

PATIENT

Dakota Pattison

SPECIES

Canine

BREED

Husky

SEX

Spayed Female

AGE

13 years

WEIGHT

34 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Catherine Alexander,
LVT

HOSPITAL NAME

NorthStar Veterinary
Sonography, PLLC

REFERRING VET

Dr. Kaiser

INVOICE

11001

DATE

12/19/2025

PRESENTING CLINICAL SIGNS

Right adrenocortical carcinoma (11 x 13 cm)- dx on AUS + cytology Sept 2025 Probable early lung nodules Mass in left anal gland- too deep for aspirates Lethargy for 2 days, decreased appetite.

Abnormal PE/Chem/CBC/UA Results: 12/19 CBC RBC 4.8, HCT 29.6, HGB 10.3, RETIC-HGB 19.3, MONO 1.27, PLT 84, MPV 14, PCT 0.12 12/19 CHEM CREA 2.2, BUN 52, PHOS 10.7, ALT 361, ALKP 510.

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. Bilateral pyelectasia in the renal pelvis noted.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 8.2 cm, and the right kidney measures 8.8 cm.

Adrenal Glands

The left adrenal gland was poorly visualized.

The right adrenal gland contains a mottled echogenic mass, measuring approximately 1.4 cm x 1.8 cm in 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. Two focal, hypoechoic parenchymal nodules are noted measuring approximately 0.8 cm in size, situated in the body of the spleen, The spleen measures 1.8 cm in width.

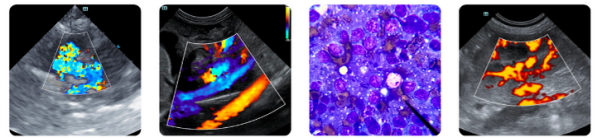
Liver

Enlarged in size with rounded edges with a diffuse mottled echogenic and nodular appearance. Normal portal markings, and an irregular curvilinear capsule. Nodules are diffuse, parenchymal, hyperechogenic and measure up to 2.0 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full containing moderate amount of both adhered and non-adhered hyperechogenic sediment. With the adhered sediment arranged in an early stelite pattern. 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 (0/47 cm), duodenum (0.38 cm), small intestine, ileo-cecal junction, and colon (0.18 cm) with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

Visible sections of pancreas are normal in size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. Right pancreas measures 0.7 cm in width.

Free Abdomen

Normal mesenteric lymph nodes.

Small amount of acellular ascites present around the spleen.

ULTRASONOGRAPHIC FINDINGS

- Nodular hepatopathy.
- Right adrenal mass.
- Splenic nodules.
- Mucocele.
- Pyelectasia.

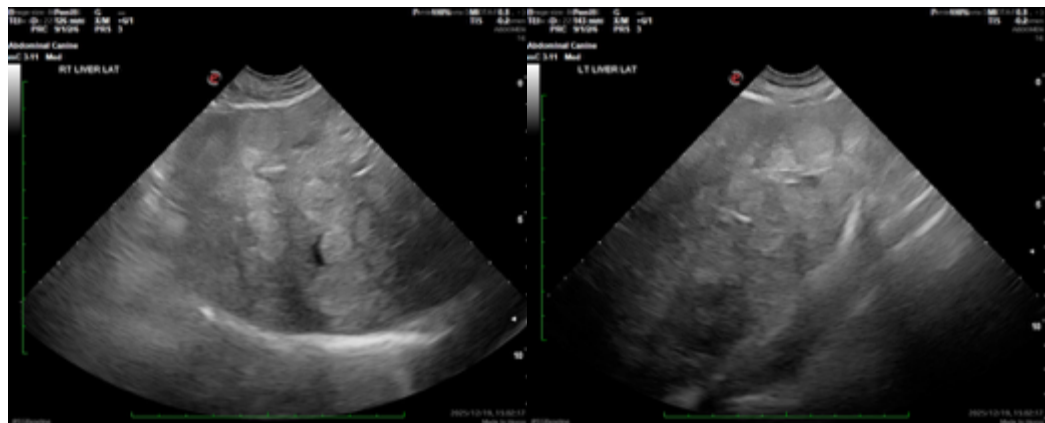
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the patient's history, right adrenal mass, possible pulmonary metastatic disease, the most likely etiology for the hepatopathy would be metastatic neoplasia.

Etiologies for the splenic nodules would be reactive hyperplasia/extramedullary hematopoiesis, hematomas, granulomas, and possibly emerging neoplasia. Although the pyelectasia is most likely an age-related incidental finding, underlying low grade pyelonephritis needs to be considered.

The ascites is most likely secondary to the hepatic pathology.

Further assessment that could be considered would be FNA Cytology of the liver. At this point palliative therapy is most likely indicated.





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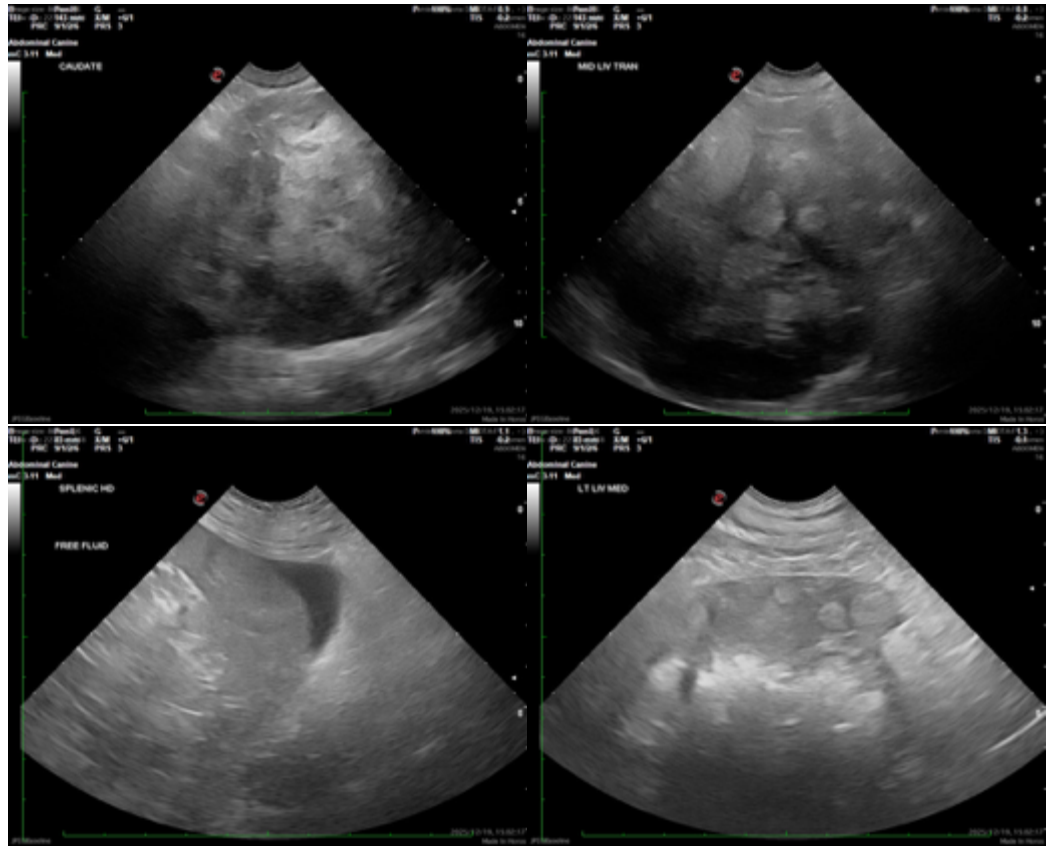
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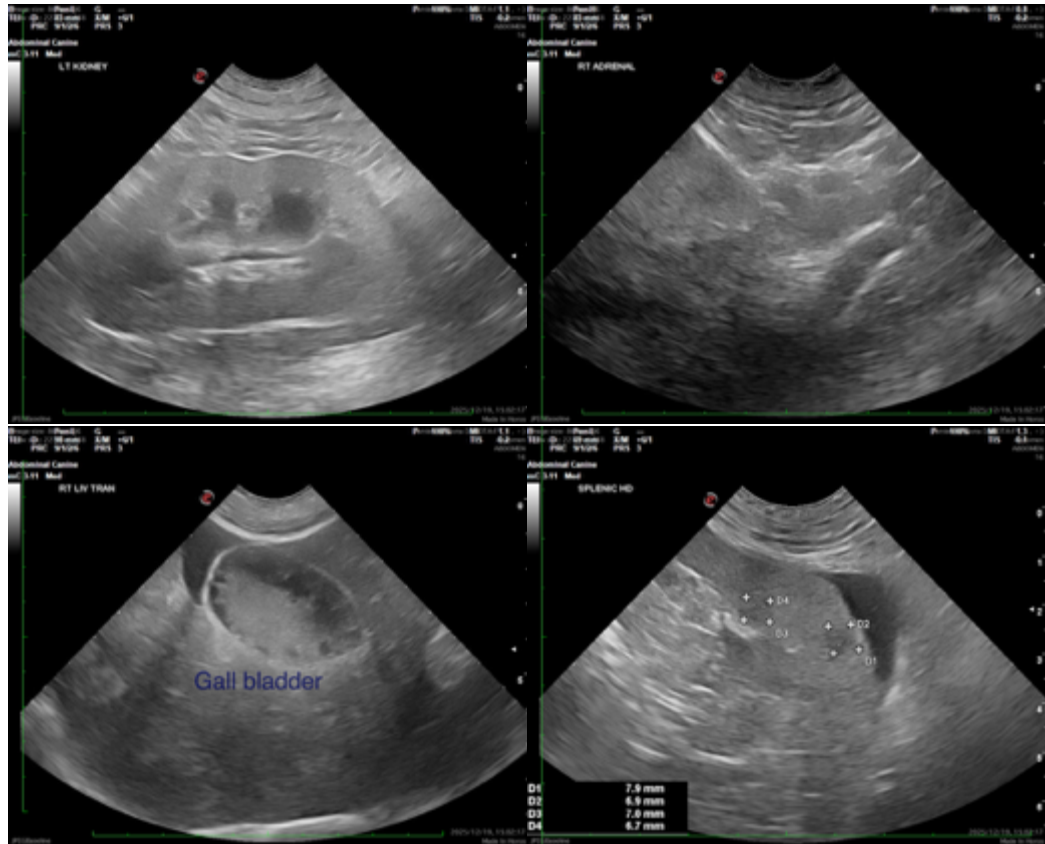
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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