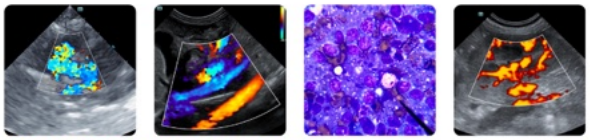


PATIENT

Daisy Lester

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Spayed female

AGE

12 years

WEIGHT

56 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jernea Bustria, DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Bustria

INVOICE

74361

DATE

4/9/26

PRESENTING CLINICAL SIGNS

History: Patient is a 12yr 5mo FS Siberian Husky mix presented for vomiting and diarrhea. O states that they noticed P leaking from the back end but is unsure as to where its coming from, rectum or vulva. O states that P was placed on a low fat diet a few weeks ago and was doing fine until today. P didn't have interest in eating food today but P is drinking. O does recall previous Dr. mentioned possible Cushing's disease and O is also suspicious P might have this. P vomited bile today and noticed that P has been frequently urinating.
Pancreatic lipase: abnormal CHEM: Cholesterol 363 High (120-310 mg/dl) ALT (GPT) 424 High (0-120 U/l) ALP > 993 High (0-140 U/l) GGT 26 High (0-14 U/l)

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 6.8 cm, right measured 7.1 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 noted in both kidneys.

Adrenal Glands

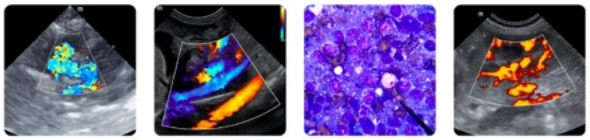
Bilaterally enlarged with a slightly rounded shape, but maintained a normal echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.13 and 1.46 cm in width. Right adrenal gland measured 1.45 cm in width.

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 1.9 cm in width.

Liver

Normal size with a diffuse mottled echogenic, coarse and nodular appearance, normal portal markings, and regular curvilinear capsule. Nodules are small, hypoechogenic, parenchymal and measure up to 0.7 cm in size. No masses are evident. Normal appearance of the hepatic and portal vasculature.



PATIENT

Daisy Lester

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Spayed female

AGE

12 years

WEIGHT

56 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jernea Bustria, DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Bustria

INVOICE

74361

DATE

4/9/26

Gallbladder

The gallbladder is full containing a small 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

- Bilateral adrenomegaly.
- Nodular hepatopathy.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the adrenomegaly would be age related reactive hyperplasia, disease, stress and possibly pituitary dependent Cushing's disease.

Etiologies for the nodular hepatopathy would be nodular hyperplasia, chronic hepatitis, granulomatous disease with infiltrative neoplasia a less likely differential diagnosis.

Gallbladder sediment is most likely an incidental finding.

On this ultrasound there is no obvious etiology for the presenting clinical signs and thus most likely dealing with acute non-specific gastroenteritis such as dietary indiscretion, toxins and viral.

Once the presenting clinical signs have resolved further assessment would be urine specific gravity and urine cortisol to creatinine ratio and if abnormal then adrenal function testing (ACTH stimulation/LDDST) would then be indicated.

PATIENT

Daisy Lester

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Spayed female

AGE

12 years

WEIGHT

56 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jernea Bustria, DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Bustria

INVOICE

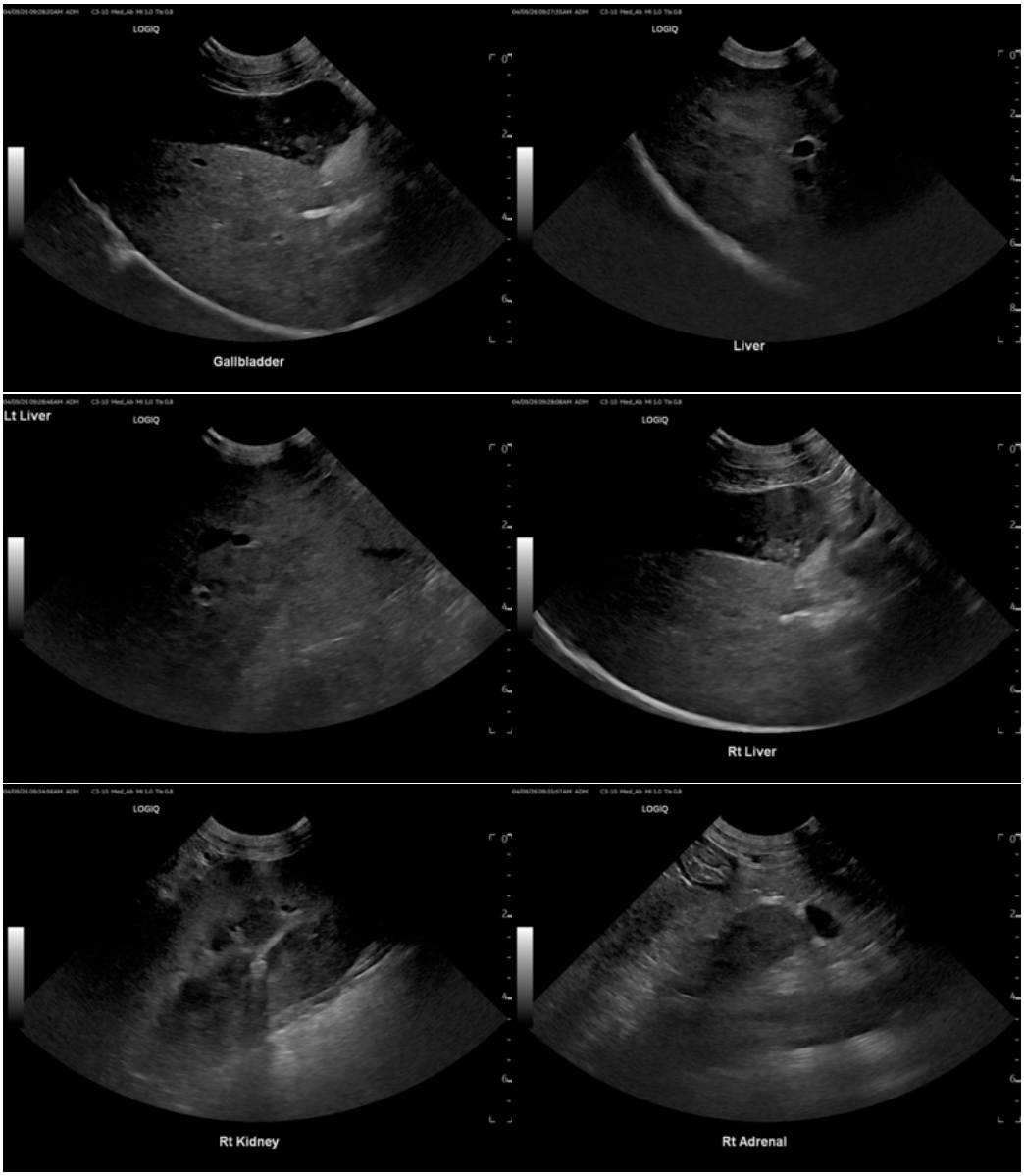
74361

DATE

4/9/26

If Cushing's disease has been excluded then further assessment of the hepatopathy would be FNA cytology; however, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.



PATIENT

Daisy Lester

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Spayed female

AGE

12 years

WEIGHT

56 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jernea Bustria, DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

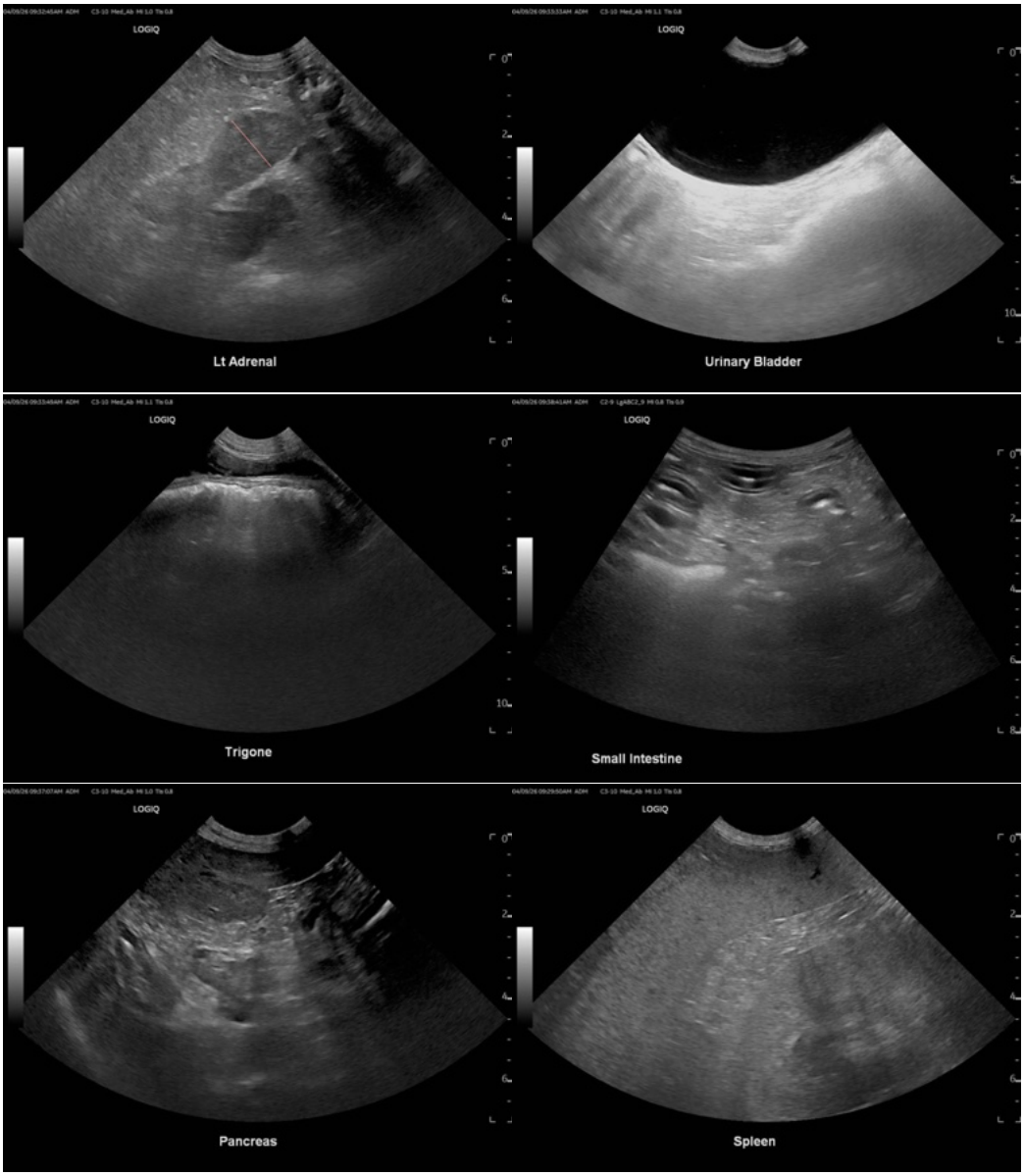
Dr. Bustria

INVOICE

74361

DATE

4/9/26



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