



## PATIENT

Tucker MacKecknie

## SPECIES

Canine

## BREED

Yorkshire

## SEX

Neutered Male

## AGE

13 Years

## WEIGHT

28.2 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Danielle Shemanski,  
DVM, MA

## HOSPITAL NAME

Western New York  
Veterinary Services

## REFERRING VET

Brenda Lefler, DVM

## INVOICE

75185

## DATE

5/15/26

## PRESENTING CLINICAL SIGNS

Patient presented for PU/PD and urinary accidents. While PU/PD and high ALKP can be indicators of Cushing's disease, Tucker's Low-Dose Dexamethasone Suppression Test (LDDST) in Apr 2026 was not consistent with that diagnosis, leading to the recommendation for the abdominal ultrasound. CLINICAL SIGNS: PU/PD and has a cushing's phenotype despite testing negative. Occasional bilious vomit  
MEDICATIONS: 0.25 mL butorphanol IM for today's exam

Abnormal PE/Chem/CBC/UA Results: April 13, 2026 Blood chem ALP 433 U/L HIGH CBC Lym 8.03 K/uL HIGH MPV 13.9 fL HIGH Plateletcrit 0.57% HIGH May 23, 2025 CBC Lym 6.39 K/uL HIGH MPV 14.9 fL HIGH Blood chem ALKP 359 U/L HIGH Urine Specific Gravity 1.020, no evidence of infection

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

Small urinary bladder 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts or renoliths evident. Mild mineralization evident in both kidneys. Left kidney measures 4.9 cm. Right kidney measures 5.2 cm. Normal color flow pattern evident in both kidneys.

### *Reproductive System*

Small, hypoechoic prostate, measuring 0.90 cm in width.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 2.17 cm in length x 0.68 cm and 0.66 cm in width. Right measures 2.43 cm in length x 0.56 cm and 0.60 cm in width.

### *Spleen*

Normal size (1.3 cm in width) 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.

### *Liver*

Enlarged with rounded edges, with a diffuse increased echogenic appearance, normal portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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## *Gallbladder*

Full containing a moderate amount of both adhered and non-adhered hyperechogenic sediment, with the adhered sediment arranged in an early stellate pattern. 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*

Visible portions present normal size and echogenic appearance. 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 pleural or pericardial effusion evident.

## ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Emerging mucocele.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Likely etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic, with hepatitis and infiltrative neoplasia being highly unlikely differentials.

The renal mineralization can be considered an incidental finding.

As the presenting clinical signs and the appearance of the liver are both consistent with Cushing's disease, with a negative LDDS test a possible diagnosis would be adrenal sex hormone imbalance.

Further assessment would be ACTH stimulation testing, measuring pre- and post-cortisol as well as 17-hydroxprogesterone.

Specific therapy would be dependent on an etiological diagnosis.

Initial management of the emerging mucocele would be the use of Ursodiol, and if there is not a satisfactory response, or there is progressive deterioration, then a cholecystectomy should be considered.



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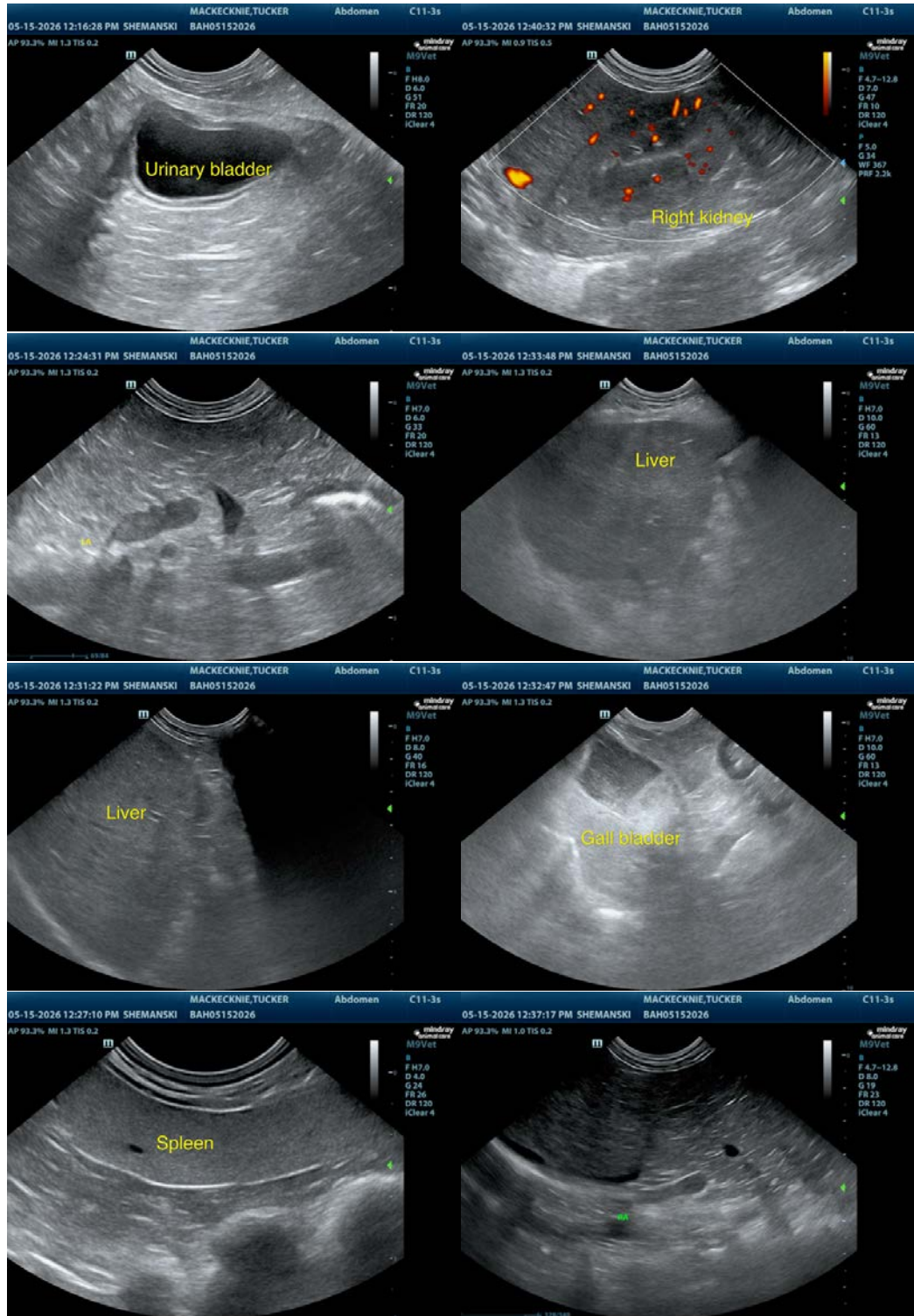
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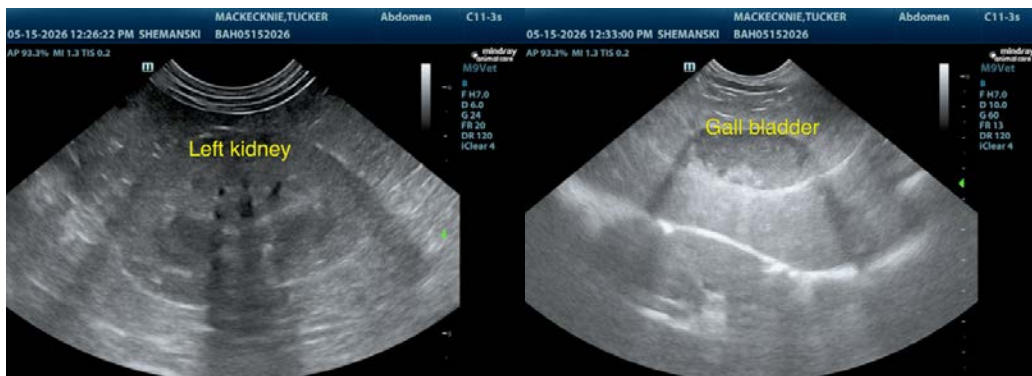
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)