

PATIENT

Abby Mayersky

SPECIES

Canine

BREED

Hound Mix

SEX

Spayed female

AGE

13 years

WEIGHT

67 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jack Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

Dr. Kaeli Witmer

INVOICE

71784

DATE

2/23/26

PRESENTING CLINICAL SIGNS

- Acute vomiting and coughing for 5 days
- Historic ALP elevation - ALP 1982 2/23/26. Worsening on Denamarin.
- Internal Medicine suspects ALP elevation may be due to chronic GI disease.
- Ultrasound 6/11/25 - hepatomegaly with no overt underlying cause.
- Also has static MMVD
- ALP 1,982 (23-212)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 7.3 cm, right measured 6.3 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 but maintained normal shape, echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.86 cm and 0.92 cm in width. The right adrenal gland measured 1.83 cm and 0.45 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 2.2 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. A few, hypoechoic, parenchymal nodules measuring up to 0.6 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing a moderate 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

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.
- Hepatic nodules.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the adrenomegaly would be age related reactive hyperplasia, disease, stress and possibly emerging pituitary dependent Cushing's disease.

The most likely etiology for the hepatic nodules would be incidental nodular hyperplasia.

Although the gallbladder sediment can be considered an incidental finding, monitoring for the development of a mucocele would be recommended.

Further assessment would be urine specific gravity and urine cortisol to creatinine ratio and if abnormal then adrenal function testing (ACTH stimulation/LDDST) would then be indicated.

If Cushing's disease has been excluded then further assessment of the liver would be FNA cytology. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.



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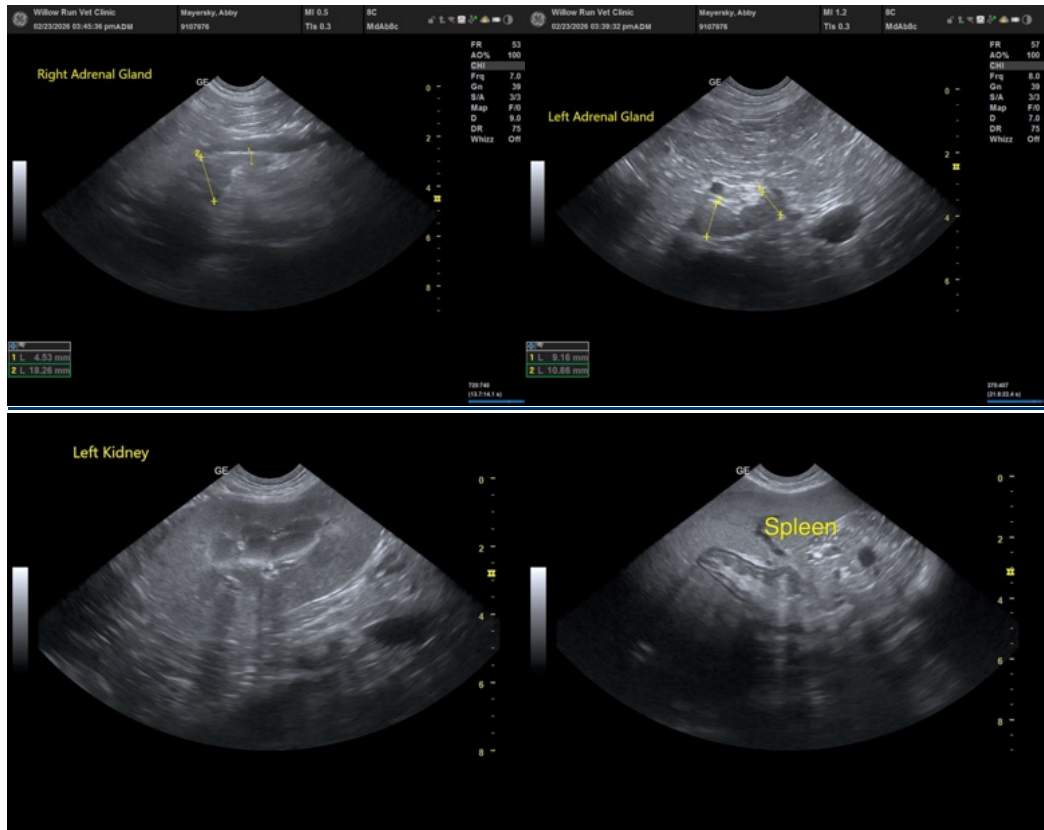
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Symptomatic management of both the hepatopathy and the gallbladder sediment would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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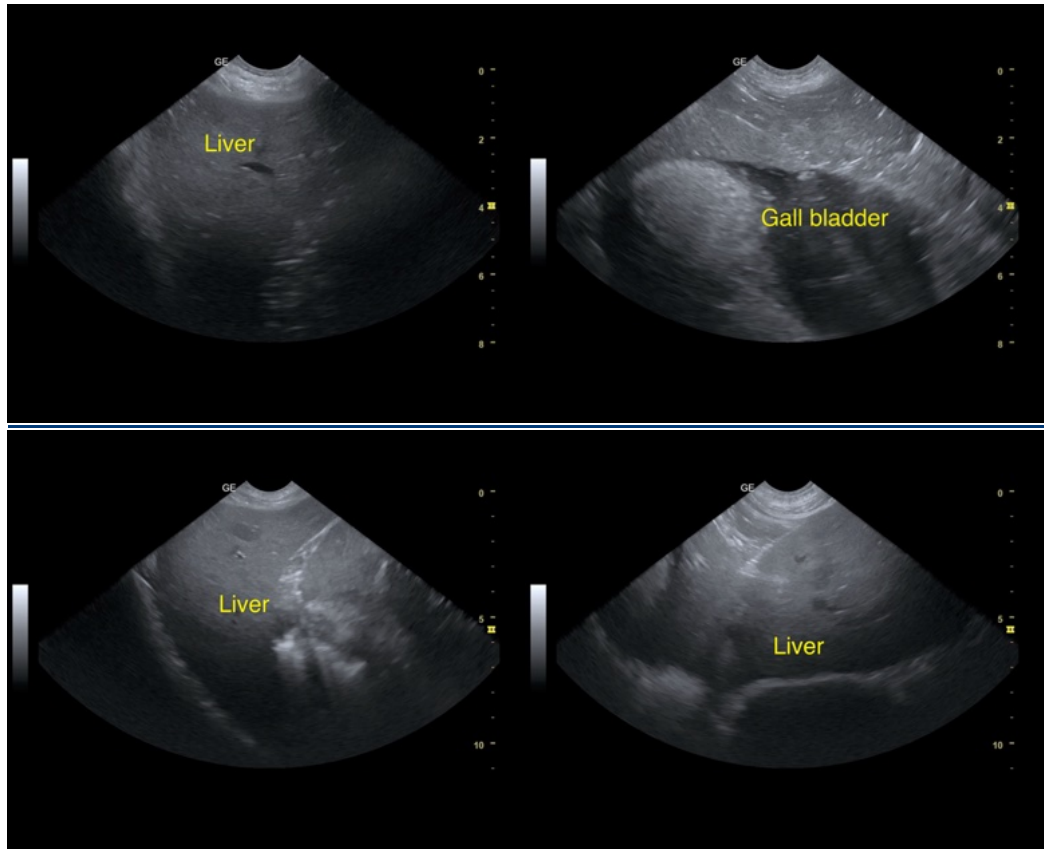
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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