



PATIENT

Willow Rochford

SPECIES

Canine

BREED

Shih Tzu Cross

SEX

Spayed female

AGE

8 years

WEIGHT

12.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Michelle DeMelo, RVT

HOSPITAL NAME

Woodstock VH

REFERRING VET

Dr. Knowles

INVOICE

71481

DATE

2/11/26

PRESENTING CLINICAL SIGNS

- Ongoing weight management issues as continually hungry
- no obvious abnormalities on abdominal palpation although difficult due to body condition
- The primary health concern is excess body weight and significant intra-abdominal fat
- Bloodwork from one year ago revealed mildly elevated liver enzymes
- The combination of persistent hunger, difficulty with weight loss, and elevated liver enzymes raises suspicion for an underlying adrenal gland disorder, such as hyperadrenocorticism (Cushing's disease)
- 4Dx/Heartworm tests performed as part of senior panels in 2025 and 2026 have been negative. - Liver Enzymes: ALP has shown a progressive increase from 193 U/L (02/04/25) to 253 U/L (02/05/26). ALT was elevated at 179 U/L in 2025 but was within normal limits in 2026. - Urinalysis: Urinalysis was unremarkable in 2025. On 02/05/26, results showed 1+ bilirubin and urobilinogen. - Fecal analysis has been consistently negative. - Last laboratory work was a Senior Panel performed on 01/30/26.

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 4.4 cm, right measured 4.3 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

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.44 cm in width. The right adrenal gland measured 0.52 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 1.1 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 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

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.

A large amount of intraabdominal fat is present.

ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the adrenal glands appear ultrasonographically normal, with the presenting clinical signs and progressive elevation of ALP activity Cushing's disease should still be considered.

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

If Cushing's disease has been excluded then further assessment of the elevated ALP activity would be FNA cytology of the liver.

Specific therapy would be dependent on an etiological diagnosis.



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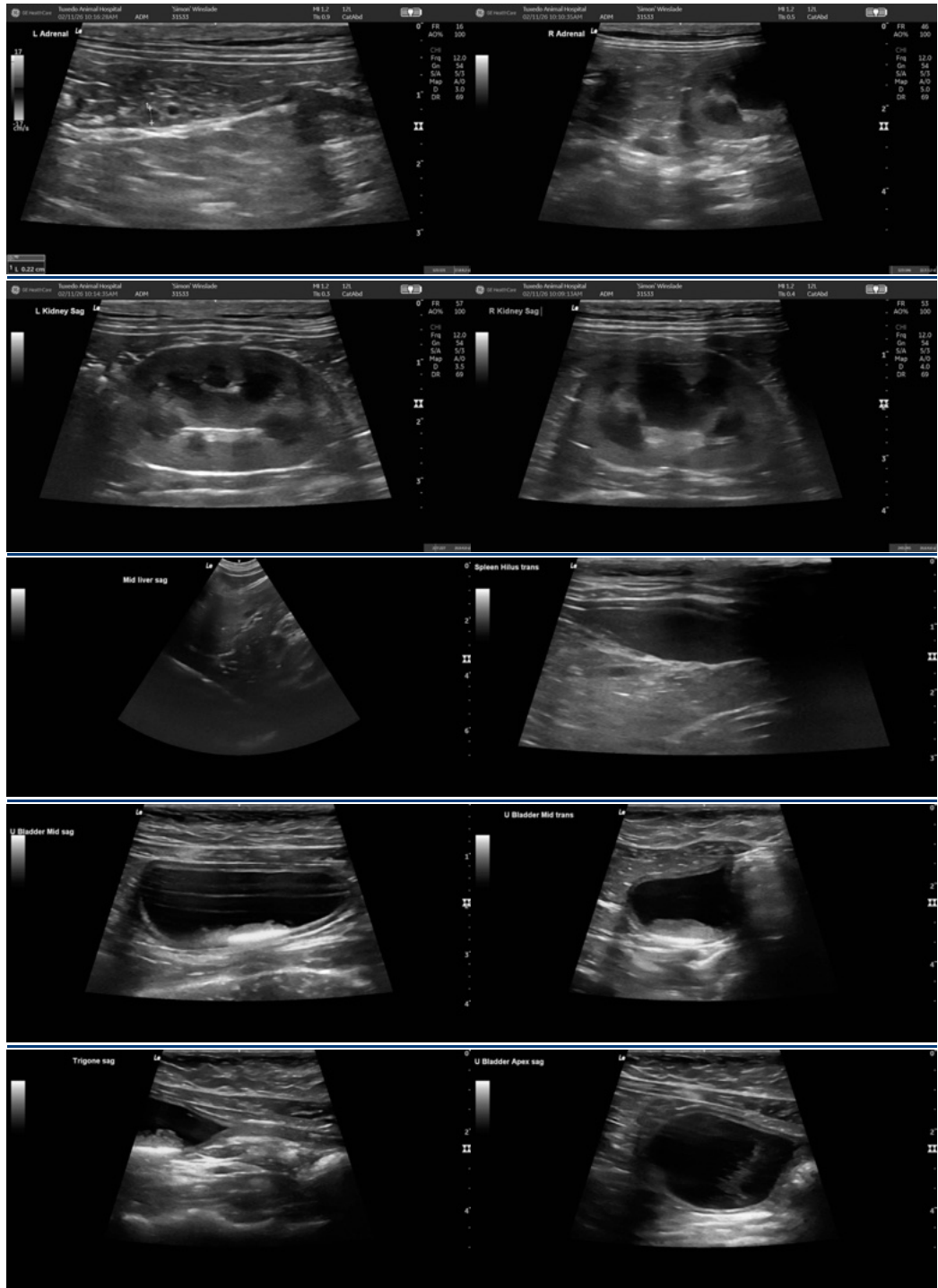
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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