



PATIENT

Penny Lane Harrison

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed female

AGE

11 years

WEIGHT

72 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sheldon

HOSPITAL NAME

Advanced PetCare of
Oakland

REFERRING VET

Dr. Sheldon

INVOICE

71331

DATE

2/6/26

PRESENTING CLINICAL SIGNS

- She has had regurgitation on and off since september. Seemed to start after her splenectomy in august(benign mass). But now it will happen about 80 % of the time after she eats. She has also had soft stool sine august as well. Normal otherwise. No weight loss and normal appetite and energy level.
- Radiographs of chest and abdomen
- Progressive widening of the cranial mediastinum with suspect cranial mediastinal mass.
- 2. Multifocal esophageal gas and fluid without abnormal esophageal distention. A component of esophageal dysmotility is possible.
- 3. Similar moderate diffuse bronchointerstitial pulmonary pattern. This is likely age associated.
- 4. No pulmonary metastatic nodules are apparent in the provided views.
- 5. Probable sublumbar lymphadenopathy.
- Elevated ALT (170) and ALP(>2000), chronic, no significant progression.

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.

Enlarged iliac lymph nodes measuring 1.8 x 2.8 cm in size with a mottled echogenic appearance and a rounded shape. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 7.6 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. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.45 cm and 1.22 cm in width. The right adrenal gland revealed a mottled echogenic mass measuring 3.3 x 3.4 cm in size maintaining normal position and appearance of the visible peri-adrenal vasculature.

Spleen

The spleen is absent (previous splenectomy). Normal appearance of the anatomical area of the spleen.



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Liver

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

Gallbladder

The gallbladder is full containing a small 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

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

Prominent appearance of the mesenteric lymph nodes measuring up to 0.7 x 2.2 cm in size maintaining normal shape and echogenic appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Right adrenal mass.
- Iliac and mesenteric lymphadenomegaly.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the right adrenal mass would be non-functional carcinoma and pheochromocytoma.

Etiologies for the lymphadenomegaly would be reactive hyperplasia, lymphadenitis and possibly infiltrative neoplasia.

The gallbladder sediment can be considered an incidental finding.



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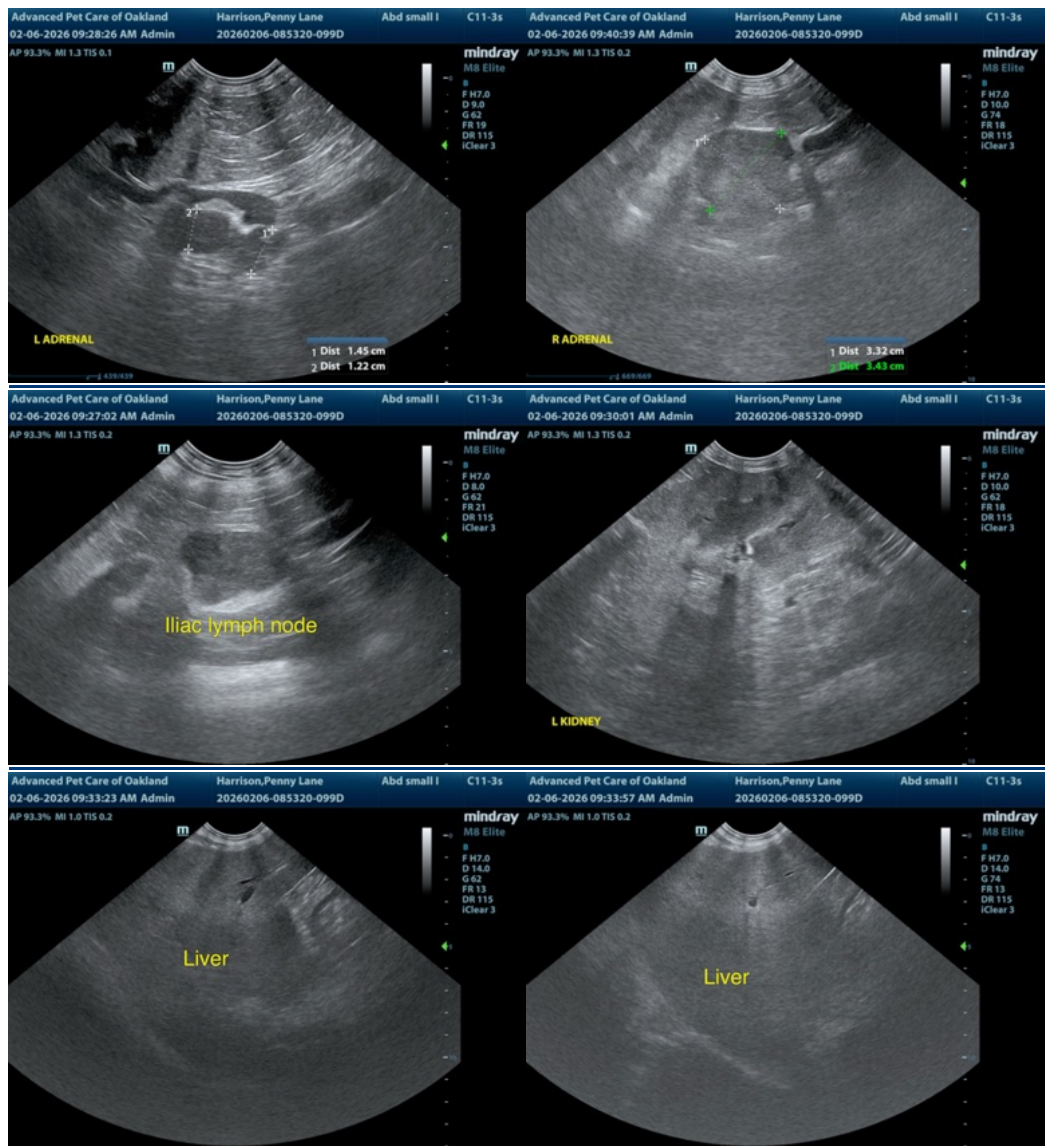
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Further assessment would be serial blood pressure monitoring, urine/plasma catecholamine assay and FNA cytology of the lymph nodes and right adrenal mass.

Specific therapy would be dependent on an etiological diagnosis.





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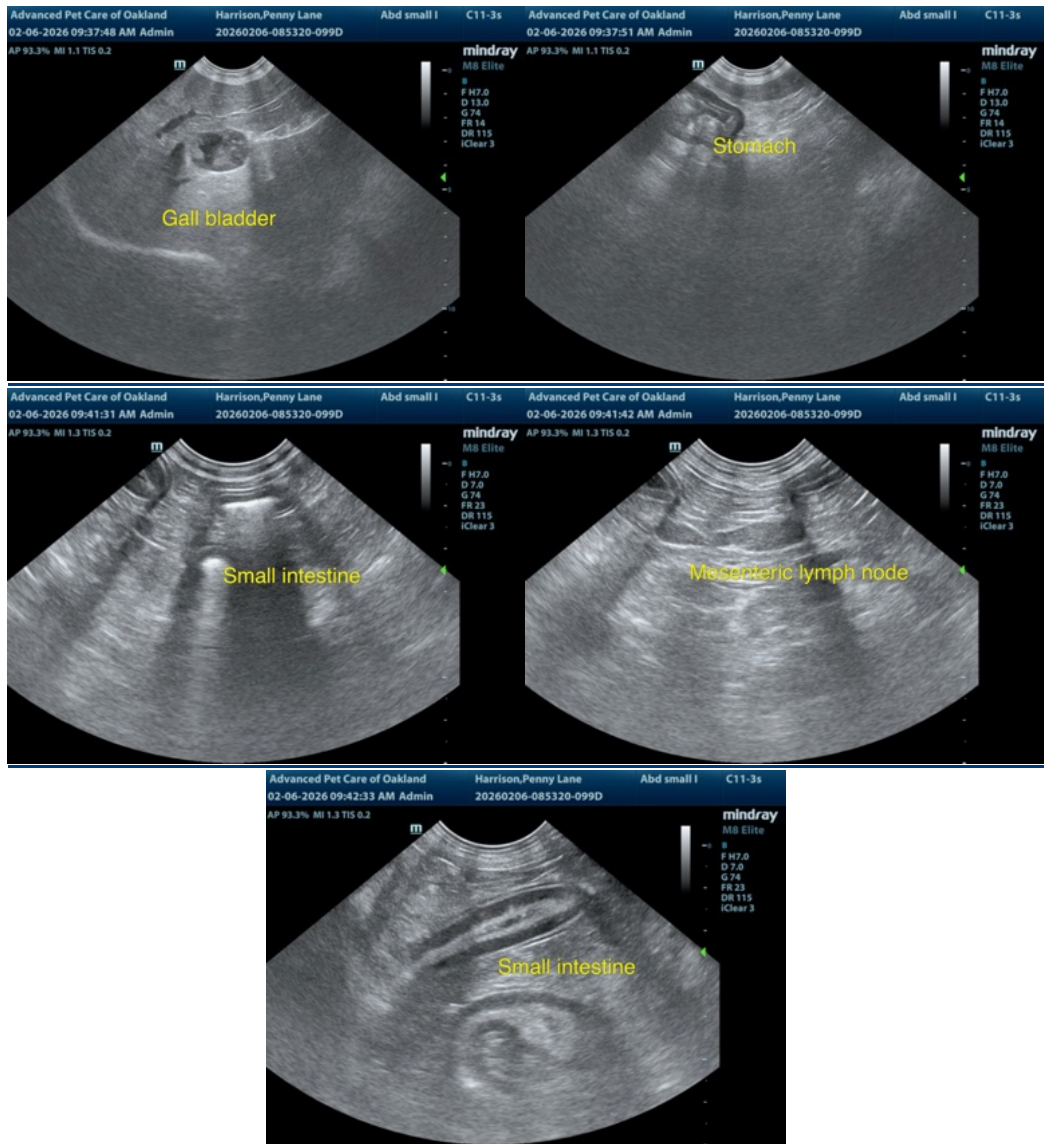
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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