



PATIENT

Bella Mailman

SPECIES

Canine

BREED

American Staffordshire
Terrier

SEX

Spayed female

AGE

11 years

WEIGHT

26.36 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Trudeau

HOSPITAL NAME

Vetcetera AH

REFERRING VET

Dr. Trudeau

INVOICE

71248

DATE

2/5/26

PRESENTING CLINICAL SIGNS

- Presented for re-evaluation of previously diagnosed Cushing's disease. The owner is concerned about. Persistent PD and PU despite medication adjustments.
- Vetoryl 15 mg in the morning and 10 mg in the evening
- Feb 2026 Blood Work and Urinalysis Results - CBC: Mild decrease in lymphocytes, otherwise no abnormal findings. - Biochemistry: - Mild to moderate increase in ALT at 150 U/L (normal high 118 U/L). - Mild decrease in potassium at 3.6 mmol/L (normal 3.7-5.8 mmol/L). - Normal sodium. - Urinalysis: - Urine specific gravity: 1.003. - pH: 8. - Sediment: <5 red blood cells, <5 white blood cells, no to rare cocci and rod bacteria, no significant crystals or casts. - Dipstick: Negative for glucose, bilirubin, ketones, and protein. Dec 2025 Cortisol pre ill- 101 (40-140) Post pill 3 hr = 108 (< 62) - meds were increased to 15 mg and 10mg as stated above

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 6.7 cm, right measured 7.2 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.

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 0.55 cm and 1.0 cm in width. The right adrenal gland measured 1.24 cm and 1.16 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 2.9 cm in width.

Liver

Normal size, echogenic appearance, 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 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. Fecal material was present in 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.

A moderate amount of cellular ascites present. Hyperechogenic appearance of the mesentery.

ULTRASONOGRAPHIC FINDINGS

- Mesenteric inflammation.
- Ascites.
- Bilateral adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Etiologies for the mesenteric inflammation and ascites would be sterile peritonitis, bacterial peritonitis and possibly emerging abdominal carcinomatosis.

Initial further assessment would be analysis of the ascitic fluid and FNA cytology of the mesentery.

The presenting clinical signs and cortisol assay are both consistent with an uncontrolled Cushingoid animal. Gradually increasing the Trilostane dose to a maximum of 6 mg/kg until control of the Cushing's disease has been achieved would be recommended.

Further assessment would be dependent on an etiological diagnosis.



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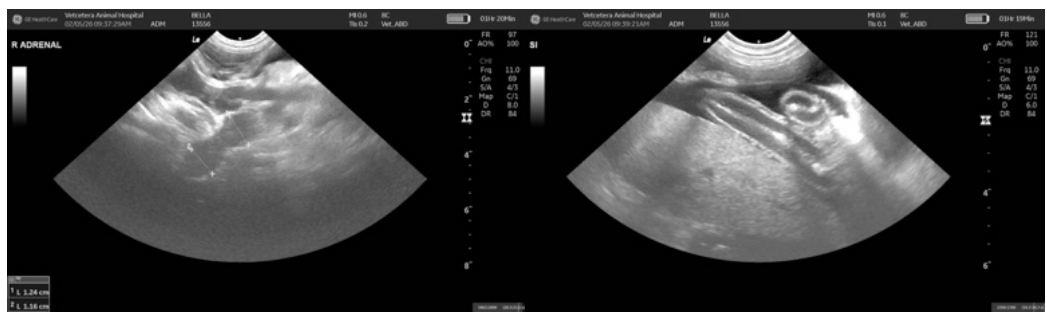
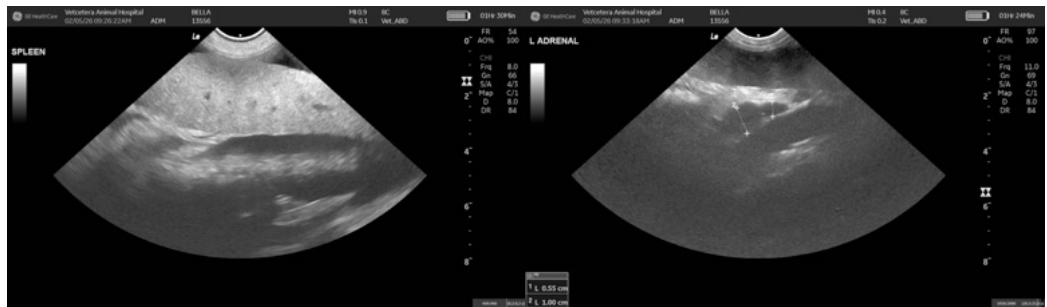
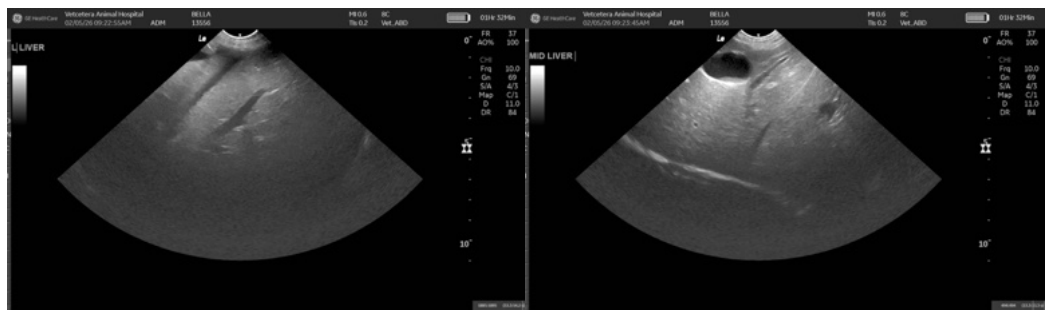
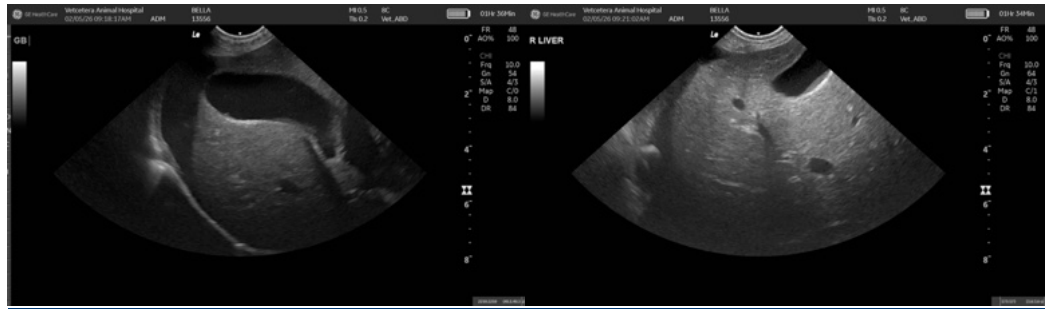
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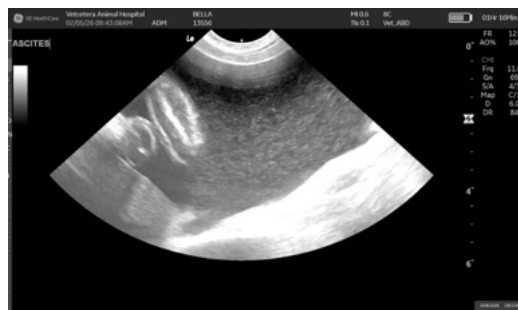
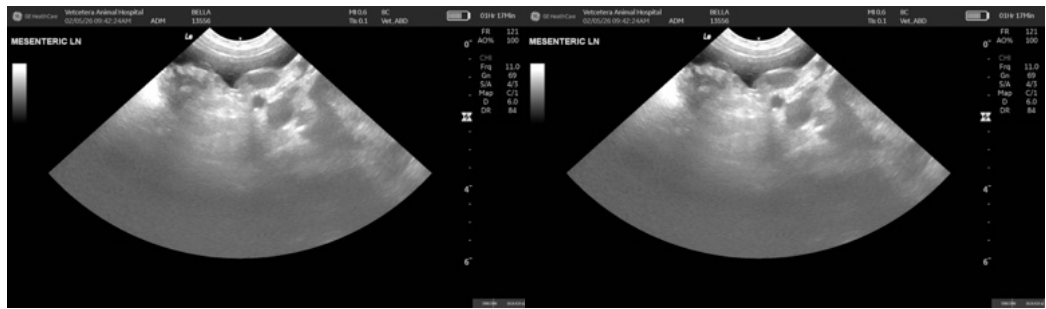
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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