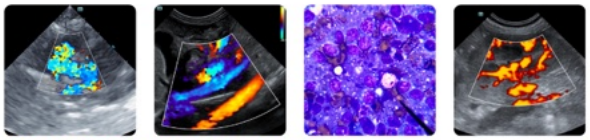


PATIENT

Zoe Larkin

SPECIES

Canine

BREED

Pit Mix

SEX

Intact female

AGE

12 years

WEIGHT

6.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York VS

REFERRING VET

Dr. Parsons

INVOICE

75077

DATE

4/30/26

PRESENTING CLINICAL SIGNS

History: Pancreatitis but not presenting with any typical signs. History of PU/PD but not painful. No vomiting. Owner's primary concern was an abnormal amount of water consumption and panting. Patient is still eating. Owner has noticed it seems hard for her to defecate. Last night, she was given an oral flea and tick medication and she threw it up instantly. This is the first time she has vomited. She was switched to a low-fat diet. Energy level is a little decreased, she is laying around more and is in a much deeper sleep. She has been hungrier than usual, licking the empty bowl. She has not always been this food-motivated. Owner notes she is spoiled and eats anything the owner eats
CLINICAL SIGNS: History of panting periodically. No history of sour stomach or inappetence.
MEDICATIONS: Dasuquin
April 20, 2026 cPL: 1058 (ref 0-200 ug/L) (elevated) Total T4: 2.1 mcg/dL Chemistry 4/17/2026 ALT: 169 U/L (elevated) AMYL = 1587 U/L (elevated) LIPA = 4434 U/L (elevated) GLOB = 4.7 g/dL (elevated) Hematology 4/17/2026 HGB = 21.4 g/dL H RBC = 9.76 M/uL H MCV = 61.3 fL L PDW = 9.0 fL L Urinalysis 4/17/2026 USG: 1.010 Protein: 30 mg/dL Leukocytes: 25/uL

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 6.5 cm, right measured 7.5 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.

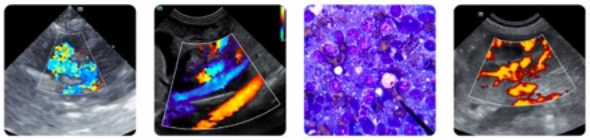
Adrenal Glands

The left adrenal gland revealed a large, irregular mottled echogenic mass measuring 2.3 x 5.1 cm in size maintaining normal position and appearance of the visible peri-adrenal vasculature.

The right adrenal gland is normal in size measuring 2.39 cm in length and a normal width of the caudal pole measuring 0.46 cm. A hyperechogenic parenchymal nodule in the cranial pole measuring 0.1 x 1.2 cm in size.

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 2.2 cm in width.



PATIENT

Zoe Larkin

SPECIES

Canine

BREED

Pit Mix

SEX

Intact female

AGE

12 years

WEIGHT

6.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York VS

REFERRING VET

Dr. Parsons

INVOICE

75077

DATE

4/30/26

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. A moderate amount of gas is present in the stomach.

Pancreas

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

- Left adrenal mass.
- Right adrenal nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the left adrenal mass would be functional or non-functional carcinoma and pheochromocytoma.

Etiologies for the right adrenal nodule would be a functional/non-functional adenoma.

PATIENT

Zoe Larkin

SPECIES

Canine

BREED

Pit Mix

SEX

Intact female

AGE

12 years

WEIGHT

6.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York VS

REFERRING VET

Dr. Parsons

INVOICE

75077

DATE

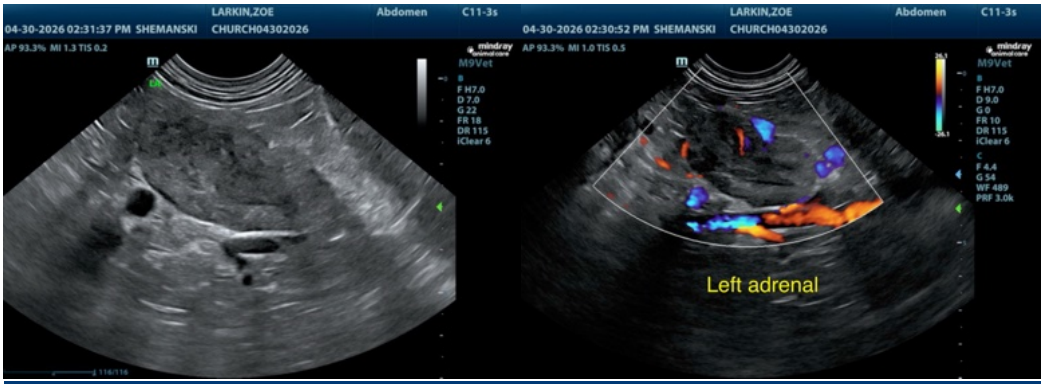
4/30/26

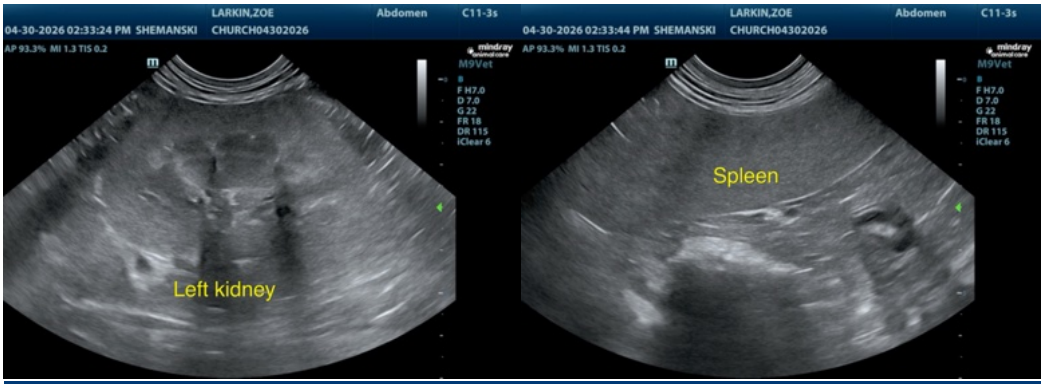
Further assessment would be adrenal function testing (ACTH stimulation/LDDST), serial blood pressure monitoring and urine/plasma catecholamine assay.

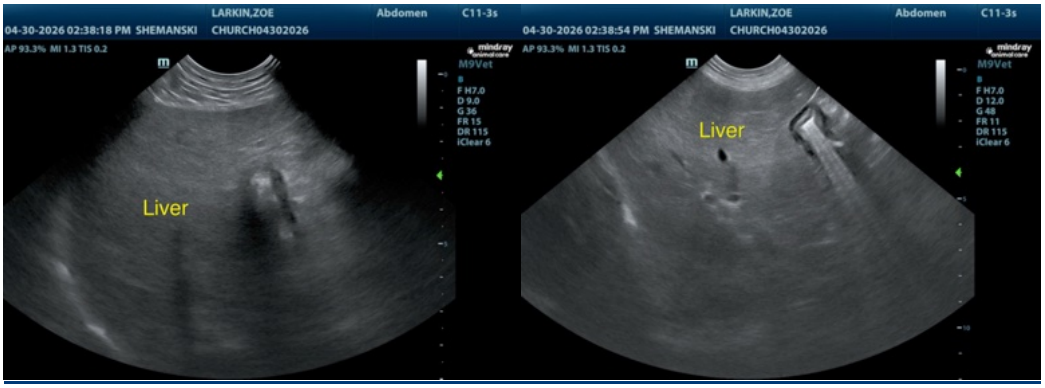
FNA cytology of the left adrenal mass could also be considered.

Specific therapy would be dependent on an etiological diagnosis.

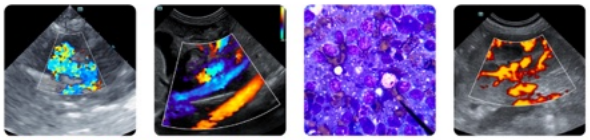
If surgery is being contemplated for the left adrenal mass then a CT scan would be recommended.







SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Zoe Larkin

SPECIES

Canine

BREED

Pit Mix

SEX

Intact female

AGE

12 years

WEIGHT

6.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York VS

REFERRING VET

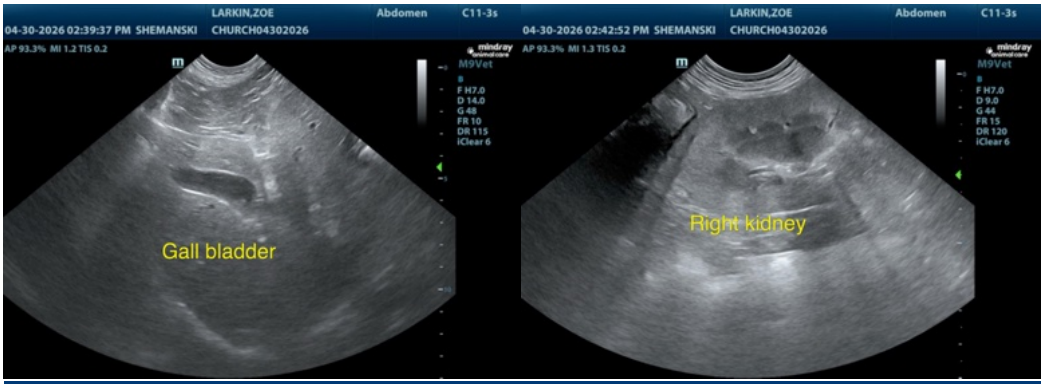
Dr. Parsons

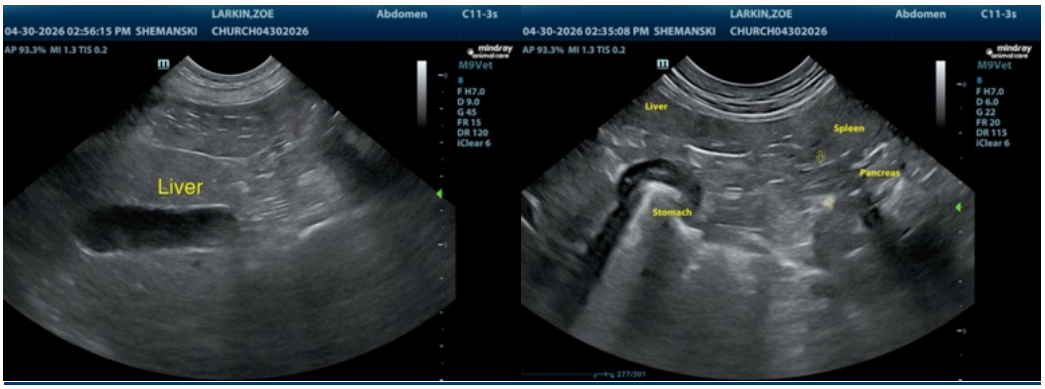
INVOICE

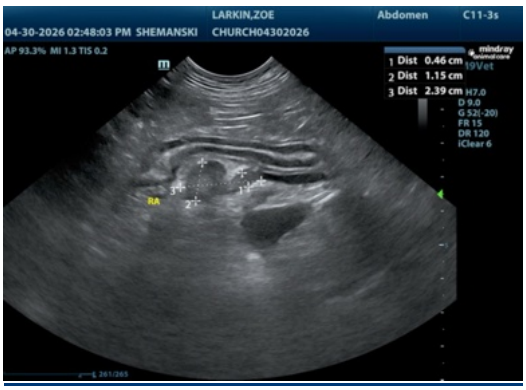
75077

DATE

4/30/26







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