



## PATIENT

Maki Ferreira

## SPECIES

Canine

## BREED

Miniature Poodle

## SEX

Neutered male

## AGE

15 years

## WEIGHT

28.4 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Laura Tarr, CVT

## HOSPITAL NAME

Ark AH

## REFERRING VET

Dr. Dingle

## INVOICE

71668

## DATE

2/18/26

## PRESENTING CLINICAL SIGNS

- Recent increased requests to urinate at night
- History of elevated ALB/ALP. History of Lyme and anaplasma positive
- Taking a variety of herbal supplements
- BUN 46 NA 153 CL 106 TP 8.0 ALB 4.8 ALT 194 ALP 990 GGT 18 CHOL 419 UCCR: 85

## 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 4.7 cm, right measured 5.0 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.

The prostate is small and hypoechogenic.

### *Adrenal Glands*

The left adrenal gland was mottled and echogenic rounded mass that measured 1.6 x 1.8 cm in size maintaining normal position and appearance of the peri-adrenal vasculature. The right adrenal gland was not visualized.

### *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 1.5 cm in width.

### *Liver*

Normal size with a diffuse, increased, echogenic 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

The gallbladder is full containing a small 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

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.

## ULTRASONOGRAPHIC FINDINGS

- Left adrenal mass.
- Hepatopathy.
- Gallbladder sediment.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the presenting clinical signs and laboratory findings, the most likely diagnosis for the left adrenal mass would be a functional carcinoma.

Etiologies for the hepatopathy would be age related reactive hyperplasia, vacuolar and metabolic secondary to Cushing's disease.

The gallbladder sediment is most likely an incidental finding.

Further assessment would be adrenal function testing (ACTH stimulation/LDDST) with the patient's age, medical management of Cushing's disease with Trilostane would be indicated.

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



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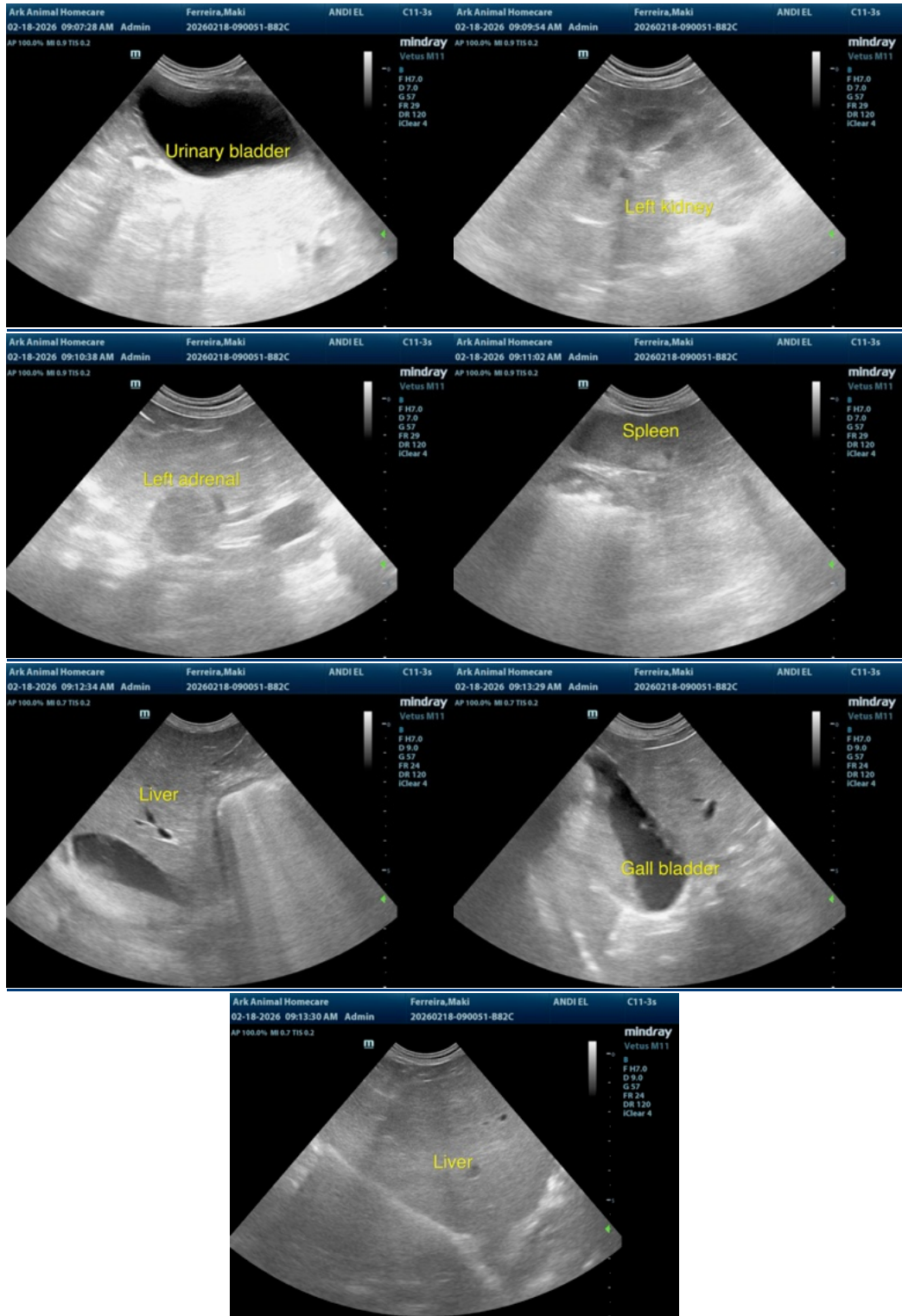
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The information and recommendations provided are based on the images presented by the



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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)

[info@sonopath.com](mailto:info@sonopath.com)