



PATIENT

Sam Colon

SPECIES

Canine

BREED

Australian Shepherd

SEX

Female

AGE

10 Years

WEIGHT

62.2 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

73147

DATE

2/20/26

PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL: Extremely elevated liver values. ALKP > 14,000 (previously > 2,000). Ran validation today to get the number. GGT 150. ALT is double what it was in July. Referral for abdominal ultrasound to rule out liver disease, gallbladder stone, mass, or other pathology.

History - Sam has a history of Cushing's disease, diagnosed approximately two years ago. She has not been on her medication since November 2025. The owner reports that Sam is acting perfectly normal at home: eating, drinking, playing, with no changes in energy level. The elevated liver values were discovered on pre-anesthetic bloodwork for a planned mass removal (on the neck) and dental cleaning.

MEDICATIONS: Denamarin SID2/5/2026. Trazadone 100mg 3 tab SID for visits 2/7/26. Not currently on Trilostane 60mg 1 SID 10/15/2025

Abnormal PE/Chem/CBC/UA Results: 2/5/2026 GGT - 167.0 U/L Lymphocyte 0.71 10³/uL Eosinophil 0.02 10³/uL Platelet count 908.0 10³/uL MPV 7.9 fL ALKP 14,394.0 U/L ALT 224.0 U/L CHOL 362.0 mg/dL GGT 150.0 U/L Chloride 107.0 mmol/L

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 measures 6.7 cm. Right kidney measures 7.2 cm. Normal color flow pattern evident in both kidneys.

Adrenal Glands

The right adrenal gland presents normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The right adrenal gland measures 3.55 cm in length x 0.72 cm in width.

A left adrenal mass is noted measuring approximately 1.71 cm x 4.82 cm in size with an irregular shape and increased echogenic appearance, but maintaining normal position and appearance of the visible periadrenal vasculature.

Spleen

Normal size (2.1 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

The liver was enlarged with rounded edges, diffuse increased echogenic appearance, normal portal markings, and regular curvilinear capsule. Two hyperechogenic masses were noted, one measuring approximately 6.5 cm x 10.5 cm, the other measuring 4.8 cm x 6.3 cm. No nodules evident. Normal appearance of the hepatic and portal vasculature. FNA taken of the larger mass.

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 of the pancreas 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.

Small amount of ascites noted in the cranial abdomen associated with the liver lobes, with the surrounding mesentery having a hyperechogenic appearance.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Left adrenal mass.
- Hepatopathy.
- Hepatic masses.
- Ascites.
- Focal mesenteric inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the left adrenal mass would be non-functional carcinoma, with pheochromocytoma being a differential diagnosis.

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

Etiologies for the hepatic masses would be hepatomas and possibly emerging primary hepatocellular carcinoma.

The ascites and the focal mesenteric inflammation can both be ascribed to the hepatic masses.

Further assessment of the hepatic masses needs to be based on the pending cytology results.



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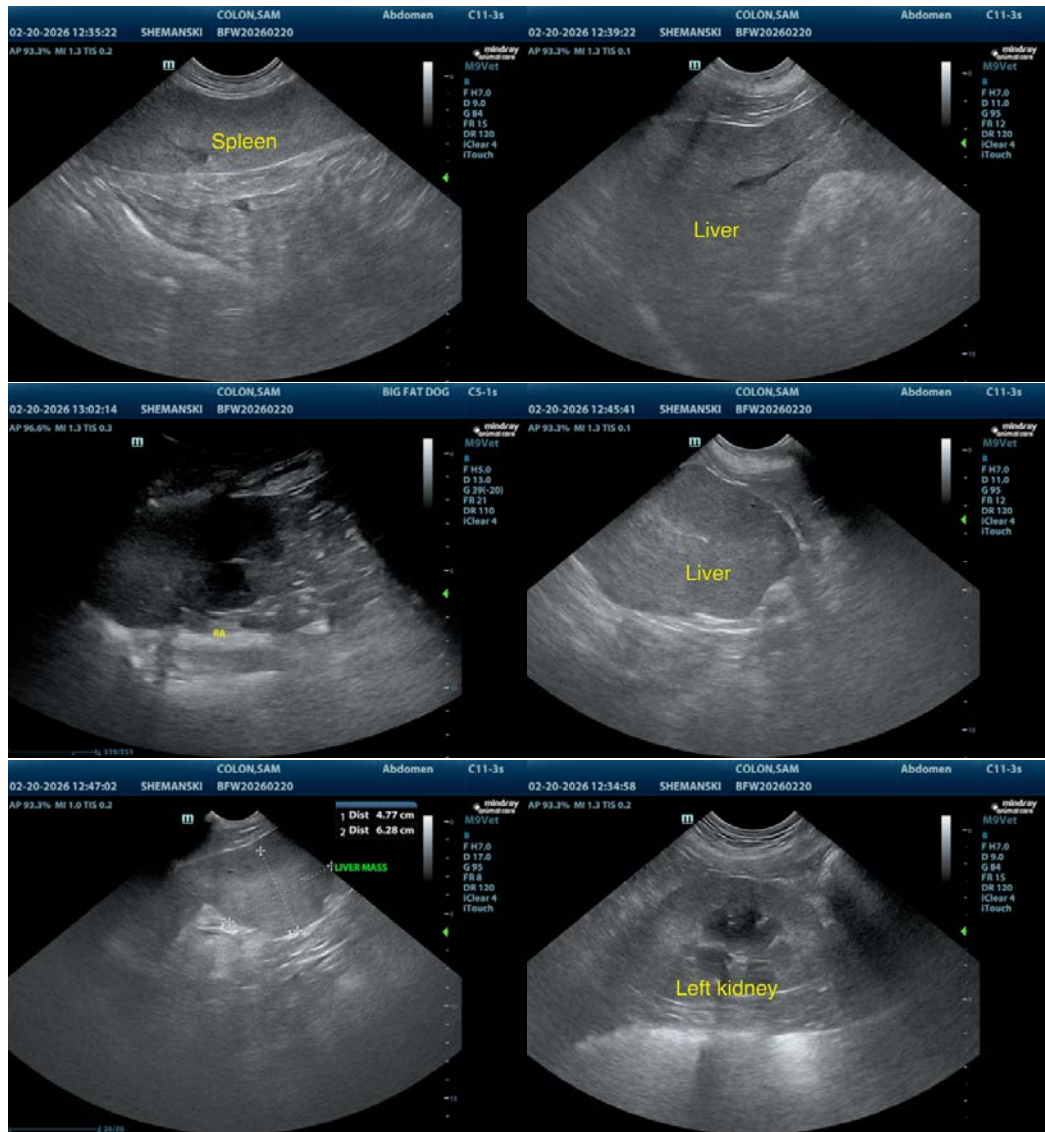
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Further assessment of the left adrenal mass would be FNA cytology, serial blood pressure monitoring, and urine/plasma catecholamine assay.

Specific therapy would be dependent on an etiological diagnosis.

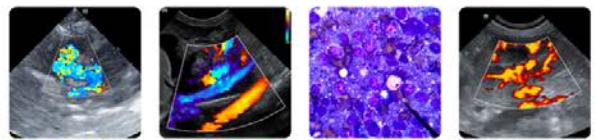


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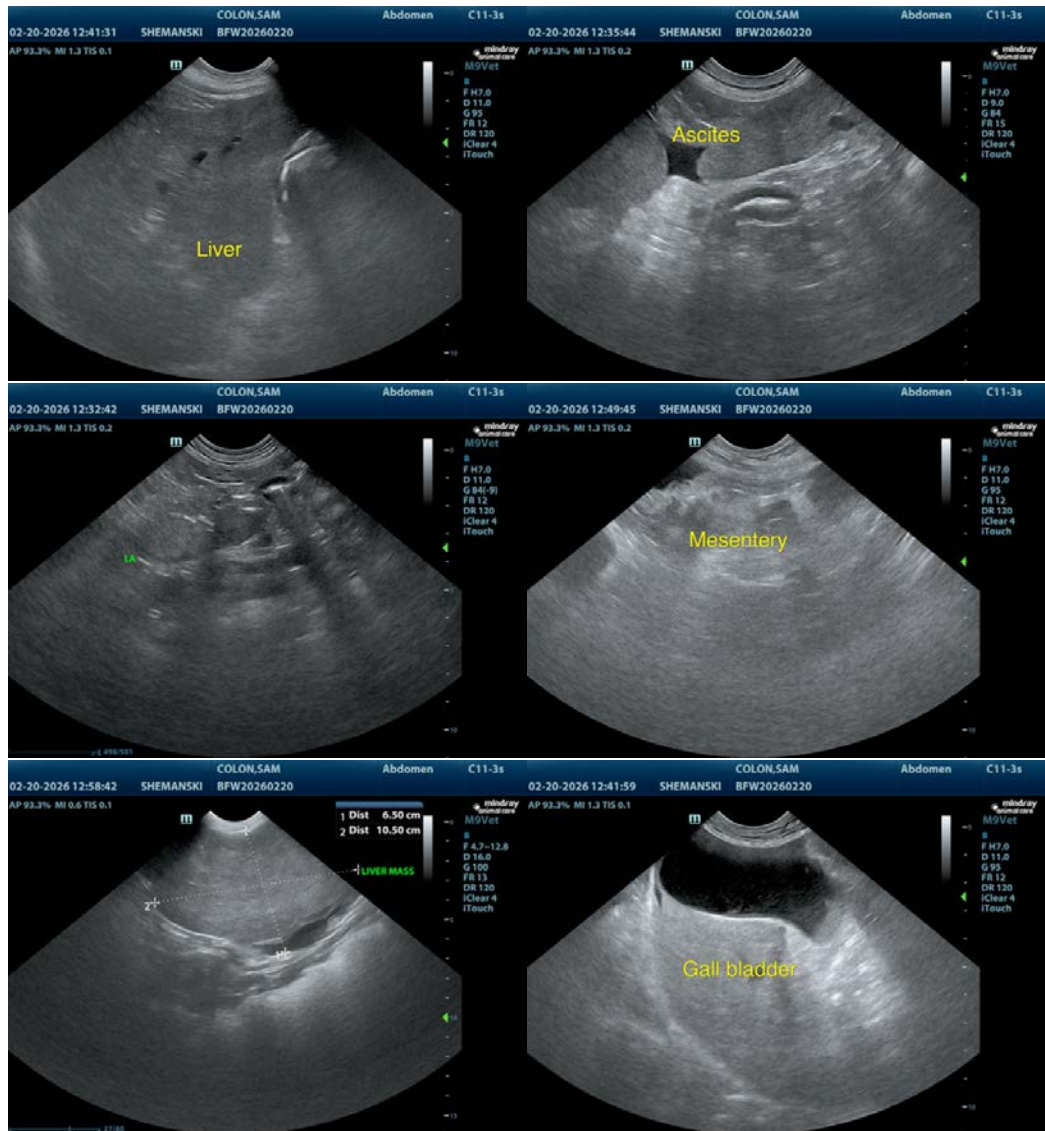
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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