



## PATIENT

Mica Prieto

## SPECIES

Canine

## BREED

Boston Terrier

## SEX

Spayed female

## AGE

4 years

## WEIGHT

18 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Mayra Sanchez

## HOSPITAL NAME

Sunset AH

## REFERRING VET

Dr. Mayra Sanchez

## INVOICE

74289

## DATE

4/8/26

## PRESENTING CLINICAL SIGNS

History: Hx of Addison's - Percorten dose has been reduced to every 3 to 4 months

Presented 4/3 for vomiting and not having BMs

Dx with constipation and treated with Lactulose, GI protectants and high fiber diets

Presented 4/7/26 - still having only small BMs and vomiting; given 1/2 of an enema yesterday with fluids and Cerenia and now had colitis with hematochezia

Continued vomiting today even with Cerenia

Abnormal PE/Chem/CBC/UA Results: PE: BAR; non-painful abdomen; hematochezia and tenesmus

CBC: NAF Chem: NAF Radiographs: 4/3/26 --> colon completely full with slightly firm stool distally; no obvious FB; no signs of SI obstruction 4/8/26 --> soft stool in colon; slightly fluid dilated stomach; no obvious FB or SI obstruction

## 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 3.7 cm, right measured 3.3 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 small in size but maintained normal shape, echogenic appearance, position and appearance of the visible peri-adrenal vasculature. The left adrenal gland measures 2.32 cm and 0.31 cm in width. The right adrenal gland was not visualized.

### *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 1.6 cm in width.

### *Liver*

Normal size, echogenic appearance, portal markings, and 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 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 ingesta is present within the stomach compatible with a recent meal. 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.

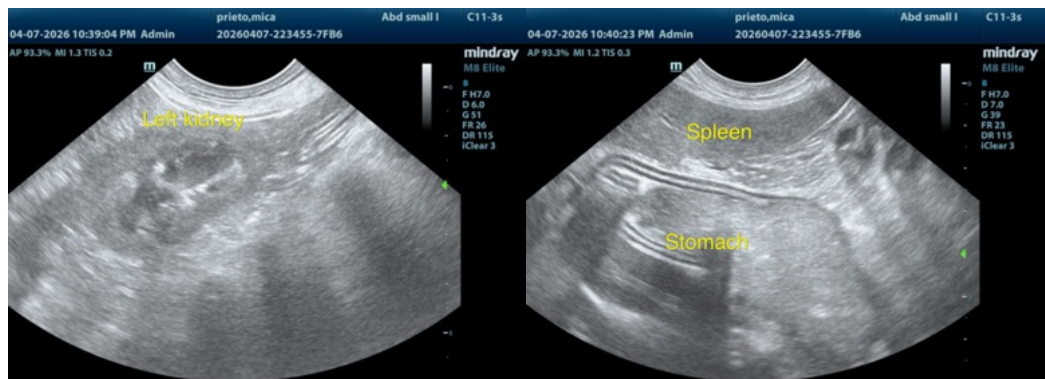
No ascites evident.

**ULTRASONOGRAPHIC FINDINGS**

- Small adrenal gland.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

In essence this is a normal ultrasound examination of the abdomen as the small adrenal gland would be consistent with the diagnosis of Addison's disease.





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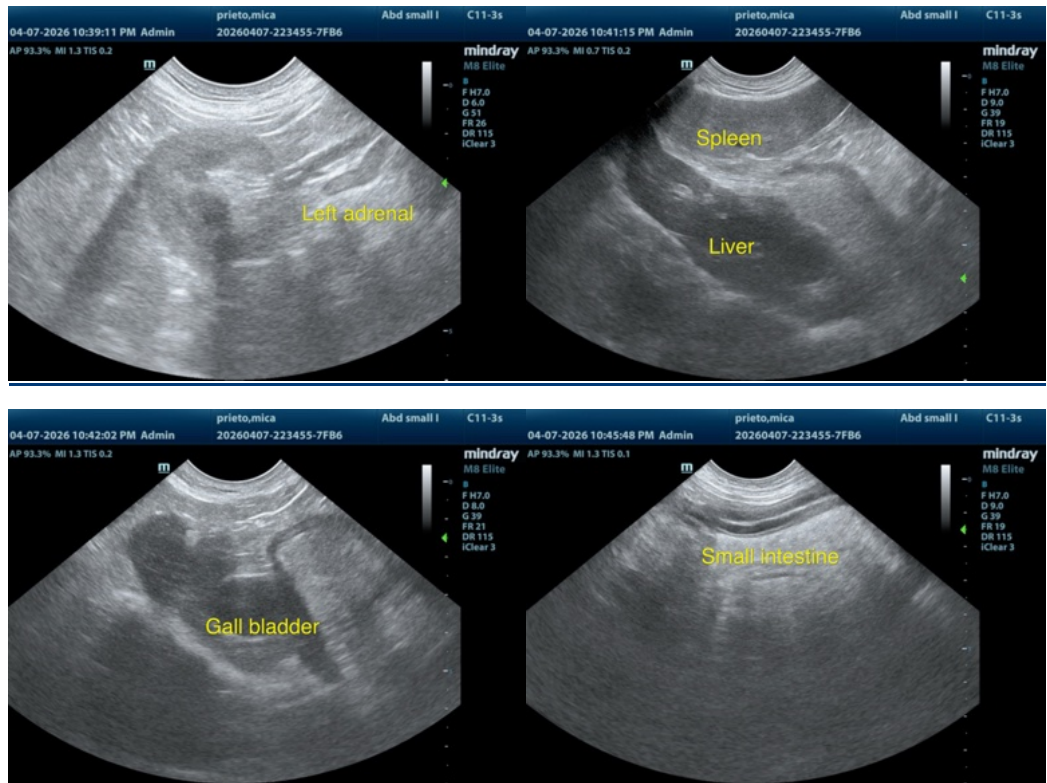
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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