



PATIENT

Biscuit Trejo

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed female

AGE

7 years

WEIGHT

16 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Mario

HOSPITAL NAME

Far East AH

REFERRING VET

Dr. Gutierrez

INVOICE

74991

DATE

4/29/26

PRESENTING CLINICAL SIGNS

History: Patient is a referral, presented to their clinic for increased thirst and urination. Went through ACTH stim test, came back normal. Finding source of PU/PD.

Abnormal PE/Chem/CBC/UA Results: Most recent bloodwork 4/21/2026: ALKP increased to 1284 U/L ref range 23-212 ALT increased to 376 U/L ref range 10-125

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 4.2 cm, right measured 4.9 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.

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 0.48 cm and 0.45 cm in width.

The right adrenal gland was enlarged, with a slightly rounded shape, but maintained a normal echogenic appearance, position and appearance of the visible peri-adrenal vasculature. The right adrenal gland measured 0.64 cm and 0.81 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

The liver is enlarged with rounded edges and a diffuse, increase in the echogenic appearance, normal portal markings and a 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 a scant 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

- Right adrenomegaly.
- Hepatoapthy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the ACTH stimulation test is within reference range, with the presenting clinical signs and the appearance of the right adrenal gland and liver on the ultrasound, pituitary dependent Cushing's disease should still be considered.

Further assessment would be urine specific gravity and urine cortisol to creatinine ratio and if abnormal then LDDST would be indicated.

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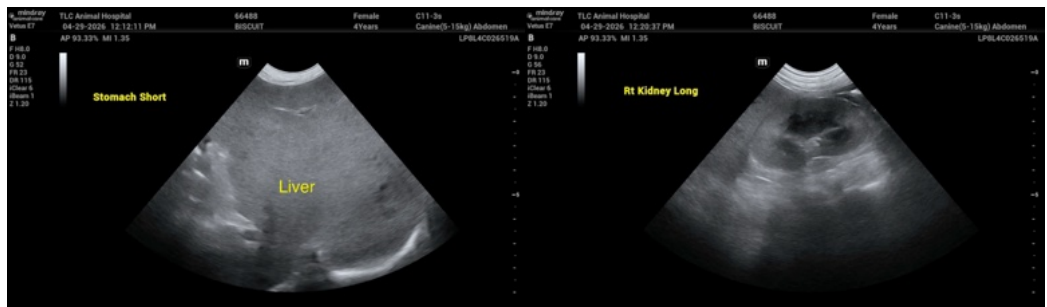
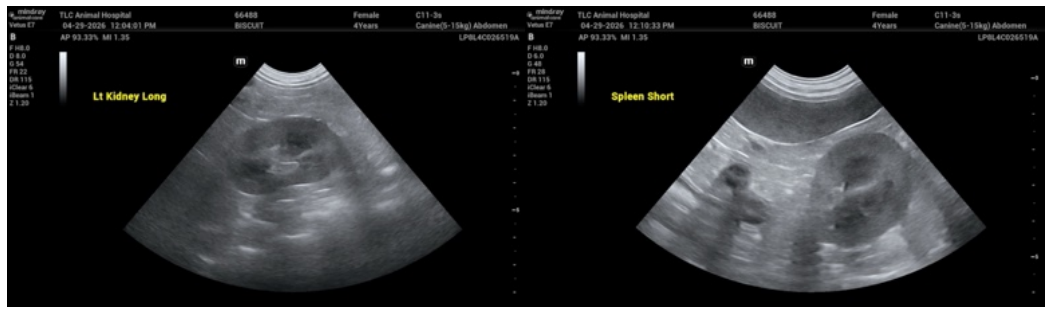
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com

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