



PATIENT

Jackson Parrish

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered male

AGE

10 years

WEIGHT

20 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Katie Kobyra

HOSPITAL NAME

Valley West & Elk
Valley VH

REFERRING VET

Dr. Isaac

INVOICE

71834

DATE

2/24/26

PRESENTING CLINICAL SIGNS

- History of uroliths and renoliths; normal urinary output; recurrent skin infections on abdomen
- medications: alprazolam, apoquel, gabapentin
- PE: Overweight, pot-bellied appearance UA no crystals USG 1.016, pH 8, increasing trend of ALP (1550) ALT (134), elevated TP, ALB, Glob LDDS pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment is noted.

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 4.5 cm, right measured 4.4 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. A few, small, incidental cortical cysts are present in the left kidney.

The prostate is small and hypoechogenic measuring 0.6 cm in width.

Adrenal Glands

The adrenal glands are bilaterally enlarged with a rounded shape, but maintained normal echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.8 cm in width. The right adrenal gland measured 0.98 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 1.1 cm in width.

Liver

Normal size with an increased echogenic appearance, normal portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full almost distended containing a large 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.
- Hepatopathy.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the adrenomegaly would be age related reactive hyperplasia, disease, stress and possibly pituitary dependent Cushing's disease, the latter an important consideration taking into account the patient's presenting clinical signs and progressive elevation of ALP activity.

Etiologies for the hepatopathy would be reactive hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia highly unlikely differential diagnosis.

Although the gallbladder sediment is most likely an incidental finding, monitoring for the development of a mucocele would be recommended.

Further assessment would be based on the pending results and if Cushing's disease has been excluded then FNA cytology of the liver would be indicated. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.



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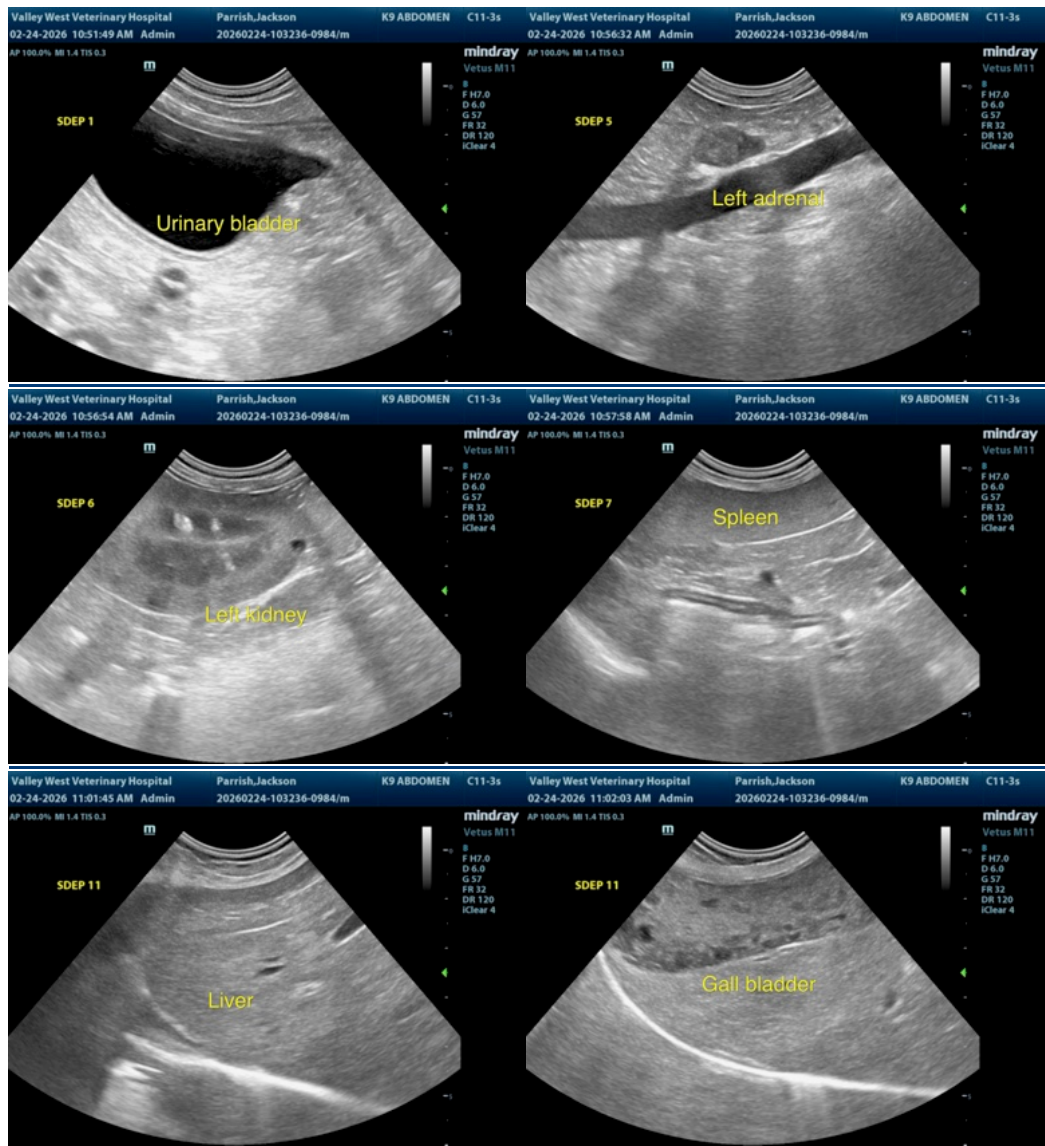
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Specific therapy would be dependent on an etiological diagnosis. Management of the gallbladder sediment would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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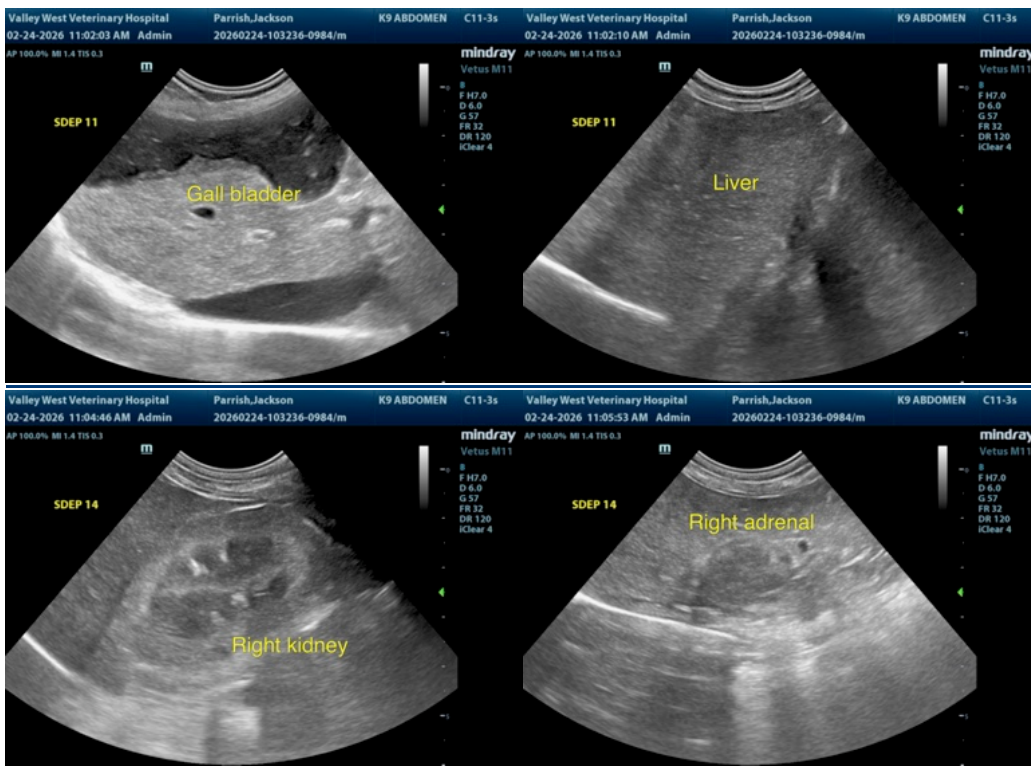
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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