



PATIENT

Chinook Taylor

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

9 years

WEIGHT

47 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Country Companion
AH

REFERRING VET

Dr. Wanner

INVOICE

74130

DATE

4/3/26

PRESENTING CLINICAL SIGNS

- AUS to further evaluate ADR Increased pain/ moaning over couple mos, poss related to musculoskeletal discomfort. Intermittent vomiting vs regurgitation, O finds piles of vomit on floor. Increased tracheal sensitivity with a harsh/loud hack. R/o LarPar. Recent lowT4 believed to be Hypothyroid, supplementation started 2/28, 3/30 recheck t4 elevated.
- Meds - amantadine, meloxicam, thyrosyn, pepcid, prior carprofen
- 2/16: - T4: 0.7 L (0.8-3.5), FreeT4 8.3-n (8-40) 3/17 - T4: 2.1-n 3/31 - T4: 6.3 H (0.8-3.5) AXR: bridging spondylosis in thorac vertebra PE: growling on ROM of neck, overweight, occ non-productive wretching / gagging sounds. 3/17/26 - CBC: Hct 43%, plt 262-n, NSF - Chem: Precision PSL 28 H, Chol 225 H, NSF

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 6.9 cm, right measured 6.8 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 1.2 cm in width.

Adrenal Glands

The adrenal glands are small in size, and flattened but maintained a normal echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.47 cm in length x 0.48 cm and 0.45 cm in width. The right adrenal gland measured 1.34 cm in length x 0.44 cm and 0.6 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 2.0 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 small 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.

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

- Bilaterally small adrenal glands?

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the appearance of the adrenal glands may merely be an incidental finding, with the presenting clinical signs, Addison's disease should still be considered.

Further assessment would be basal cortisol and/or an ACTH stimulation test.

Specific therapy would be dependent on an etiological diagnosis.



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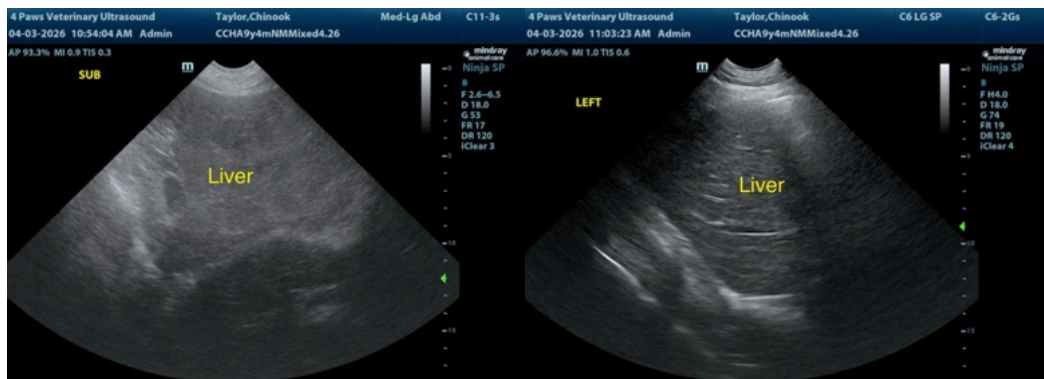
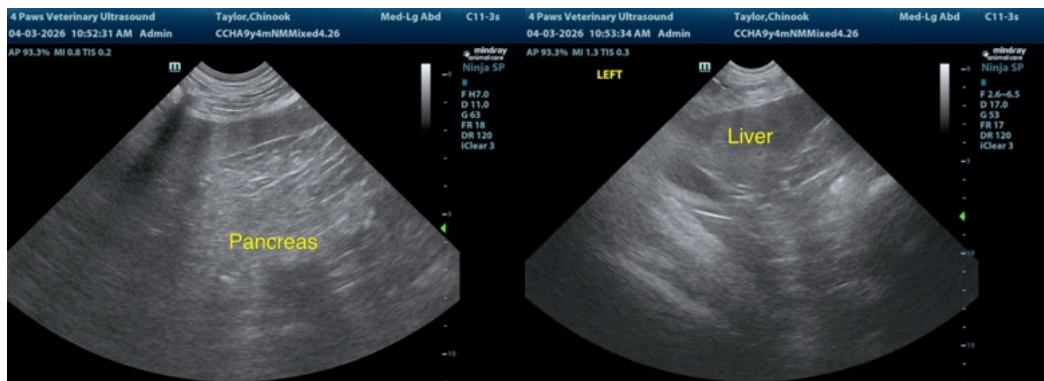
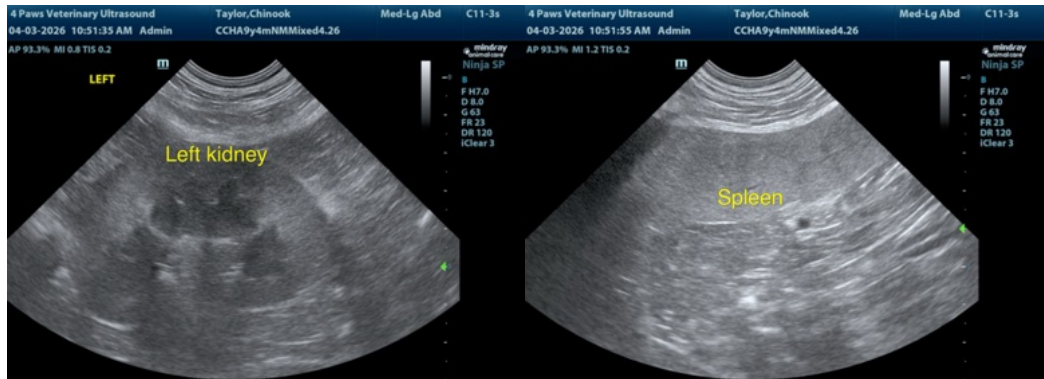
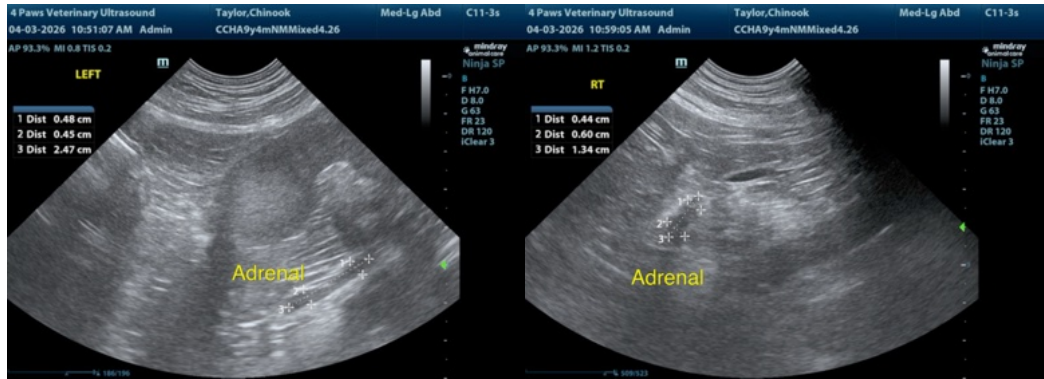
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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