



PATIENT

Rosie Hebb

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

7 years

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tavella

HOSPITAL NAME

Williamsburg VC

REFERRING VET

Dr. Tavella

INVOICE

71139

DATE

2/2/26

PRESENTING CLINICAL SIGNS

- Patient was diagnosed the Hyperadrenocorticism via LDDST in 9/2025. Test did not differentiate between ADH and PDH.
- Patient has been on trilostane 5 mg (1 mg/kg) PO Q 12 hours since diagnosis.
- Thus far, patient has persistent PU/PD, is voracious and gaining weight (1.5 pounds since September), and still pants excessively.
- Screen for evidence of adrenal dependent Hyperadrenocorticism
- PE: Pot belly appearance. BCS 8/9. Biphasic nasal stertor. Chem/CBC- submitted to reference lab today - pending. Bloodwork from September shows Elevated ALT - 261 (12-118), elevated ALP - 2330 (5-131), and elevated platelets - 522 (170-400). UA in clinic today shows USG 1.024, pH 6, 1+ WBC

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 3.8 cm, right measured 4.2 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 adrenal glands are bilaterally enlarged with a rounded shape, but maintained a normal echogenic appearance, position and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.76 cm and 0.7 cm in width. The right adrenal gland measured 0.72 cm and 0.7 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 0.6 cm in width.



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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.

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. A moderate amount of ingesta is present in the stomach compatible with a recent meal. Fecal material is present in the colon.

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

- Bilateral adrenomegaly.
- Hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the adrenal glands is consistent with pituitary dependent Cushing's disease and the Trilostane therapy.

The most likely etiology for the hepatopathy would be metabolic secondary to the Cushing's disease. Given the patient's history the Cushing's disease is not controlled and thus gradually increasing the dose of Trilostane to a maximum of 6 mg/kg until the clinical signs of Cushing's disease are controlled would be recommended.



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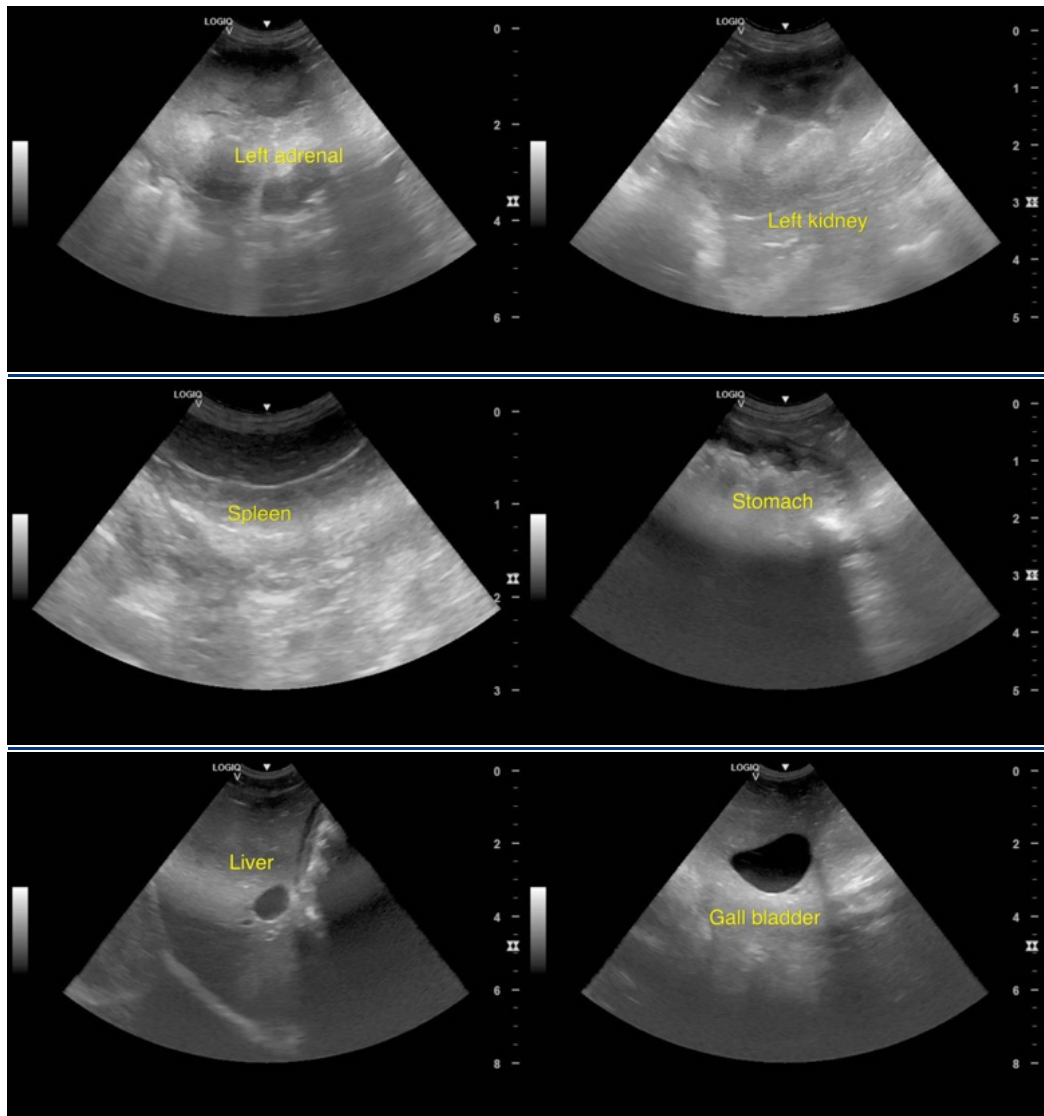
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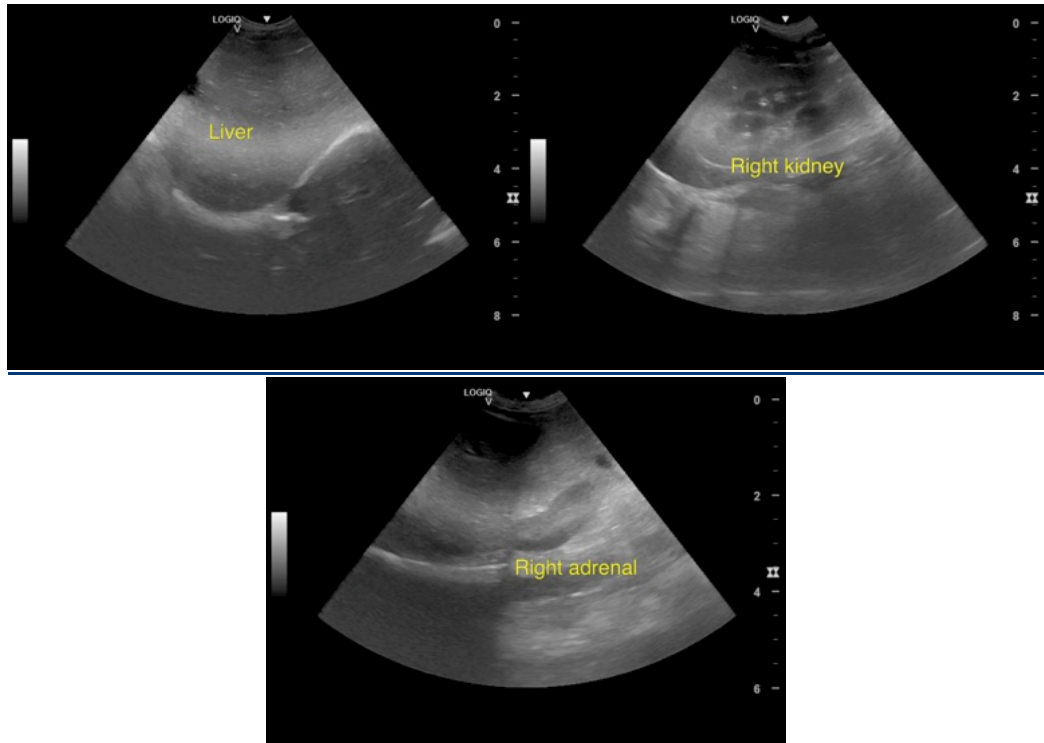
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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