



## PATIENT

Maggie Sharp

## SPECIES

Canine

## BREED

Shepherd Mix

## SEX

Spayed female

## AGE

11 years

## WEIGHT

53.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Katie Kobyra

## HOSPITAL NAME

Valley West & Elk  
Valley VH

## REFERRING VET

Dr. Leadmon

## INVOICE

73457

## DATE

3/12/26

## PRESENTING CLINICAL SIGNS

- Healthy geriatric performed senior screen on with elevated liver values
- outdoor farm dog, unknown PU/PD, unknown diarrhea, appetite normal (bowl is always empty)
- overweight with mild increased panting
- Liver values did not improve on Denamarin
- August 2025: ALP: 440 otherwise CBC/Chem/UA/T4 unremarkable Jan 2026 ALP: 649 March 2026 ALP 665, ALT 164, LDDS: Resting cortisol 6.44, 4hr and 8hr <0.5 Mar 2026: radiographs enlarged liver silhouette

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is small 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 7.0 cm, right measured 7.1 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 was irregular with a mottled echogenic mass that measured 1.6 x 2.1 cm in size. The right adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The right adrenal gland measured 0.62 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 1.3 cm in width.

### Liver

Normal size with a diffuse, increased echogenic 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 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. A small amount of gas and ingesta was present in the stomach compatible with a recent meal.

## ***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 adrenal mass.
- Hepatopathy.

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

The most likely etiology for the left adrenal mass would be a non-functional carcinoma with pheochromocytoma a differential diagnosis.

Etiologies of the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, Vacuolar and metabolic with hepatitis and infiltrative neoplasia an unlikely differential diagnosis.

Further assessment would be serial blood pressure monitoring, urine/plasma catecholamine assay and FNA cytology of the left adrenal gland and liver.

A tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

If surgery is being contemplated for the left adrenal gland then a CT scan would be recommended.



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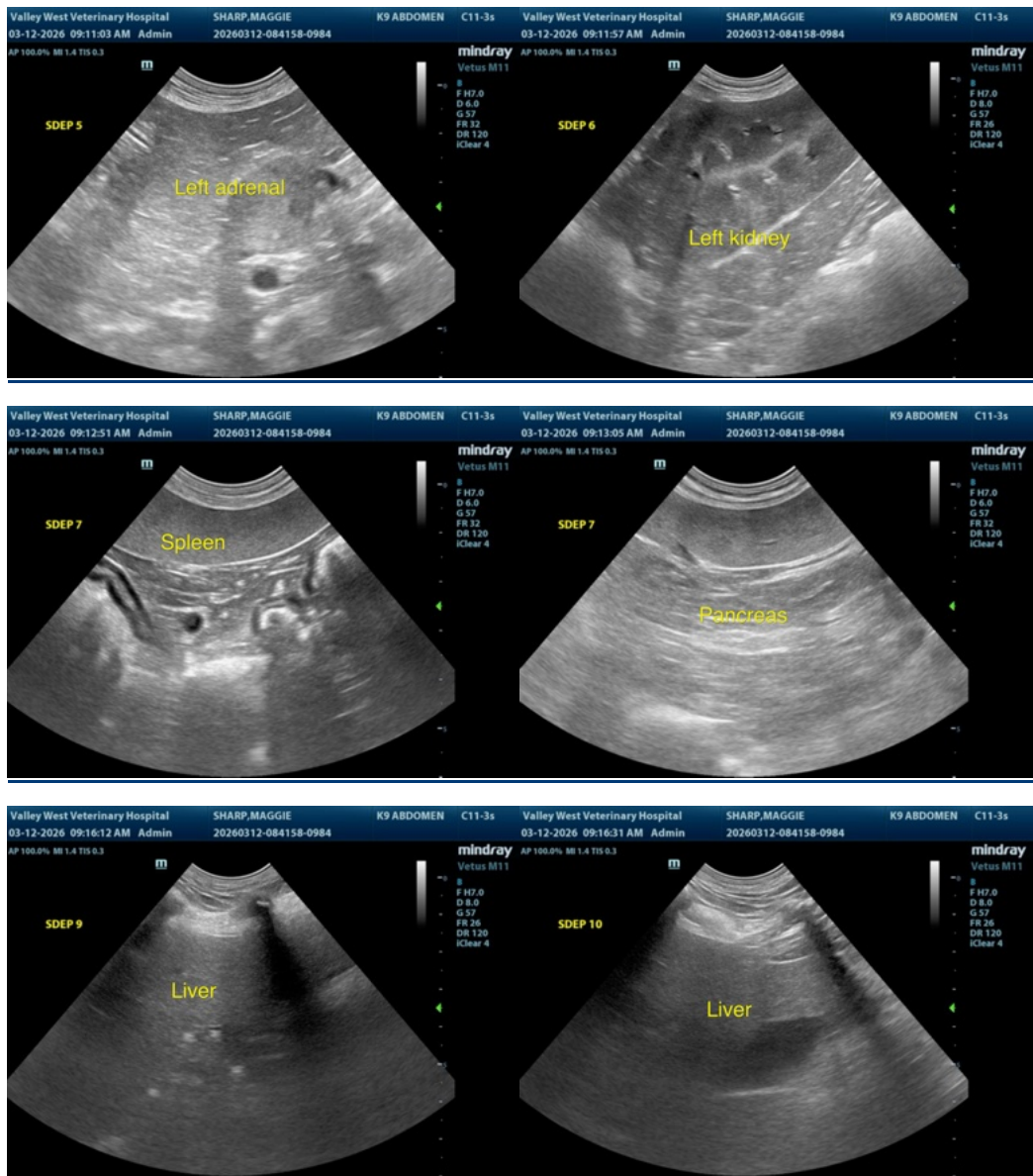
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Symptomatic management of the hepatopathy that could be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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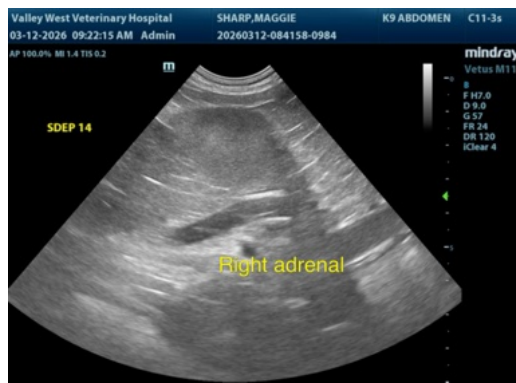
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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