



## PATIENT

Loki Kerns

## SPECIES

Canine

## BREED

Husky

## SEX

Neutered male

## AGE

11 years

## WEIGHT

48 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Coe

## HOSPITAL NAME

Riverside Animal Clinic

## REFERRING VET

Dr. Coe

## INVOICE

71213

## DATE

2/4/26

## PRESENTING CLINICAL SIGNS

- Was treated at local emergency hospital for bite wounds. Noted an elevated ALP on intake labwork.
- No supporting symptoms to report at home, per owner. No change thirst/urine production/appetite. No vomiting/diarrhea. No weight changes.
- Physical exam unremarkable. Healed bite wounds right forelimb. Chem 2024: ALKP 444U/L. Rest WRI Mini Chem 1/18/26: ALP 926 U/L. Rest WRI Liver profile 1/28/26: ALKP 1334 U/L. Rest WRI. No other diagnostics done.

## 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 6.4 cm, right measured 6.2 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.

The prostate is small and hypoechogenic.

### Adrenal Glands

The left adrenal gland is small in size and dorsoventrally flattened, but maintained a normal echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.29 cm in length x 0.36 cm and 0.33 cm in width. The right adrenal gland was enlarged with a rounded shape maintaining normal echogenic appearance, position and appearance of the visible periadrenal vasculature. The right adrenal gland measured 2.16 cm in length x 0.8 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 2.5 cm in width.



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### *Liver*

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Focal, small, cystic like mass in the parenchyma of the left lobe measuring 1.1 x 1.8 cm in size. No nodules or additional masses are evident. Normal appearance of the hepatic and portal vasculature.

### *Gallbladder*

The gallbladder is full 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*

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

- Enlarged right adrenal gland.
- Small left adrenal gland.
- Hepatic cystic mass.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the appearance of the adrenal glands may merely be an incidental finding, then emerging functional carcinoma of the right adrenal gland needs to be considered.

The hepatic cystic mass is most likely an incidental finding.

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

FNA cytology of the hepatic cystic mass could also be considered.



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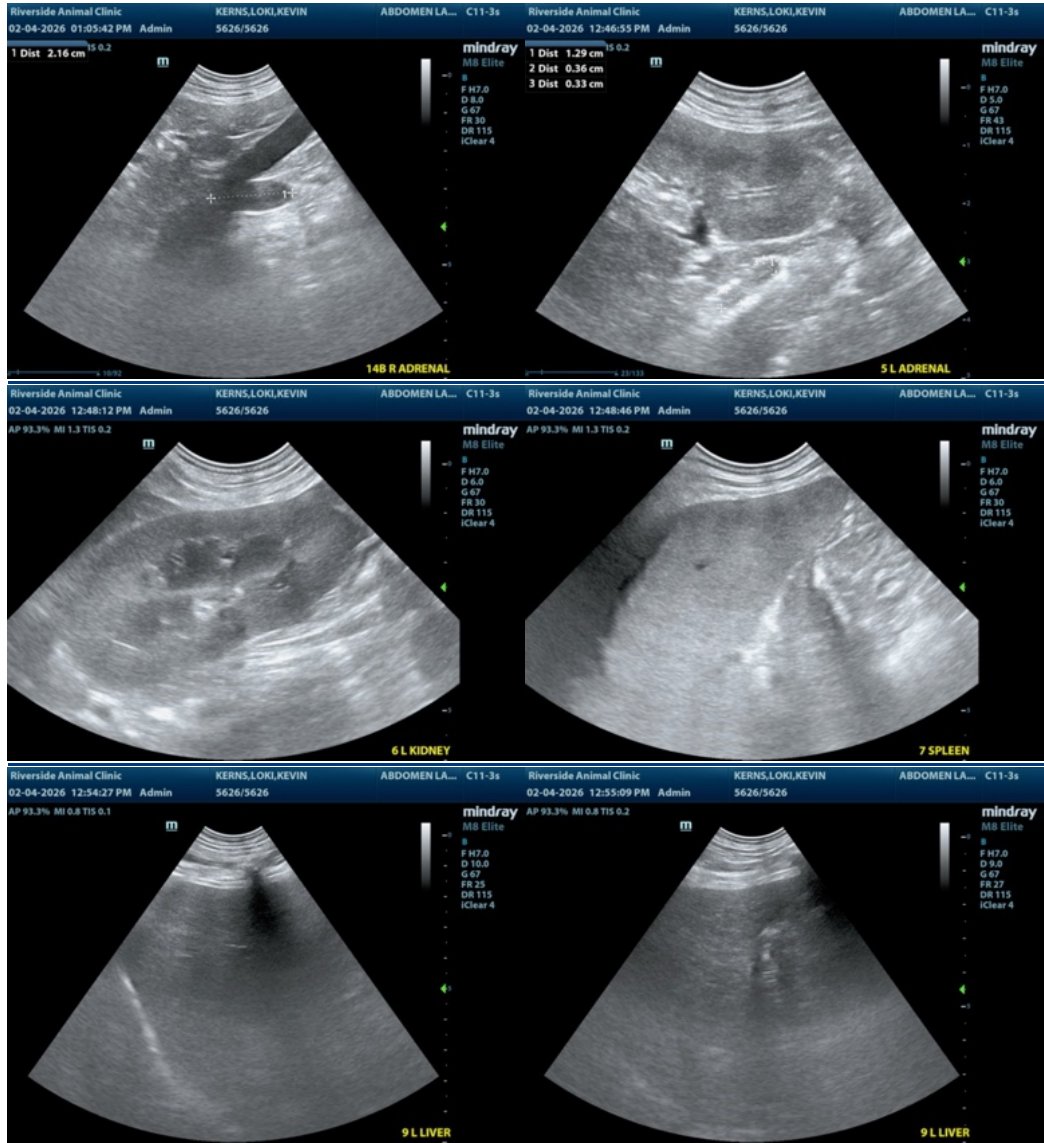
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Specific therapy would be dependent on an etiological diagnosis.





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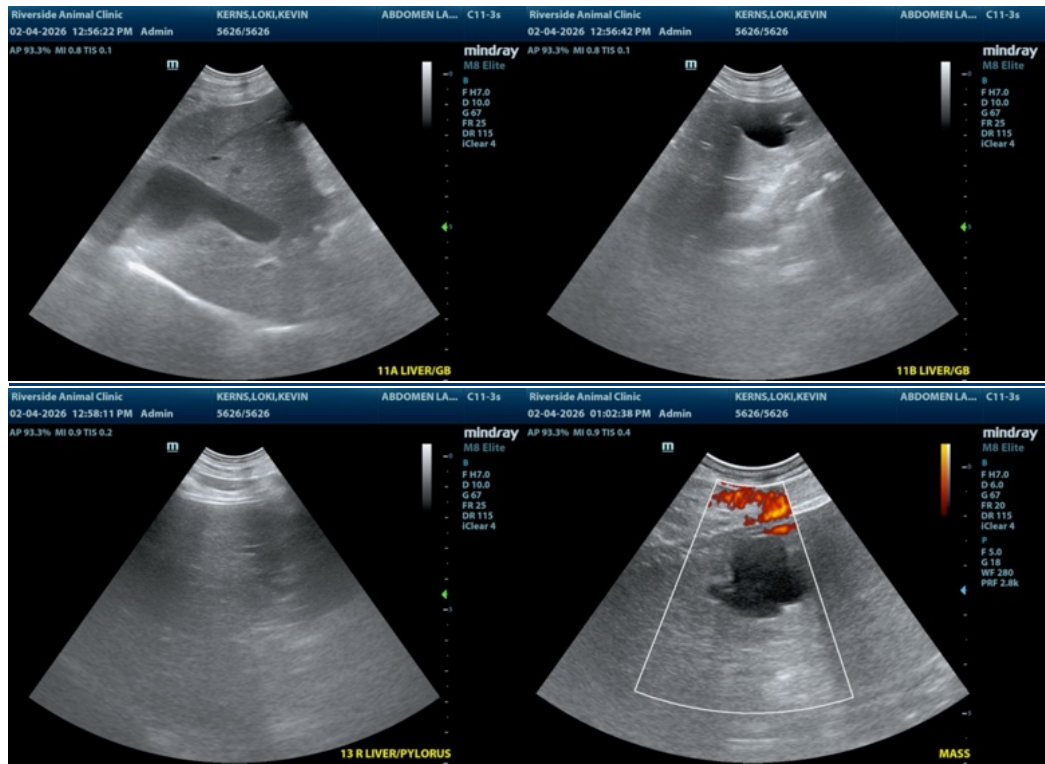
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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