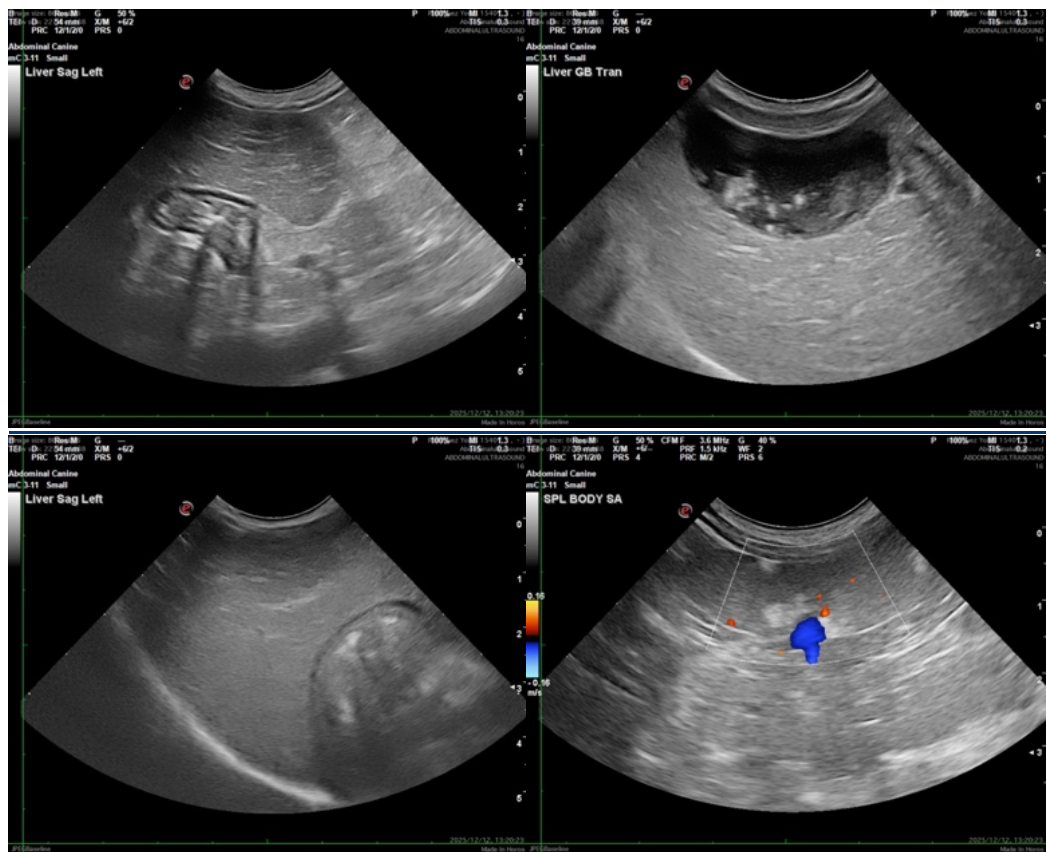
Although the pyelectasia is most likely secondary to the chronic renal changes, underlying low-grade pyelonephritis should still be considered.

Initial further assessment would be urinalysis, possibly urine culture and urine cortisol to creatinine ratio. If the urine cortisol to creatinine ratio is abnormal then adrenal function testing (ACTH stimulation/LDDST) would then be indicated.

If Cushing's disease has been excluded then further assessment of the hepatopathy would be FNA cytology. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the gallbladder sediment and the hepatopathy would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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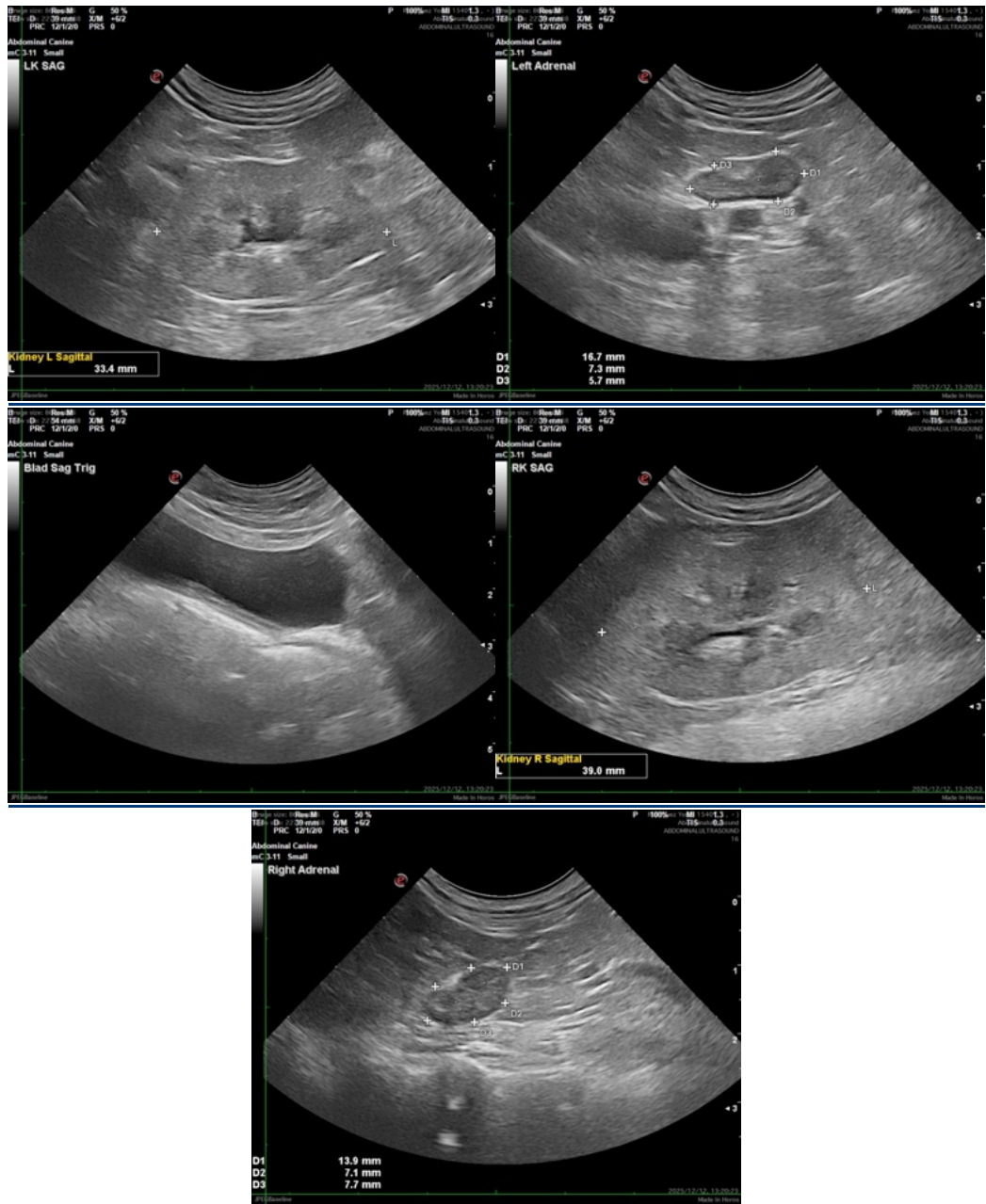
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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