



## PATIENT

Remi McCrory

## SPECIES

Canine

## BREED

Maltese

## SEX

Male

## AGE

12 Years

## WEIGHT

11.82 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Danielle Shemanski,  
DVM, MA

## HOSPITAL NAME

Western New York  
Veterinary Services

## REFERRING VET

Korrina Anson, DVM

## INVOICE

73140

## DATE

2/20/26

## PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL: Ambulatory x4. Normal range of motion x3. Toe-touching lame right hind, no swelling of joints. Luxating patella, stable right medial thigh. Soft swelling: lipoma vs. hernia. Attempted to assess range of motion of hip and palpate for defect in linea; patient was very painful, growled, and showed teeth. Hip joint appears stable. Possible swelling on lateral thigh, maybe just muscle flexed with pain. No mass-like palpation on the right lateral thigh.

History: Remi is a 12-year-old Maltese. The owner reports that Remi jumped off the couch one night, let out a big yelp, and then they noticed a protrusion on the inner thigh/loin area. He gets feisty when the area is examined. He is mostly holding the right hind leg up but will occasionally put it down and walk on it a little bit. The owner has not noticed the lump changing in size. Appetite is good, though he now has designated meal times to ensure he eats his food before the cat does. Thirst and urination are normal. He has no trouble urinating or defecating.

MEDICATIONS: Galliprant 20 mg- 0.5 tab SID and gabapentin 250mg/5 ml- 1 ml BID

Abnormal PE/Chem/CBC/UA Results: None provided

## 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 4.1 cm. Right kidney measured 4.6 cm. Normal color flow pattern evident in both kidneys.

### Reproductive System

Small, hypoechogenic prostate measuring 0.60 cm in width.

### Adrenal Glands

The left adrenal gland presents normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 1.49 cm in length x 0.47 cm and 0.43 cm in width.

A right adrenal mass is noted measuring approximately 2.84 cm x 1.45 cm in size, with an irregular shape and a hypoechogenic appearance. Normal appearance of the periadrenal vasculature.

### Spleen

Normal size (1.2 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.



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## Liver

Normal size, with a diffuse increased echogenic coarse and nodular appearance, normal portal markings, and regular curvilinear capsule. Nodules are faint, hypoechogetic, parenchymal, and measure up to 0.80 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.

## Gallbladder

Small 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.

Inguinal hernia evident, containing intraabdominal fat.

## Thorax

Normal appearance of the heart. No pleural or pericardial effusion evident.

## ULTRASONOGRAPHIC FINDINGS

- Right adrenal mass.
- Inguinal hernia.
- Nodular hepatopathy.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Etiologies for the nodular hepatopathy would be nodular hyperplasia, granulomatous disease, chronic hepatitis, and possibly infiltrative neoplasia.

Further assessment of the right adrenal mass would be FNA cytology, serial blood pressure monitoring, and urine/plasma catecholamine assay.

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

If surgery is being contemplated for the right adrenal mass, then a CT scan would be recommended. Surgical correction of the inguinal hernia would be recommended.



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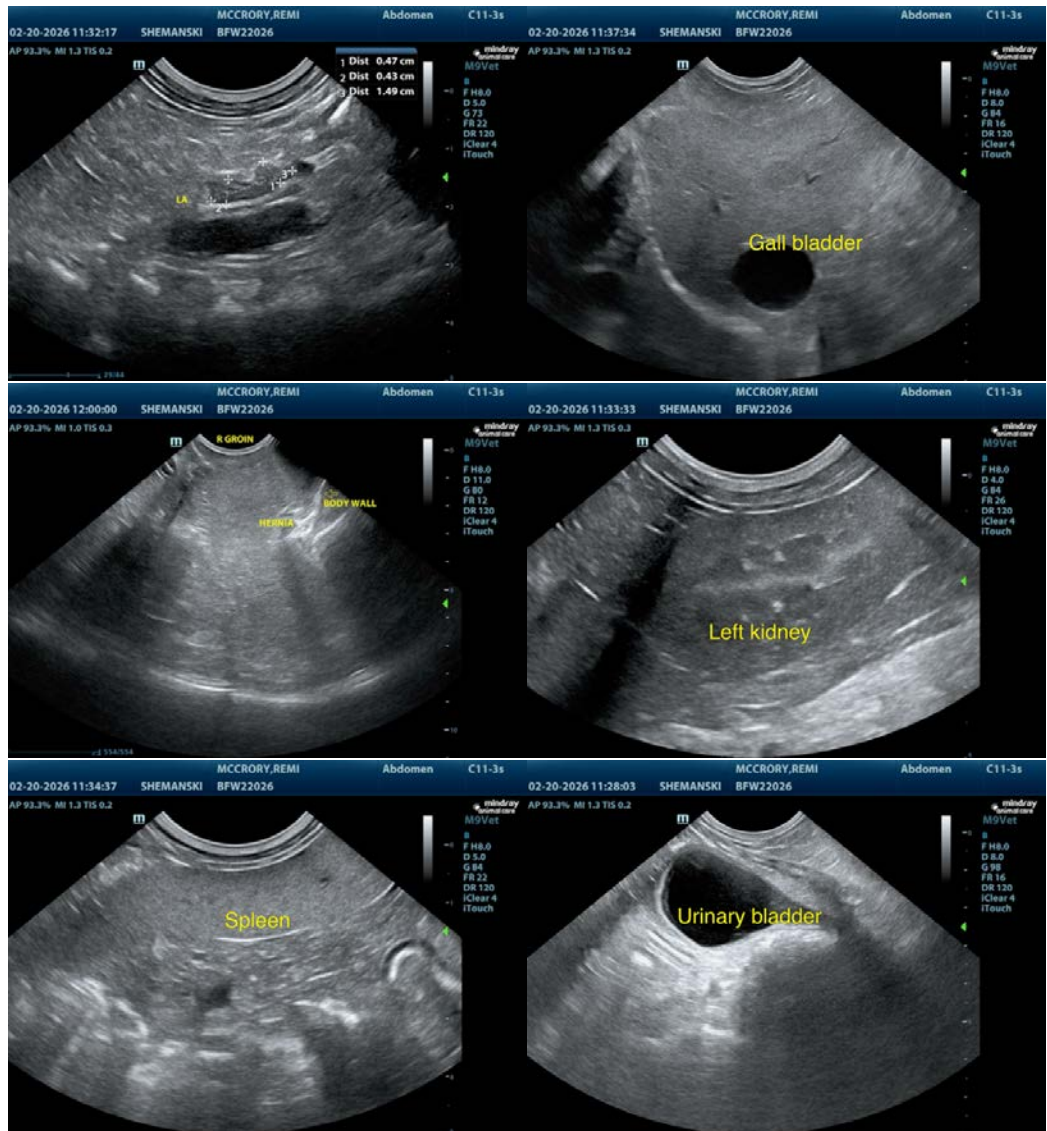
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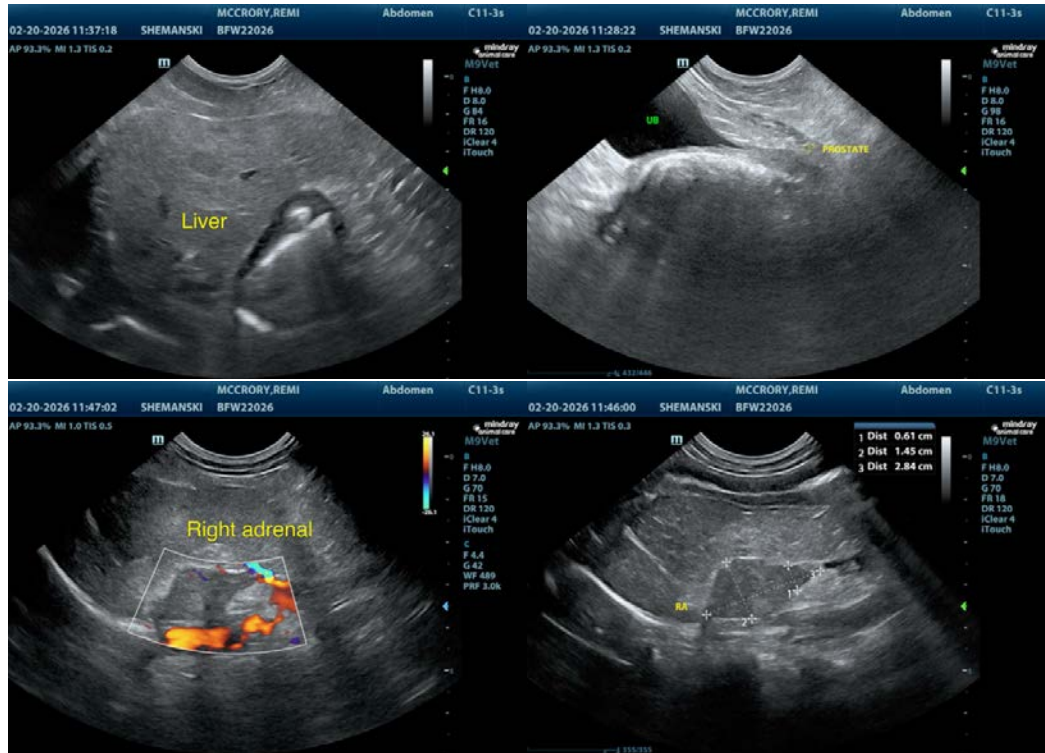
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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