



PATIENT

Scout Gallucci

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed female

AGE

10 years

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Service

REFERRING VET

Dr. Leanna Hawkins

INVOICE

73808

DATE

3/25/26

PRESENTING CLINICAL SIGNS

- **RDVM REASON FOR REFERRAL:** To rule out any possible internal cause for recent decline in control of epilepsy. P had MRI in 2024 of brain that was normal. P is epileptic with recent decline in control of seizures - added Keppra (Dr. Dewey). Alp high since 2023. LDDS normal in 2024. Alp worse and PU/PD. Discussed ultrasound to evaluate kidneys, adrenal glands, liver, etc. The owners have noticed that the vomiting has become more prominent since starting the Felbamate about a month ago. They are concerned that the vomiting, diarrhea, and elevation in ALP might be related to the Felbamate. She has been on Keppra and Zonisamide for more than a year. It is possible the GI signs are a side effect of the Felbamate, especially given the temporal association.
- **MEDICATIONS:** Zonisamide 50 mg BID. Keppra 62.5 mg TID, Felbamate 100 mg BID - started only one month ago. Hartguard
- **3/11/26 BC:** Albumin 4.1 (Ref 2.7-3.9 g/dL) High ALP 691 (5-160 U/L) High Triglyceride 221 (20-150 mg/dL) High T4: 0.9 (Ref 1.0-4.0 ug/dL) Low

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 4.0 cm, right measured 4.4 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. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.93 cm in length x 0.64 cm and 0.54 cm in width. The right adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The caudal pole measures 0.51 cm in width and the right adrenal gland measures 2.74 cm in length. However, the cranial pole of the right adrenal gland was nodular measuring 1.9 x 1.3 cm with a hyperechoic appearance.

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 1.1 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 a moderate amount of non-adhered hyperechoic 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. Fecal material is present within 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.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Right adrenal nodule.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the appearance of the cranial pole of the right adrenal gland may merely be an incidental finding, with the progressive elevation of ALP activity and the PU/PD, emerging Cushing's disease needs to be considered. The presenting clinical signs are most likely drug induced as they coincide with introduction of the new medication.



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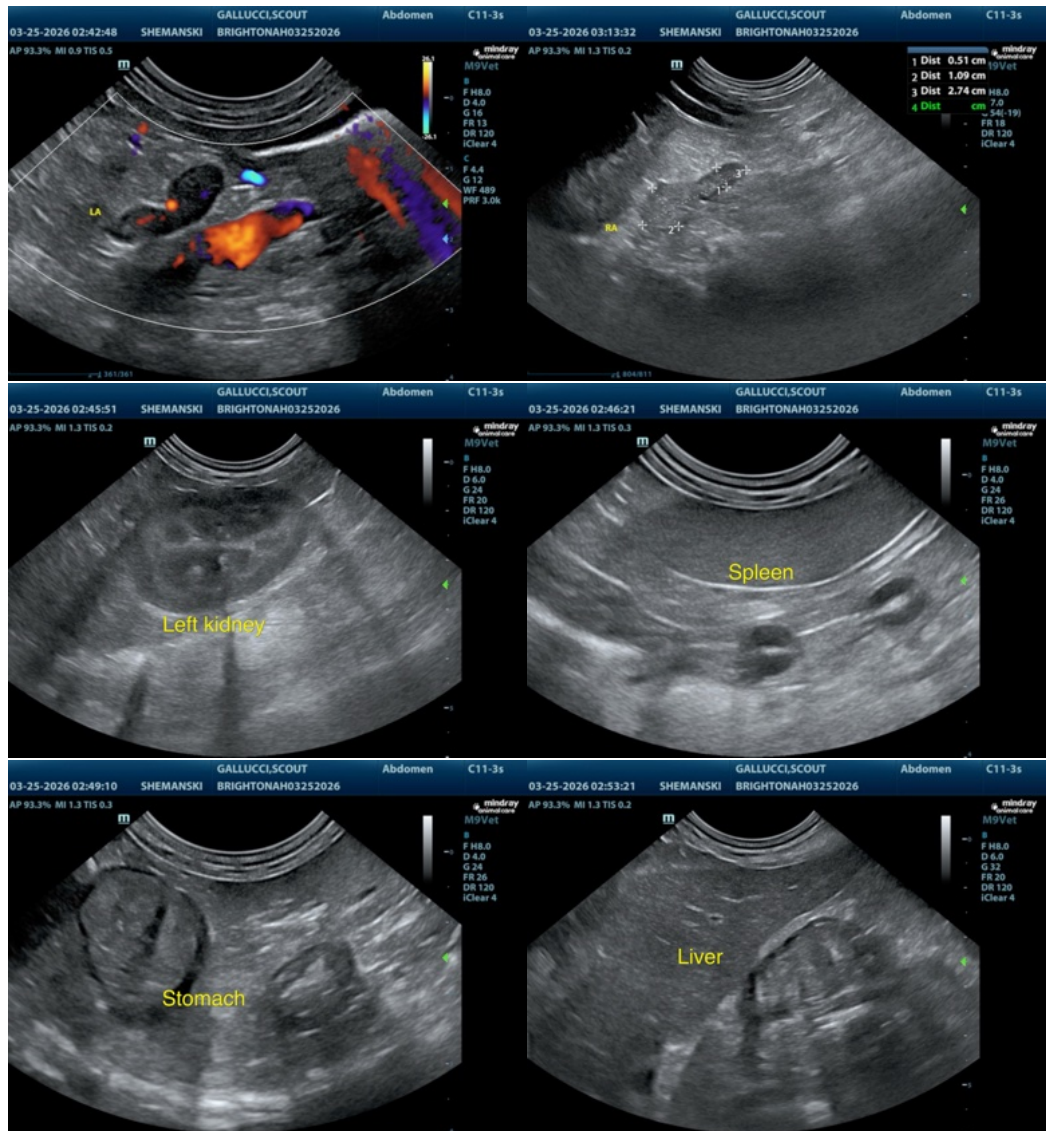
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Further assessment would be urine specific gravity and a urine cortisol to creatinine ratio and if abnormal then adrenal function testing (ACTH stimulation/LDDST) would then be indicated.

Specific therapy would be dependent on an etiological diagnosis. Reassessment by the neurologist would also be recommended.





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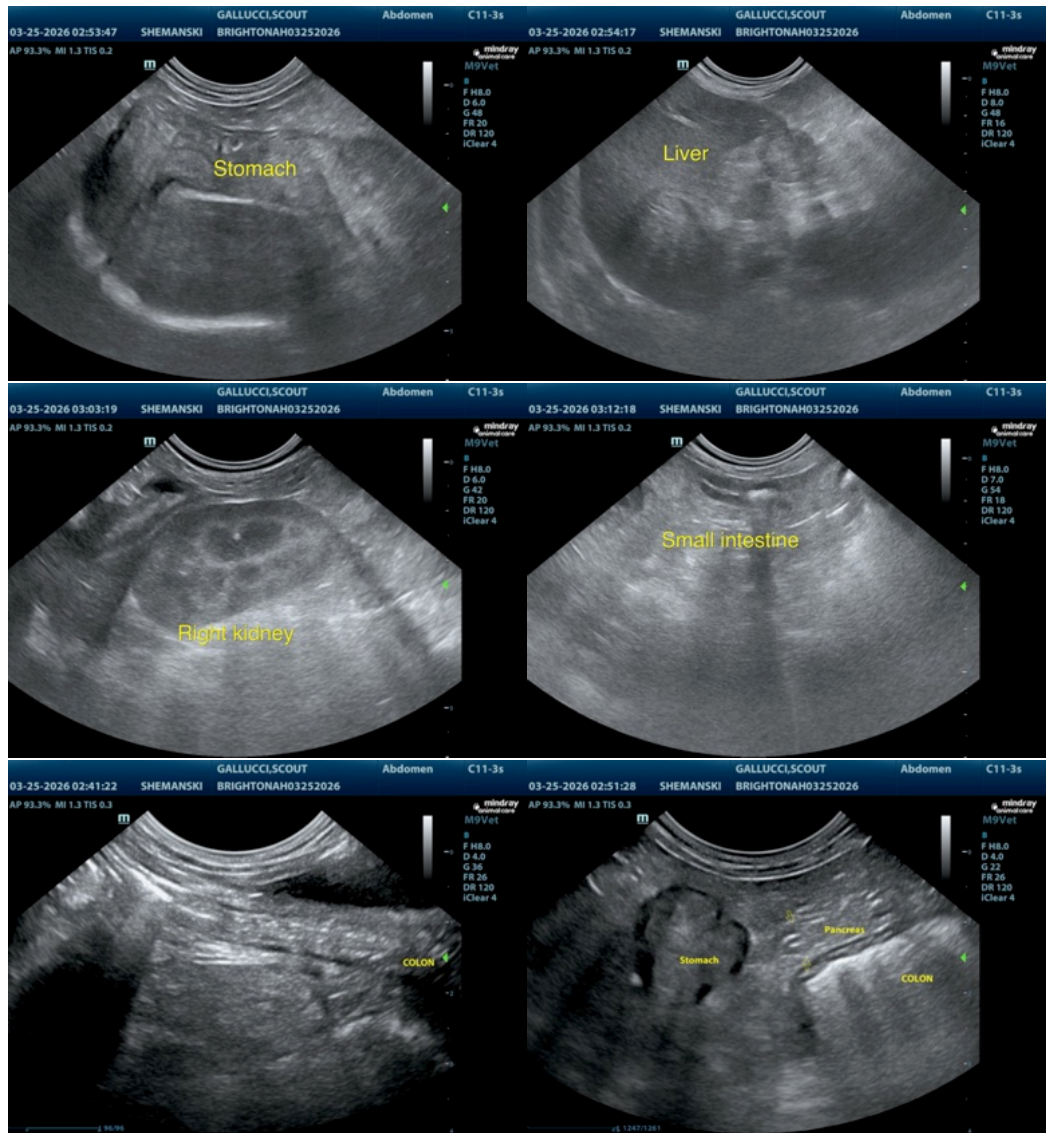
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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