



## PATIENT

Etta Way

## SPECIES

Canine

## BREED

Pug

## SEX

Spayed female

## AGE

12 years

## WEIGHT

12.4 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Patrick Hennigan,  
DVM

## HOSPITAL NAME

Mattydale AH

## REFERRING VET

Dr. Hennigan

## INVOICE

69399

## DATE

12/8/25

## PRESENTING CLINICAL SIGNS

History: Patient presented October 22nd, 2025 for a wellness. BCS 5/5 and has gained 7 pounds over last year. 2-3/4 periodontal dz. Preop bloods revealed increased globs, AST, ALP, K+ AUS at time of dental prophy to investigate.

Abnormal PE/Chem/CBC/UA Results: CBC-wnl Chem- Inc glob (3.9), inc AST (89), inc ALP (319), inc SDMA (19.5), inc K+ (6.0) TT4-2.2 Accuplex - negative

## 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 4.5 cm, right measured 4.4 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 left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.58 cm in width. The right adrenal gland revealed a mass that measured 1.5 x 1.8 cm in size with a rounded shape and hyperechogenic appearance, but maintained normal position and appearance of the visible periadrenal vasculature.

### *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 1.6 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.



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### ***Gallbladder***

The gallbladder is full containing a small amount of non-adhered, hyperechoic sediment. 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. A moderate amount of ingesta and gas was present in the stomach compatible with a recent meal.

### ***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**

- Right adrenal mass.
- Gallbladder sediment.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the right adrenal mass would be large, functional or non-functional adenoma, emerging functional/non-functional carcinoma with pheochromocytoma an unlikely differential diagnosis.

The gallbladder sediment can be considered an incidental finding.

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

Specific therapy would be dependent on an etiological diagnosis.



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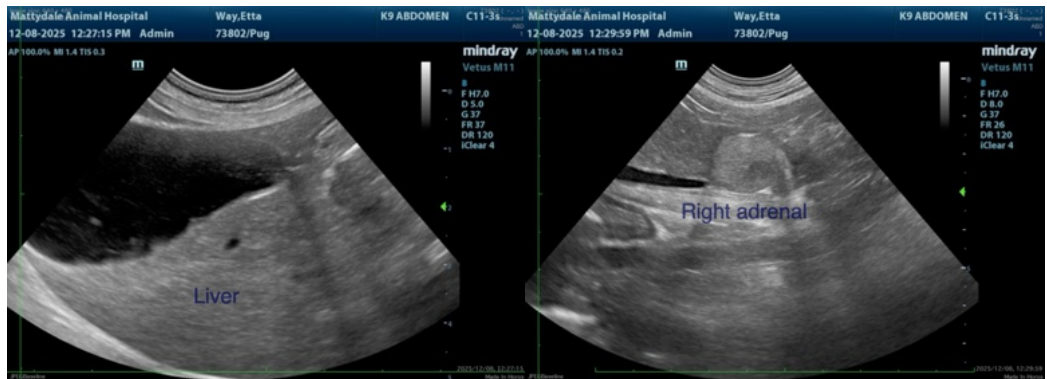
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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