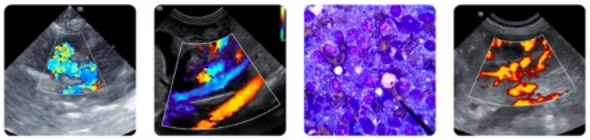


PATIENT

Elsa Crumb

SPECIES

Canine

BREED

Havanese

SEX

Spayed female

AGE

11 years

WEIGHT

24 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Veterinay Service

REFERRING VET

Dr. Neno

INVOICE

77802

DATE

5/20/26

PRESENTING CLINICAL SIGNS

Abdominal ultrasound for evaluation of elevated ALP.
Pre-op bloodwork was performed at the annual exam and the ALP was 1175. The previous ALP in June of 2024 was 232.
She acts fine, no PUPD.
She has a sore left front carpal area.
Appetite is good. Stool is kind of hard and on the darker side, but not black. No vomiting or diarrhea. No weight loss or gain. Owner reports that the referring veterinarian is concerned about her weight and treat consumption.
CLINICAL SIGNS: none. Has a Cushing's phenotype
MEDICATIONS:Carprofen 25 mg as needed, not given often but is given periodically when lame.
Abnormal PE/Chem/CBC/UA Results: Bloodwork (5/6/2026): Albumin 4.1 2.2 - 3.9 g/dL H ALP 1,175 23 - 212 U/L H

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.

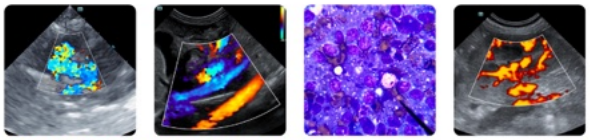
Normal renal size (left measured 5.2 cm, right measured 5.4 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.07 cm in length x 0.65 cm and 0.53 cm in width. The right adrenal gland was plump in size with a slightly rounded shape, but maintained a normal echogenic appearance, position and appearance of the visible peri-adrenal vasculature. The right adrenal gland measured 1.65 cm in length x 0.79 cm and 0.88 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. Focal, mottled echogenic, nodule measuring 0.5 cm in the body of the spleen. The spleen measured 1.1 cm in width.



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Liver

Normal size with a diffuse, increased echogenic appearance, normal portal markings, and regular curvilinear capsule. Patchy areas of parenchymal mineralization are evident. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

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.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Right adrenomegaly.
- Splenic nodule.
- Gallbladder sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia highly unlikely differential diagnosis.

Although the right adrenomegaly may be an incidental finding, emerging pituitary dependent Cushing's disease should still be considered.

The likely etiologies for the splenic nodule would be extramedullary hemopoiesis/reactive hyperplasia, granuloma and hematoma with emerging neoplasia a less likely differential diagnosis.

The gallbladder sediment is most likely an incidental finding.

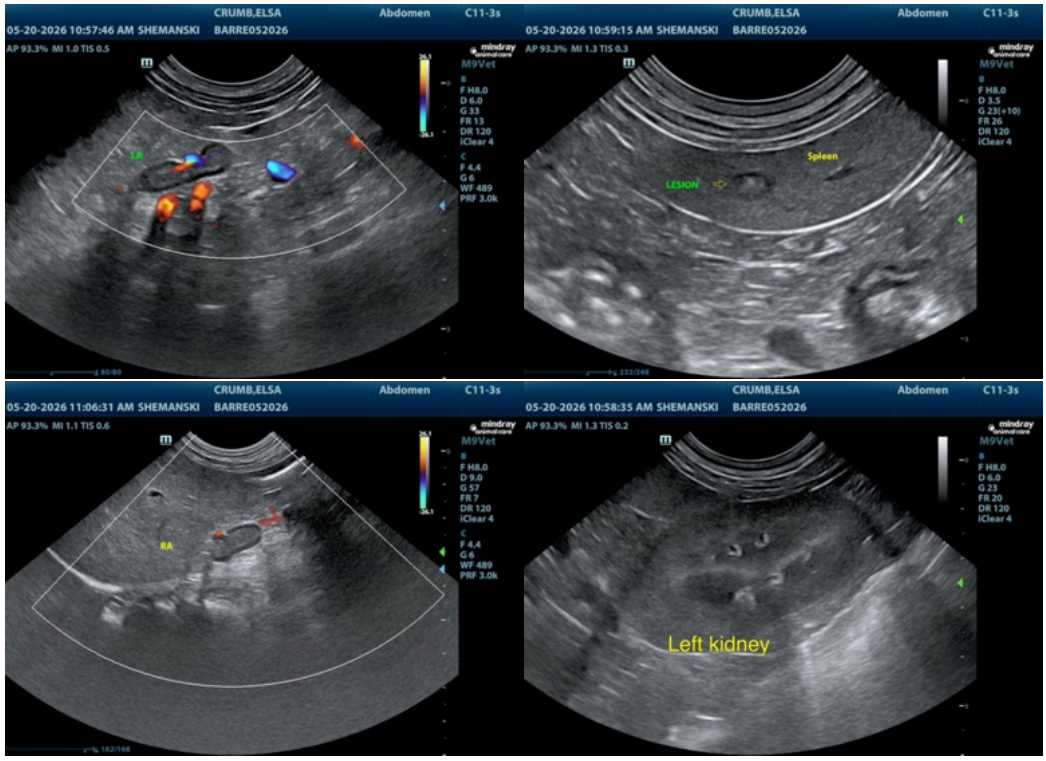
Further assessment would be urine specific gravity and urine cortisol to creatinine ratio and if abnormal then adrenal function testing (ACTH stimulation/LDDST) would then be indicated.

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

Ultrasound monitoring of the splenic nodule would be recommended and if there is any enlargement or bulging of the overlying capsule noted then splenectomy would be indicated.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the hepatopathy and gallbladder sediment would be the use of Ursodiol with regular monitoring of liver enzyme activity.



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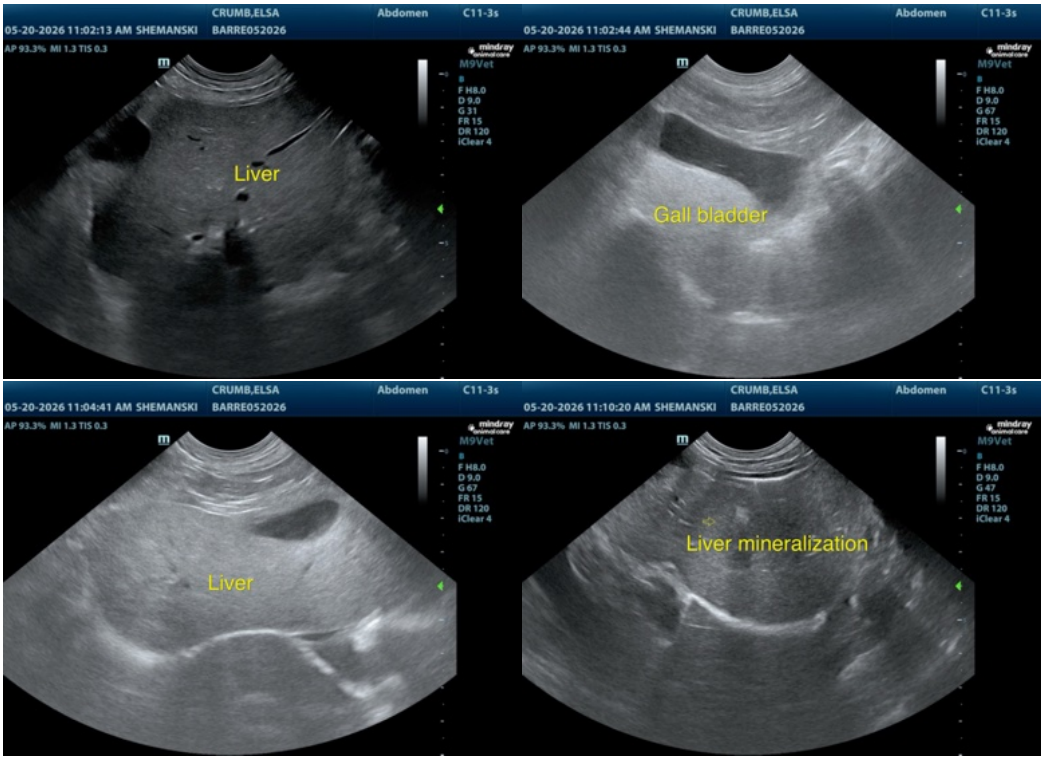

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com