



PATIENT

Xena Seabaugh

SPECIES

Canine

BREED

Plott Hound Cross

SEX

Spayed female

AGE

10 years

WEIGHT

75 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Warner

HOSPITAL NAME

VT NH Vet Clinic

REFERRING VET

Dr. Torzewski

INVOICE

75175

DATE

5/5/26

PRESENTING CLINICAL SIGNS

History: - relevant medical history: 10year old FS Plott Hound Mix presented for primary concern of PU/PD (going outside every 2 hours overnight). Urine volumes large, no straining. Humane Society put P on proin for urine leakage (50mg BID). Lightened coat to alopecia on limbs on exam. Bloodwork showed hypoALB, ALT 129/ALP2097. Urine cx showed e.coli 3/28/26, started abx and recheck urine cx 4/17 showed proteus and switched abx to cephalexin per culture/sensitivity. Hepatomegaly on rads. - current symptoms and duration: PU/PD and progressively lightened hair coat (or alopecia) since adoption in March.

- current treatments and or medications: Proin 50mg BID, cephalexin 750mg BID
- any abnormal test results of imaging (limit 1500 characters): hepatomegaly, age related lung findings
Abnormal PE/Chem/CBC/UA Results: mildly overweight, lightened coat to alopecia on limbs on exam hypoALB 2.4, ALT 129/ALP2097. Urine cx showed e.coli 3/28/26, started abx and recheck urine cx 4/17 showed proteus and switched abx to cephalexin per culture/sensitivity. Hepatomegaly on rads.

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 8.1 cm, right measured 8.2 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

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.63 cm and 0.65 cm in width. The right adrenal gland measured 1.85 cm in length x 0.68 cm and 0.82 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 2.0 cm in width.



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Liver

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

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 fluid was present in the stomach.

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

- Hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Although the adrenal glands appear ultrasonographically normal with the presenting clinical signs, severely elevated ALP activity and hepatopathy, pituitary dependent Cushing's disease should still be considered.

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



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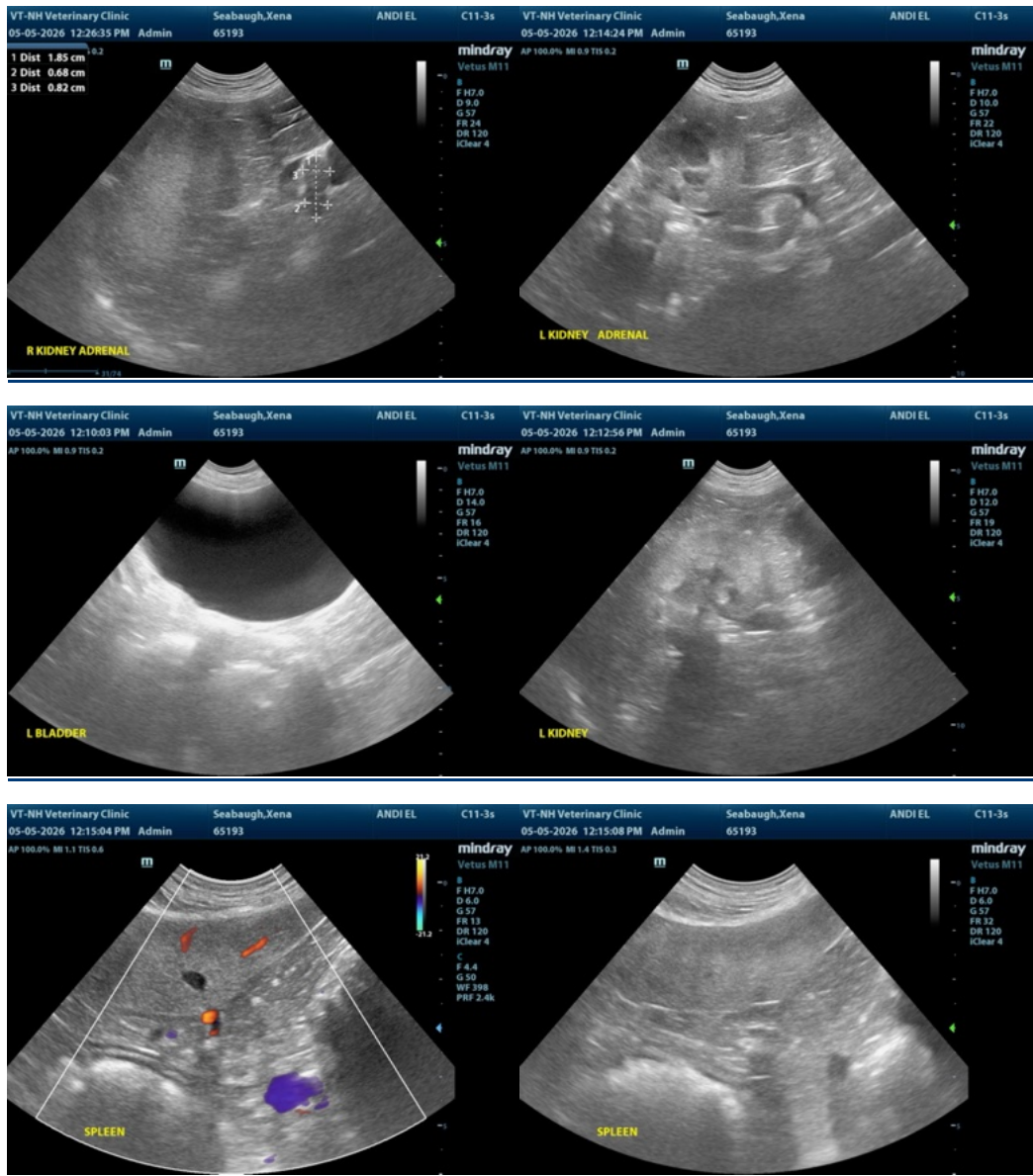
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If Cushing's disease has been excluded, then further assessment of the hepatopathy would be FNA cytology. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.





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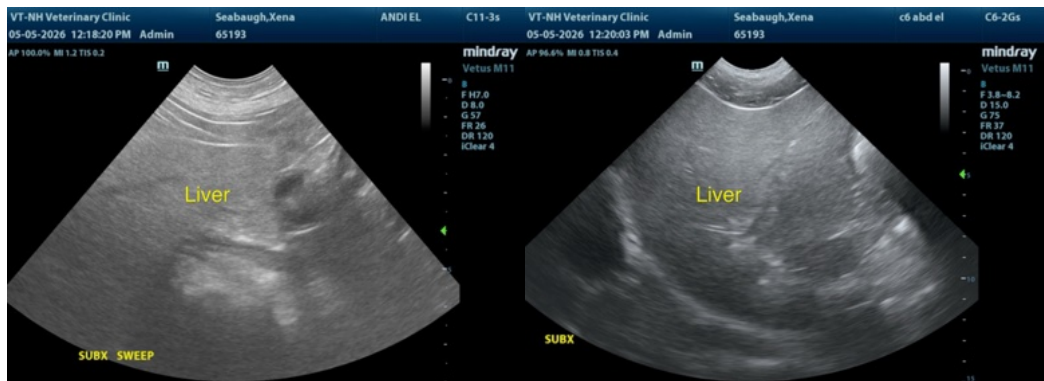
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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