



PATIENT

Buddy Skarstol

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered male

AGE

10 years

WEIGHT

26.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Corbeil

HOSPITAL NAME

Cochrane Animal Clinic

REFERRING VET

Dr. Corbeil

INVOICE

73455

DATE

3/16/26

PRESENTING CLINICAL SIGNS

- Main concern: Polyphagia (increased appetite), owner worried about cancer.
- Weight is consistent. Increased drinking. Increased hair loss on the tail. Elbow callouses. Soft feces
- possible Cushings?
- Treated hypothyroid (since 2024) - on levothyroxine 0.7 mg in the morning and 0.8 mg at night.
- Known heart murmur. Grade 3-4/6. No reported coughing. VHS 12.7 Cardiac pro BNP pending and waiting for appt with cardiologist for echo
- Diagnostics:
- CBC -NSF
- ALT 528 U/L rr 10- 125, ALP 253 U/L rr 23- 212, Normal TBil
- Total T4 27 nmol/L rr 13- 51 (4-6 hrs post pill)
- Previous bloodwork in May 2025; ALT 355
- PT/PTT – normal
- Diagnostics: CBC -NSF ALT 528 U/L rr 10- 125 ALP 253 U/L rr 23- 212 Normal TBil Total T4 27 nmol/L rr 13- 51 (4-6 hrs post pill) Previous bloodwork in May 2025; ALT 355 PT/PTT - normal

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 8.2 cm, right measured 8.4 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

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.75 cm in width. The right adrenal gland measured 0.84 cm and 0.68 cm in width.



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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. Incidental myelolipomas are present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.4 cm in width.

Liver

Normal size with a diffuse, increased echogenic and coarse appearance, normal 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. 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.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia a less likely differential diagnosis.



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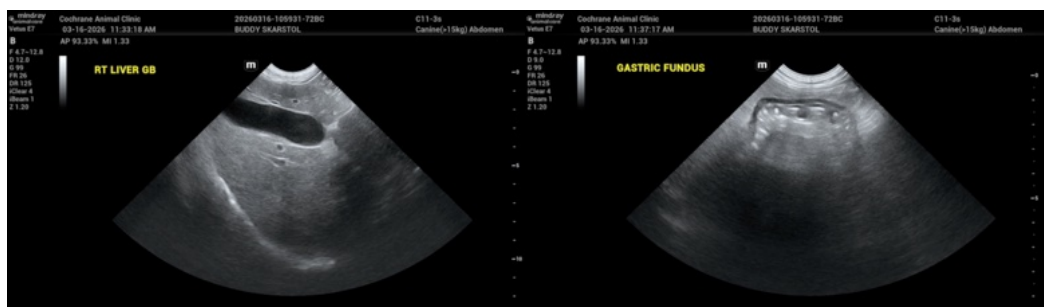
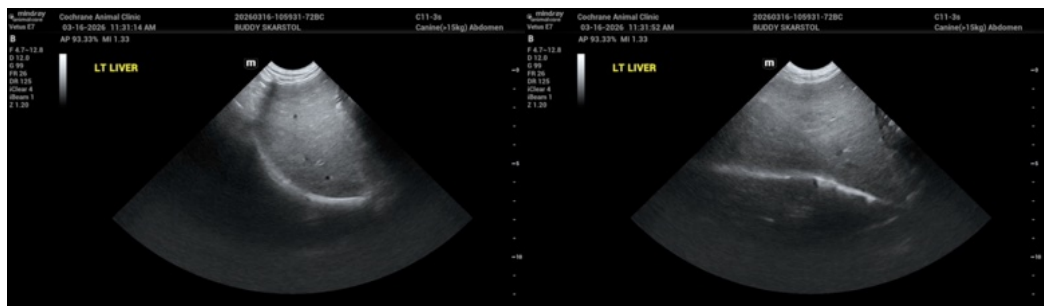
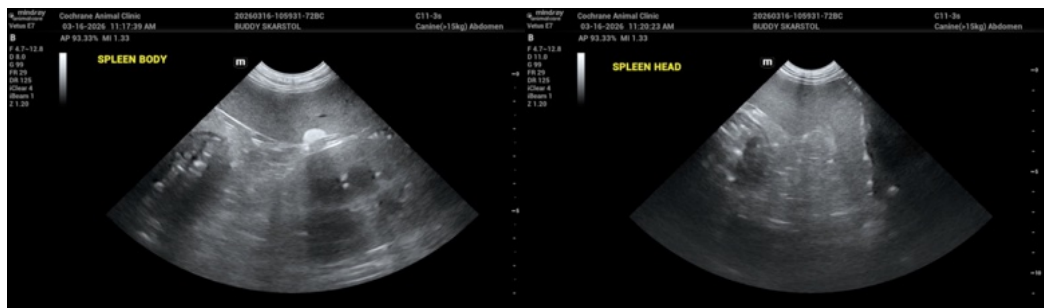
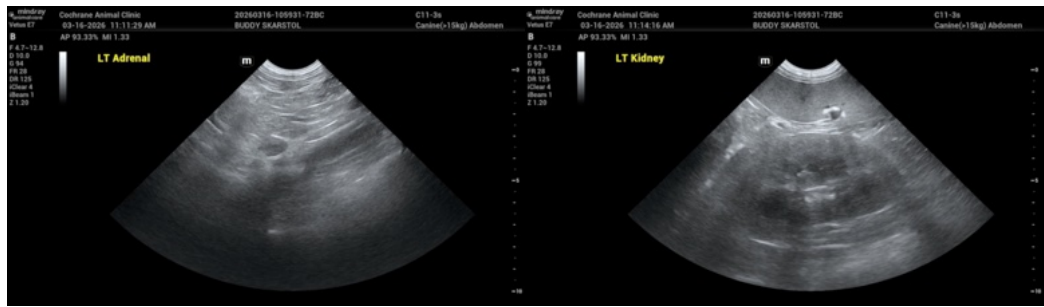
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Although the adrenal glands appear ultrasonographically normal, with the presenting clinical signs, and the appearance of the liver, pituitary dependent Cushing's disease should still be considered.

Further assessment would be urine specific gravity and a urine to cortisol to creatinine ratio and if abnormal then adrenal function testing (ACTH stimulation/LDDST) would then be indicated. If Cushing's disease has been excluded, then 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.





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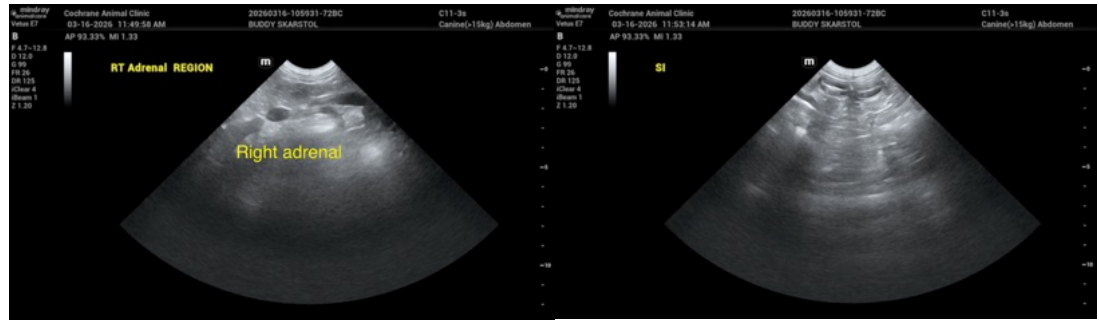
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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