



PATIENT

Volleyball Murphy

SPECIES

Canine

BREED

Rat Terrier

SEX

Spayed female

AGE

14 years

WEIGHT

14.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Abadia

HOSPITAL NAME

Surfside Pet Hospital

REFERRING VET

Dr. Abadia

INVOICE

71342

DATE

2/6/26

PRESENTING CLINICAL SIGNS

- Pet has been treated for Cushing's disease. owner stopped medication, pet has not developed PU/PD or urinary incontinence. Owner is questioning if pet had Cushing's. Retesting ACTH stim test and owner wanted to repeat ultrasound
- BW showed ALT - 537, ALP-262, AST- 61. Last BW in April 2025 only showed alt elevated at 298. U/A in past only showed isosthenuria. Has been on an overnight water fast (repeating urine again today) Pet has been doing great, no pu/pd , no urinary incontinence. acth stim test performed April 2025 showed pre- 6.4, post 22.3

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 3.5 cm, right measured 4.0 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. A few, small, incidental cortical cysts are present in the left kidney.

Adrenal Glands

The left adrenal gland was mildly enlarged measuring 1.67 cm in length x 0.72 cm and 0.63 cm in width. The left adrenal gland maintained normal shape, echogenic appearance, position and appearance of the visible peri-adrenal vasculature.

The right adrenal gland was normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The right adrenal gland measured 1.47 cm in length x 0.48 cm and 0.54 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Incidental myelolipomas are 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 1.6 cm in width.



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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 normal anechoic bile. Small, non-vascularized, non-obstructive polyp is evident measuring 0.7 cm. 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

- Left adrenomegaly.
- Gallbladder polyp.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the absence of clinical signs of Cushing's disease. The most likely etiology for the left adrenomegaly would be incidental, age related reactive hyperplasia.

The gallbladder polyp can be considered an incidental finding.

On this ultrasound there is no obvious etiology for the progressive elevation of ALT activity.

Although the liver appears ultrasonographically normal, with the elevated ALT activity, an underlying hepatopathy such as reactive hyperplasia, vacuolar and metabolic should still be considered.



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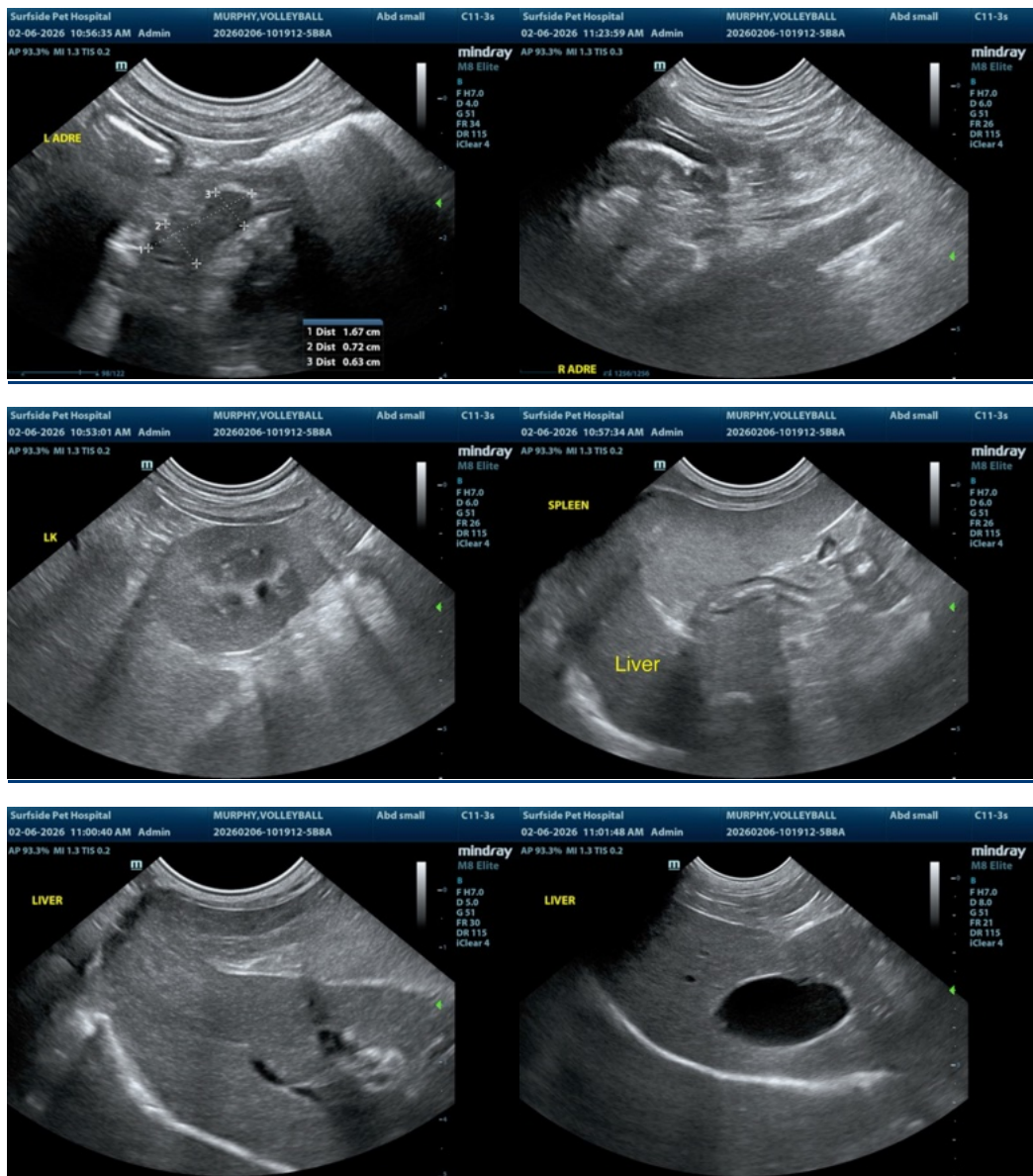
DATE

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Further assessment would be FNA cytology of the liver. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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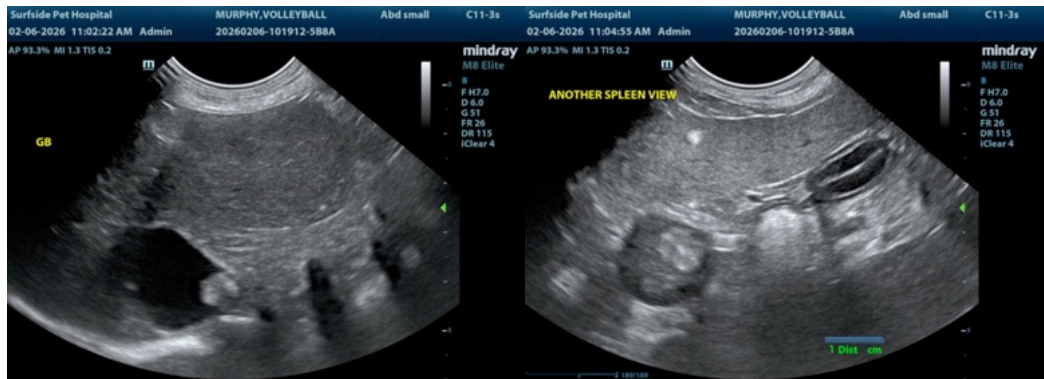
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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