



## PATIENT

Nala Meyers

## SPECIES

Canine

## BREED

French Bulldog

## SEX

Spayed female

## AGE

9 years

## WEIGHT

26 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jessica Milligan

## HOSPITAL NAME

Dockside Veterinary  
Imaging

## REFERRING VET

Dr. Proutsos

## INVOICE

72020

## DATE

2/27/26

## PRESENTING CLINICAL SIGNS

- Patient came in for annual 2/18 and had a mass palpable left cranial abdomen, fluid wave present with distended abdomen and prominent cutaneous abdominal vessels.
- CBC: HCT 54.6% (N), MCH 27.2 (H), Retic 163 (H), WBC 17.3 (H), Neut 14.1 (H), Mono 1.003 (H), Eos 0.035 (L), Plt 719 (H) CHEM: Gluc 202(H), ALT 191 (H), ALP 183 (H), GGT 38 (H) UA: SpGr 1.006, Prot 1+, Moderate rods 9-40/hpf T4: <0.4 (L)

## 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 5.2 cm, right measured 5.9 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 normal shape, echogenic appearance, position and appearance of the visible peri- adrenal vasculature. Left adrenal gland measured 2.95 cm in length with the caudal pole measured 0.78 cm in width. Hyperechogenic parenchymal nodule is noted in the cranial pole of the right adrenal gland measuring 1.2 cm x 1.4 cm in size. The right adrenal gland measured 0.8 cm in width.

### *Spleen*

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Incidental myelolipoma is present. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.4 cm in width.

### *Liver*

Normal size with a diffuse, increased echogenic and coarse 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 containing a moderate amount of both adhered and non-adhered hyperechogenic sediment with the adhered sediment warranted in an early stellate pattern. Thickened and hyperechogenic appearance of the wall. Normal size and appearance of the cystic and common bile ducts.

## ***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. A moderate amount of ingesta is present in the stomach compatible with a recent meal. Fecal material was present in the colon.

## ***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.
- Hepatoapthy.
- Mucocele.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further assessment would be adrenal function testing (ACTH stimulation/LDDST). FNA cytology of the liver could also be considered.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the hepatopathy and the mucocele would be the use of Ursodiol; however, cholecystectomy should be considered for the mucocele.



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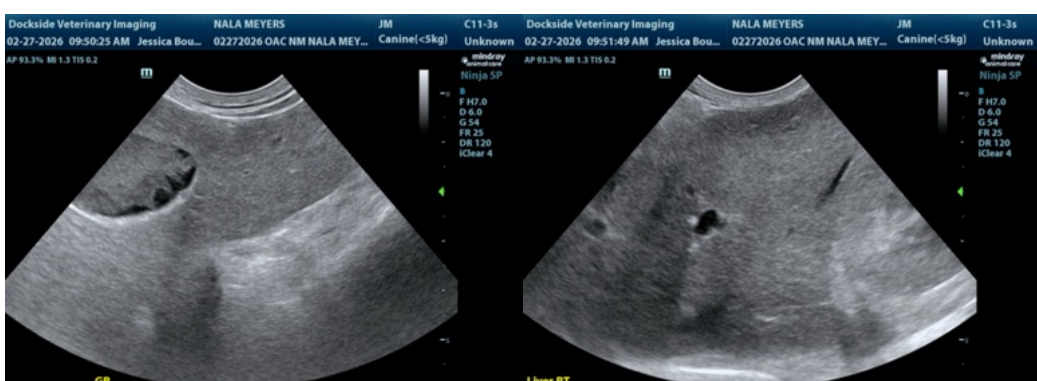
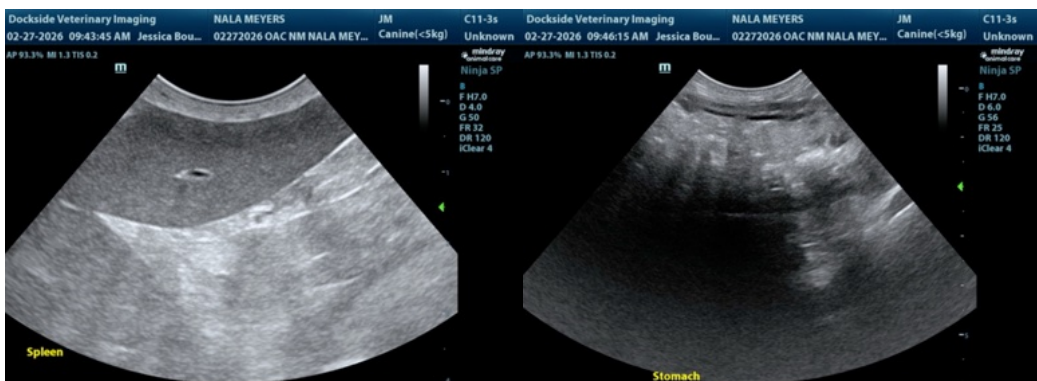
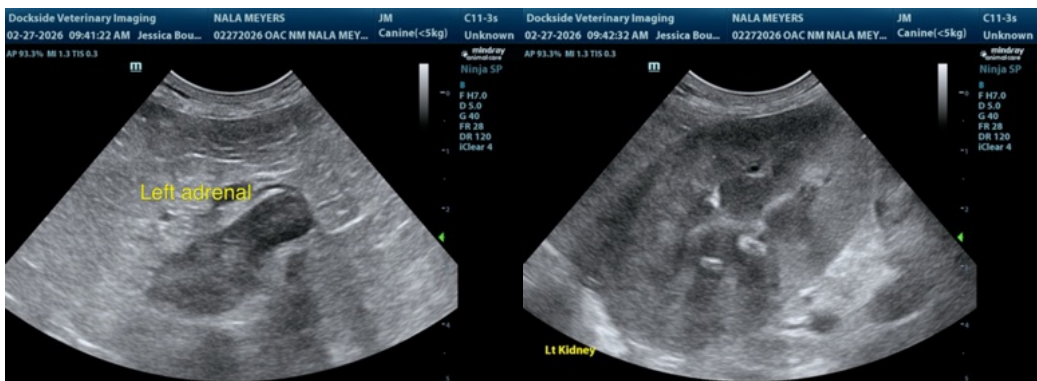
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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