



PATIENT

Kona Jarrett

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

11 Years 6 Months

WEIGHT

67.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jernea Bustria,
DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Jernea Bustria,
DVM

INVOICE

35825

DATE

2/12/26

PRESENTING CLINICAL SIGNS

History: P presented for hairloss on the dorsal lumbosacral spine and tail. O states that she noticed the hair falling off easily a couple days ago. P has had history of panting, PU/PD, ravenous appetite, and potty belly appearance.

Abnormal PE/Chem/CBC/UA Results: Potbelly Thin fur- rat tail, generalized alopecia, Panting

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. The left kidney measured 7.8 cm. The right kidney measured 7.3 cm. Normal colorflow pattern was evident in both kidneys.

Adrenal Glands

The adrenal glands are bilaterally enlarged, but maintaining normal shape, echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 1.1 cm and 1.2 cm in width. The right adrenal gland measured 0.97 cm and 0.91 cm in width.

Spleen

Normal size (1.4 cm in width) 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.

Liver

Normal size with an increased echogenic appearance, normal portal markings, and a regular curvilinear capsule. A focal well circumscribed, mottled echogenic nodule is noted in the parenchyma of the right liver, measuring approximately 1.6 cm x 2.1 cm in size. No additional nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full gallbladder, containing a large amount of non-adhered hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

A moderate amount of ingesta was present within the stomach compatible with a recent meal. Normal appearance of the duodenum, small intestine, ileo-cecal junction, with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Fecal material was present within the colon.



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Pancreas

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

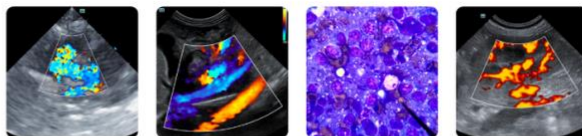
- Hepatopathy
- Hepatic nodule
- Bilateral adrenomegaly
- Gallbladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the presenting clinical signs, the bilateral adrenomegaly, and the appearance of the liver, the most likely diagnosis would be pituitary dependent cushings disease. Differential diagnoses for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, and vacuolar. The most likely etiology for the hepatic nodule would be an incidental nodular hyperplasia or an organized hematoma or granuloma. Emerging neoplasia would be a highly unlikely differential diagnosis. The gallbladder sediment can be considered an incidental finding.

Further assessment would be adrenal function testing (ACTH stimulation/LDDST).

Specific therapy would be dependent on an etiological diagnosis.



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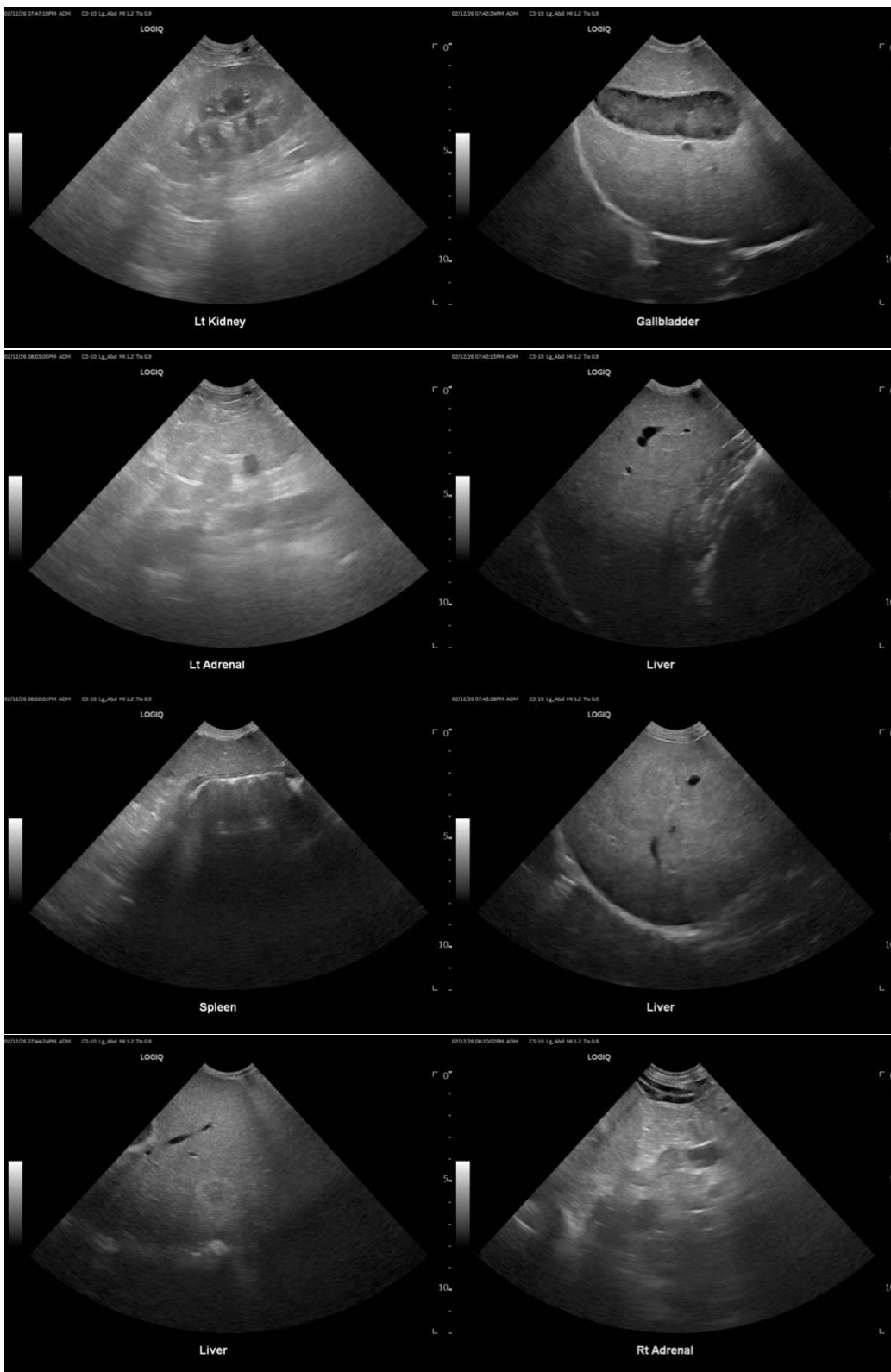
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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