



PATIENT

Jax Torres

SPECIES

Canine

BREED

Yorkie x

SEX

Neutered Male

AGE

14 Years 9 Months

WEIGHT

19.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Harmony Animal
Hospital

REFERRING VET

Dr. Gruber

INVOICE

72967

DATE

2/13/26

PRESENTING CLINICAL SIGNS

Hx of Adrenal Mass + Sludge in gallbladder, Cardiac dz (Grade 2/6 hm)

Current Medications: Vetmedin 5mg 1/2 tab PO BID, Benazepril 5mg 1/2 tab PO BID, Lasix 12.5 mg 1 tab AM, 1/2 tab PM (Started 9/23)

Sedated with Midazolam 0.5 mL, Torb 0.5 mL

Abnormal PE/Chem/CBC/UA Results: Glob 3.9 ALT 232 ALP 805 BUN 50 Phos 6.1 Ca 11.2 K+ 5.7 Trig 365 USG 1.034

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. Left kidney measured 5.2 cm. Right kidney measured 5.3 cm. Normal color flow pattern evident in both kidneys. Small incidental cortical cyst present in the cranial pole of the left kidney measuring approximately 0.50 cm in size.

Reproductive System

Small, hypoechogenic prostate measuring 0.90 cm in width.

Adrenal Glands

The left adrenal gland presents an irregular, mottled echogenic, non-vascularized mass measuring approximately 2.3 cm x 2.4 cm in size, maintaining normal position and appearance of the periadrenal vasculature.

The right adrenal gland presents normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The right adrenal gland measured 1.8 cm in length x 0.60 cm and 0.37 cm in width.

Spleen

Normal size (1.3 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

Enlarged with rounded edges, a diffuse increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

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

Visible section presents normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Left adrenal mass.
- Hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the left adrenal mass would be non-functional carcinoma and possibly pheochromocytoma.

Likely etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar, and metabolic, with hepatitis and infiltrative neoplasia being unlikely differential diagnoses.

Further assessment of the hepatopathy would include FNA cytology of the liver. However, a tru-cut or wedge biopsy may be required for a final etiological diagnosis.

Further assessment of the left adrenal mass (if not already done) would be urine/plasma catecholamine assay, blood pressure, and FNA cytology.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the hepatopathy that could be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.

If surgery is being contemplated for the left adrenal mass, then a CT scan would be recommended.



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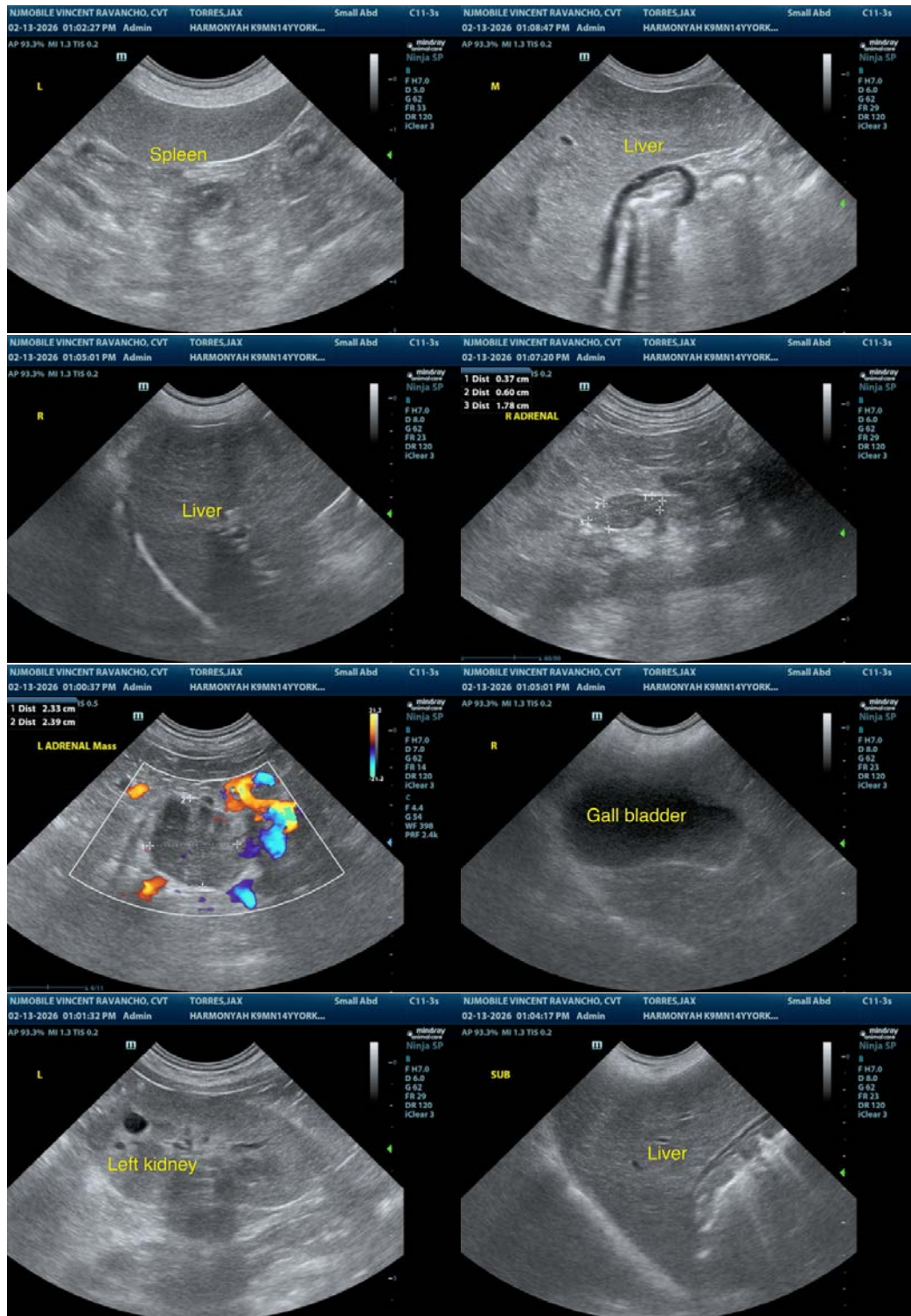
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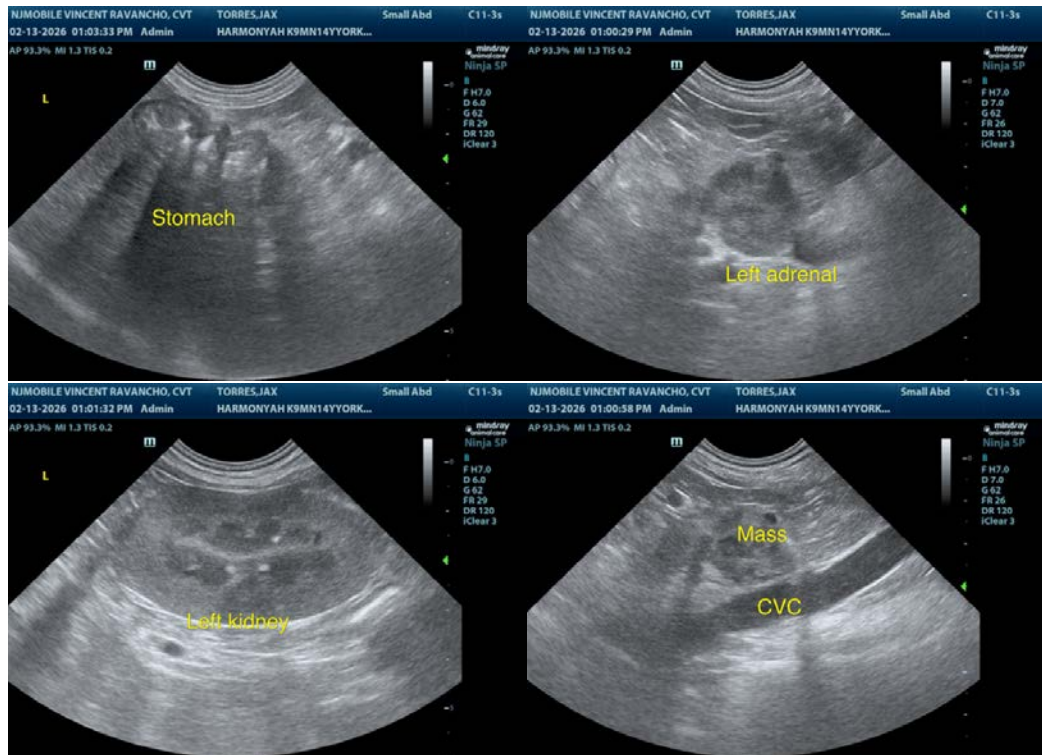
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com