



PATIENT

Wilbur Upton

SPECIES

Canine

BREED

Basset Cross

SEX

Neutered male

AGE

12 years

WEIGHT

42.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Dean

HOSPITAL NAME

Wellesley AH

REFERRING VET

Dr. Leal

INVOICE

73454

DATE

3/16/26

PRESENTING CLINICAL SIGNS

- Pt presents as part of a Cushing's disease workup. Pt has a number of comorbidities - he was found in the woods late last year.
- Problem List Hypertension - well controlled with combination amlodipine and benazapril. Panting at home: concern for Cushing's disease vs discomfort vs hypertension vs other. Elevated liver values. PLN. Left front radial procurvatum causing occasional lameness. MMVD Grade B1
- - Multiple dermal/subcutaneous masses
- - History of anaplasma, ehr, and lyme + , treated with doxycycline several months ago. Still Lyme/anaplasma positive
- - Hypothyroid - currently on levothyroxine
- - Spondylosis - intermittent diffuse
- - STS Grade 1 completely excised (prescrotal area)
- - Palpebral mass - completely excised
- 1/2026 labwork CBC: Platelets 413k, remainder WNL Chem: Creat 0.6, SDMA 11, BUN 15, Alb 2.6 (low), Glob 4.1 (H), ALT 210 (H), ALP 376 (H), remainder WNL ProBNP: 1314 UPC 1.7 UA: USG 1.023, Prot 3+ T4: <0.4 4dx: Positive Ehrlichia, lyme Fecal: Negative 2/14/26: T4: 1.9 on supplementation 3/12/26 (on amlodipine and benazepiril) - BP was ~180 systolic MAP 133 without medications BP: systolic 158 (average of 9 readings), MAP 103.4

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 6.0 cm, right measured 5.9 cm), increased echogenic appearance, some loss of cortico-medullary differentiation and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys. Bilateral, small cortical cysts are present and measure up to 0.7 cm in size.

The prostate is small and hypoechogenic measuring 1.2 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.34 cm in length x 0.71 cm and 77 cm in width. The right adrenal gland measured 2.01 cm in length x 0.7 cm and 0.74 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 1.8 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 almost distended containing a large amount of both adhered and non-adhered, hyperechogenic sediment with the adhered sediment arranged in an early stellate pattern. 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 ingesta is present within 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

- Hepatopathy.
- Emerging mucocele.
- Age related renal changes versus early chronic kidney disease.



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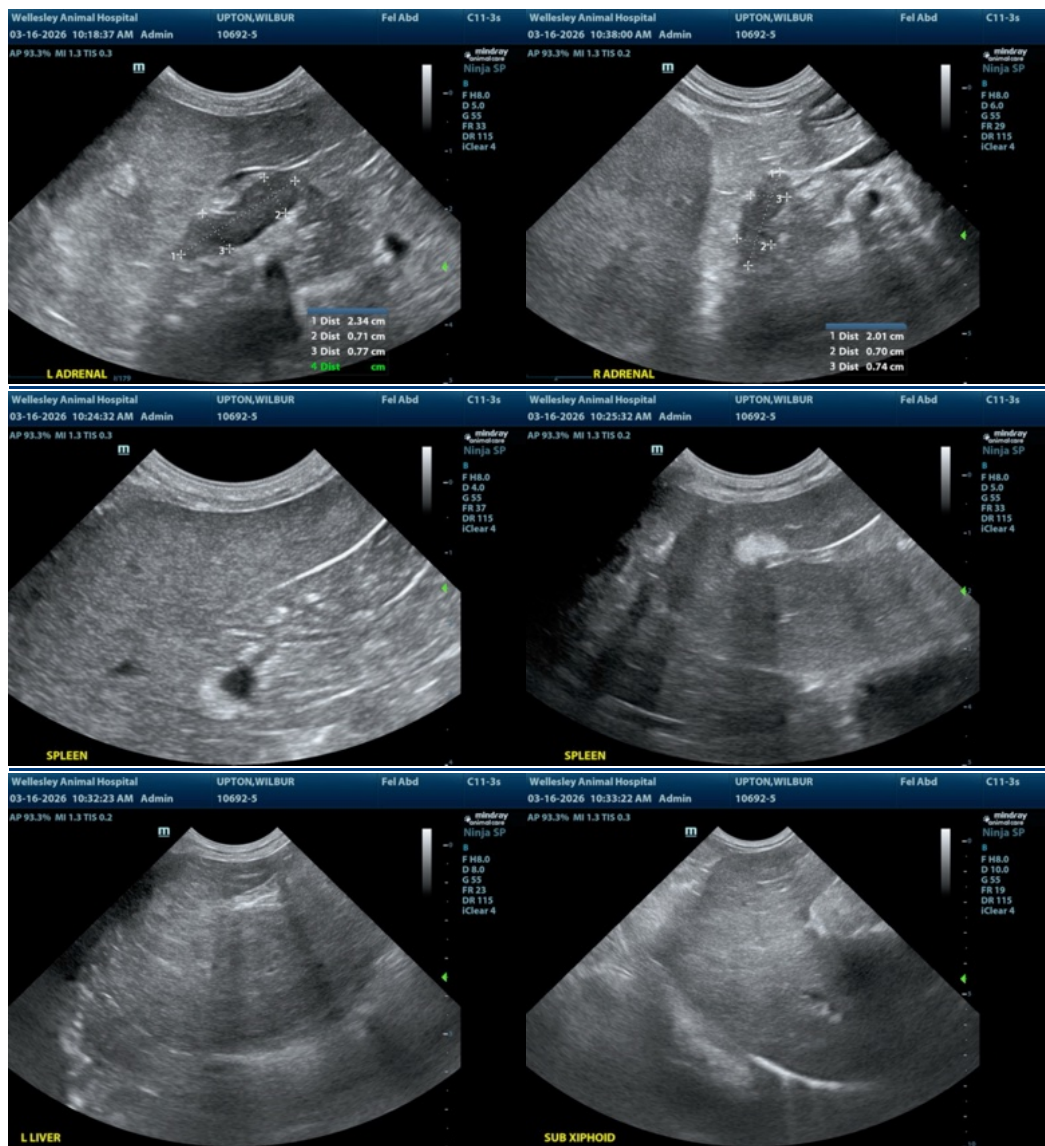
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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

Further specific therapy would be dependent on an etiological diagnosis.

Symptomatic medical management of both the hepatopathy and the mucocele would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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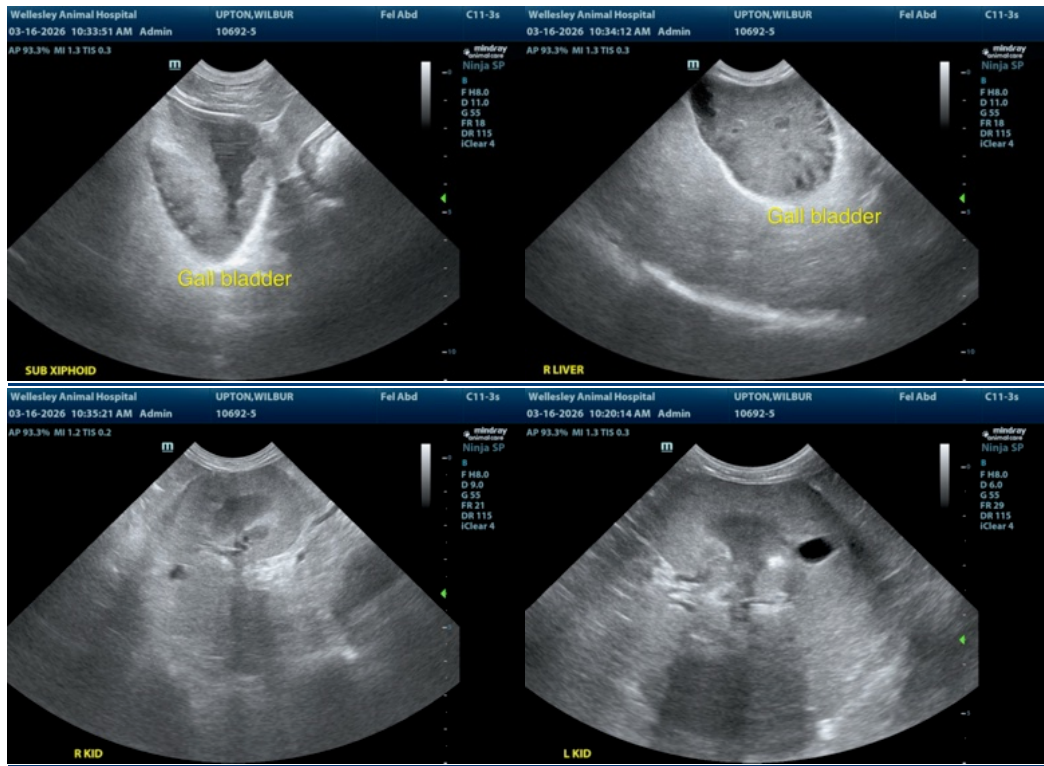
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com