



PATIENT

Theo Lynch

SPECIES

Canine

BREED

Siberian Husky

SEX

Neutered male

AGE

11 years

WEIGHT

88.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Justin Eckenrode

HOSPITAL NAME

Carlisle Small Animal
VC

REFERRING VET

Dr. Eckenrode

INVOICE

73735

DATE

3/24/26

PRESENTING CLINICAL SIGNS

- Major Medical Conditions: Assessment for potential hyperadrenocorticism
- Patient History: Owner reports that Theo has always exhibited some resource guarding behavior around food and water, but this may be escalating. Recent incident where he acted aggressively toward another dog that approached the water dishes. While water consumption seems high, it is difficult to quantify accurately due to multiple dogs in the household.
- Recent diagnostics: UA low specific gravity of 1.007, no UTI signs. Elevated alkaline phosphatase (ALP) at 1473 U/L, increase from a previously 716 U/L. ALT (69 U/L), GGT, and bilirubin, were within normal limits, as were kidney values, albumin, and the total T4 level.
- Primary concern or rule out: Assessment for potential underlying HAC
- LDDST: Resting cortisol: 1.9 ug/dL 4-hour post 0.9 ug/dL 8-hour post 1.9 ug/dL Urine Cortisol: Creatinine Ratio 83 (>or= 34) HAC possible ALT 69; ALKP 1473; Tbil 0.2 Alb 3.0 Creat 0.6; BUN 9 CBC - WNL USG 1.007; Protein - neg No bacteria seen

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 6.9 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.

The prostate is small and hypoechogenic measuring 1.1 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.93 cm in width x 0.48 cm and 0.53 cm in width. The right adrenal gland measured 2.01 cm in length x 0.78 cm and 0.57 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 2.6 cm in width.



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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Focal, parenchymal, hypoechoic nodule is noted in the caudal aspect of the left lobe measuring 1.8 x 2.5 cm in size. No additional 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

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatic nodule.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatic nodule would be incidental nodular hyperplasia with granuloma and hepatoma a less likely differential diagnosis and emerging hepatocellular carcinoma an unlikely differential diagnosis.

The gallbladder sediment can be considered an incidental finding.



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Although the adrenal glands appear ultrasonographically normal, the LDDST is indicative of Cushing's disease.

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Further assessment that can be considered would be FNA cytology of the hepatic nodule.

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Dogs with Cushing's disease may have adrenal glands of normal size and shape on ultrasound, particularly in pituitary-dependent hyperadrenocorticism. This highlights the importance of functional testing over anatomical imaging alone in diagnosing Cushing's disease.

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Treatment is not indicated if Cushing's is picked up as an incidental finding or there are minimal clinical signs. Generally, Cushing's is treated when the clinical signs affect or reduce quality of life. Important signs are PuPd, possibly polyphagia, polynema, muscle weakness and lethargy and especially if the signs are progressive. Treatment should be started if there are associated complications such as hypertension, concurrent diabetes mellitus, thrombo-embolic disease, or recurrent infections.

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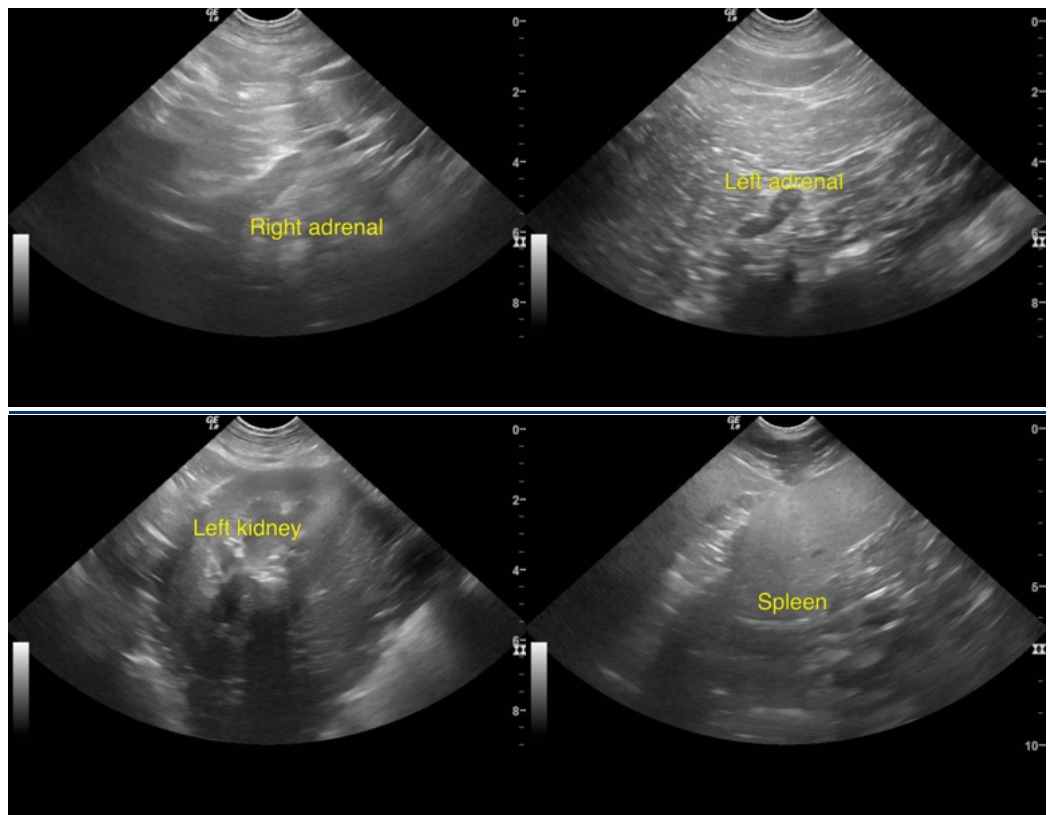
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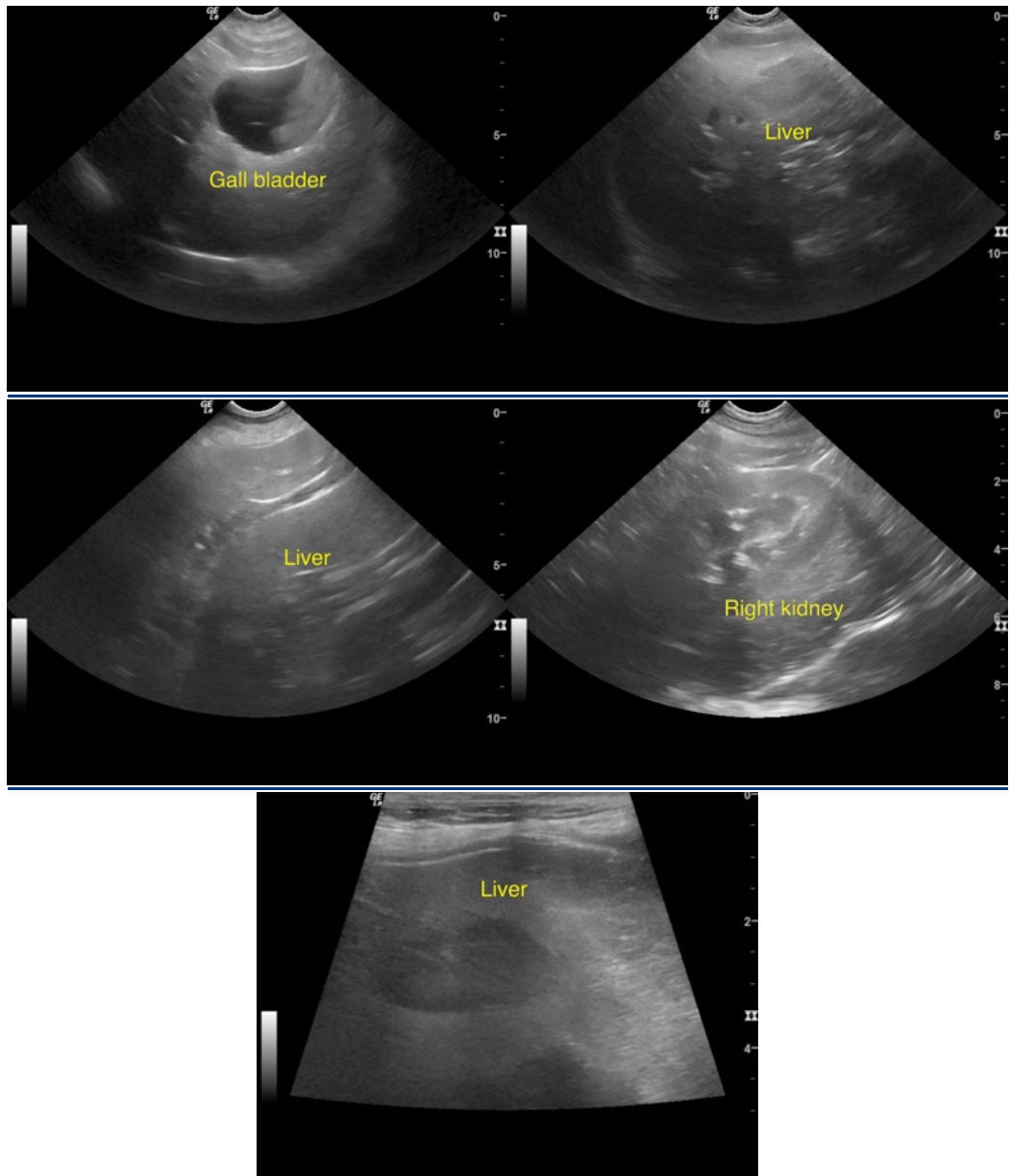
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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