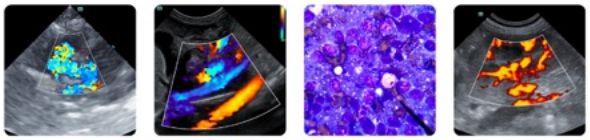


PATIENT

Millie Anthony

SPECIES

Canine

BREED

Heeler Cattle Dog Mix

SEX

Spayed female

AGE

10 years

WEIGHT

30 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Morgan

HOSPITAL NAME

Seven Fields Veterinary Hospital

REFERRING VET

Dr. Morgan

INVOICE

71810

DATE

2/23/26

PRESENTING CLINICAL SIGNS

- Profound weight loss and muscle atrophy particularly on topline and top of head/zygomatic arches; Cushingoid and on vetoryl; hx of elevated liver enzymes; last stim in January 2026 pre 7 and post 10; PU/PD controlled; hx of unilateral nose bleeds

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 7.4 cm, right measured 7.3 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.

Adrenal Glands

The adrenal glands are bilaterally enlarged, but maintained a normal shape, echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 4.45 cm in length x 1.75 cm and 1.4 cm in width. The right adrenal gland measured 4.01 cm in length x 1.09 cm and 0.95 cm in width.

Spleen

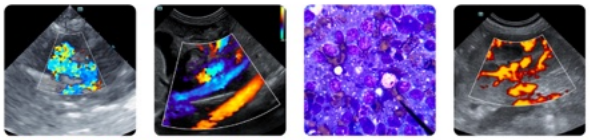
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Diffuse, pinpoint parenchymal mineralization is present. The spleen measured 2.2 cm in width.

Liver

The liver is enlarged with rounded edges, but maintained a normal echogenic appearance, portal markings, and a regular curvilinear capsule. No nodules or masses are evident. Normal appearance of the portal vasculature. Prominent appearance of the hepatic blood vessels.

Gallbladder

The gallbladder is full containing large amount of both adhered and non-adhered hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile ducts.



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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. Fecal material is present within 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.
- Hepatomegaly.
- Gall bladder sediment.
- Splenic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the adrenal glands would be consistent with the diagnosis of Cushing's disease and the Trilostane therapy.

The hepatomegaly can be ascribed as secondary to Cushing's disease.

Although the gall bladder is most likely an incidental finding, with the Cushing's disease monitoring for the development of a mucocele would be recommended.

The splenic mineralization can be ascribed to the Cushing's disease.

Initial assessment of the epistaxis would be blood pressure.

Further specific therapy would be dependent on an etiological diagnosis.

Management of the hepatopathy and the gall bladder sediment would be the use of Ursodiol with regular monitoring of liver enzyme active.

Initial assessment of the epistaxis would be blood pressure.

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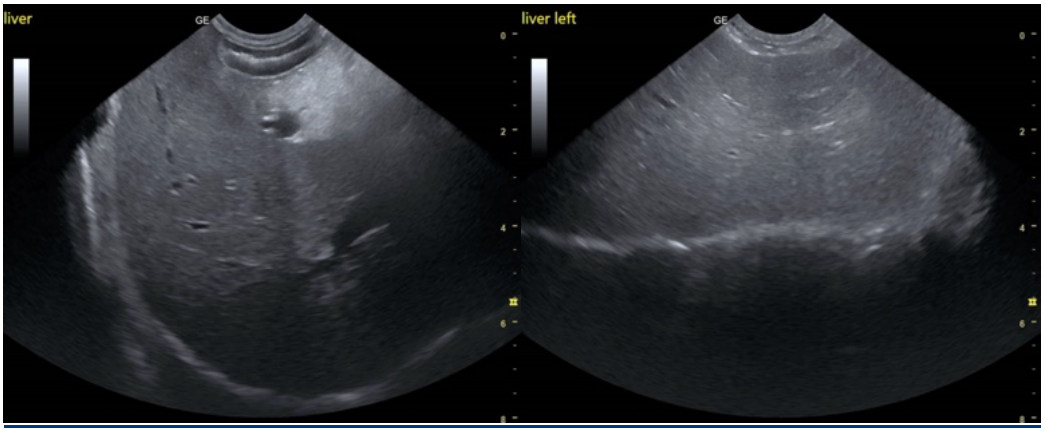

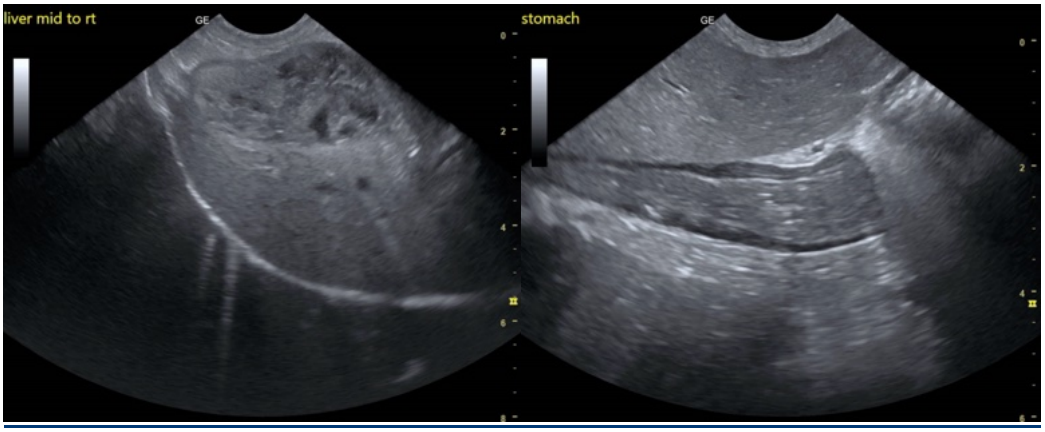

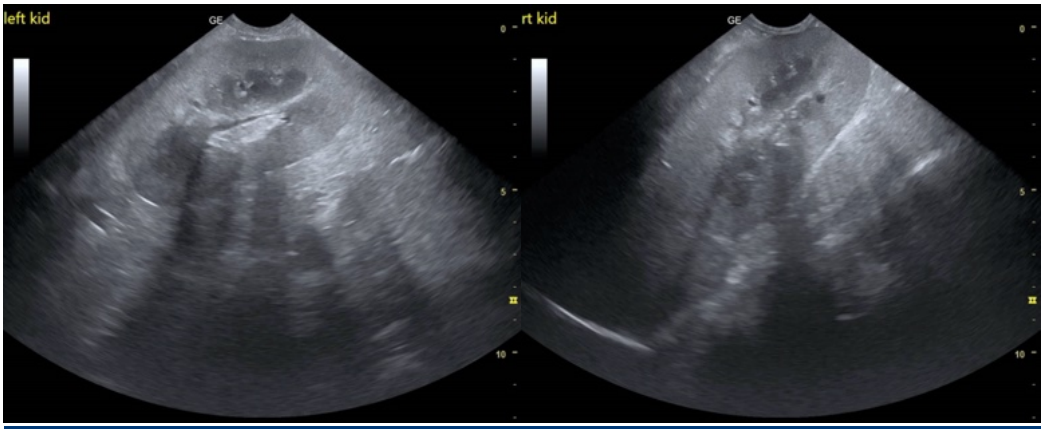

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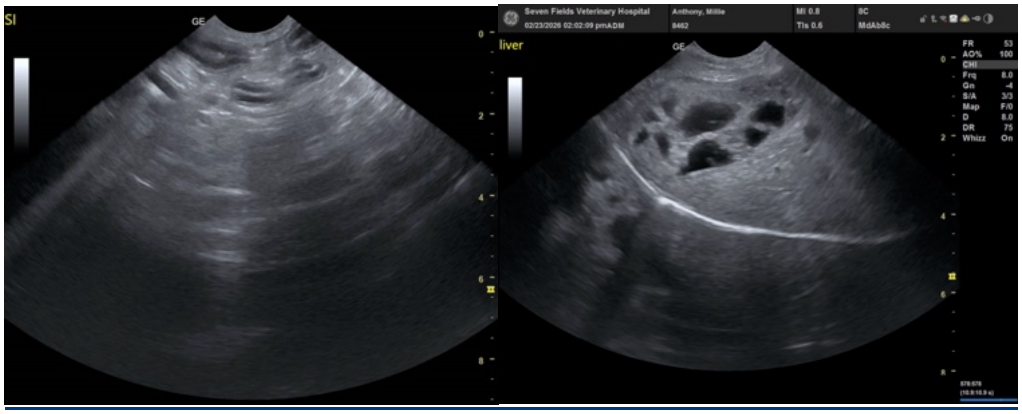

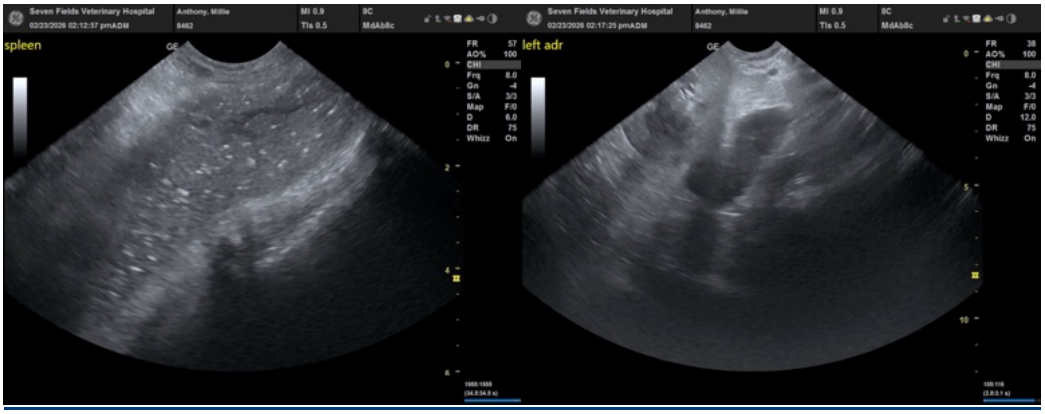

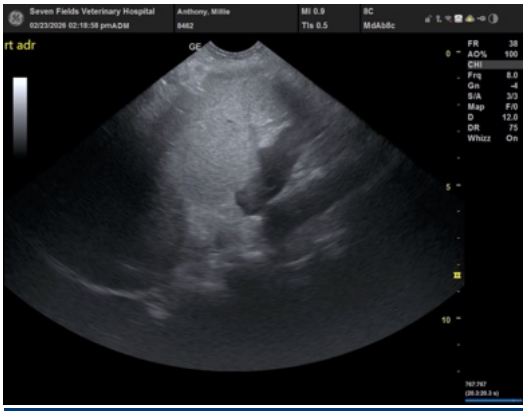

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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