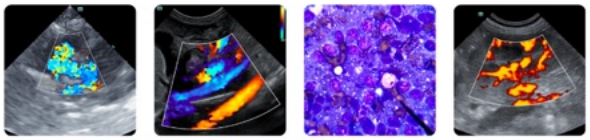


PATIENT

Mackeson Noble

SPECIES

Canine

BREED

Pit Bull Mix

SEX

Spayed female

AGE

12 years

WEIGHT

68 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Devon Papa CVT

HOSPITAL NAME

Valley VS

REFERRING VET

Dr. Riddlebaugh

INVOICE

78208

DATE

6/1/26

PRESENTING CLINICAL SIGNS

History: Presented for 2nd opinion for Cushing's Dz due to elevated liver values. Elevated C;C ratio. LDDT positive but can't distinguish between PDH or ADH. Owner elected to treat. Started Vetoryl 60mg PO SID. Pre-dose cortisol shows patient is controlled but still has clinical signs (PU/PD, panting, weight loss, restlessness). Blood pressures done to rule out Pheochromocytoma.
Abnormal PE/Chem/CBC/UA Results: 4/2/2026: UCCR=45 Sp. Gr=1.006 MA=7.2 Bacteria Cocci=10-25 (free catch sample) 4/16/2026: LDDS Pre=4.3 (1.0-5.0) 4hr=6.4 (0.0-1.4) 8hr=8.9 (0.0-1.4) 5/18/2026: Pre-Dose Cortisol=1.91

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Small, focal, irregular, hyperechogenic mass on the ventral wall towards the apex measuring 0.9 x 1.1 cm in size.

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 6.5 cm, right measured 6.2 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

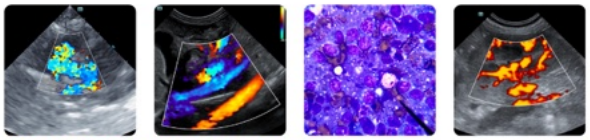
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.76 cm and 0.92 cm in width. The right adrenal gland measured 0.47 cm and 0.62 cm in width.

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. A small, focal, hypoechogenic parenchymal nodule in the body of the spleen measuring 0.8 cm in size. The spleen measures 1.5 cm in width.

Liver

Normal size with a diffuse, increased echogenic appearance, normal portal markings, and regular curvilinear capsule. No nodules evident. A large, irregular, mottled echogenic and cavitary mass measuring 6.0 x 8.0 cm in size in the left lobe. No additional masses are 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 small amount of ingesta is present in the stomach compatible with a recent meal.

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

- Hepatic mass.
- Hepatopathy.
- Splenic nodule.
- Urinary bladder mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatic mass would be neoplasia with hematoma and granuloma an unlikely differential diagnosis.

The most likely etiology for the hepatopathy would be metabolic secondary to the Cushing's disease.

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

Etiologies for the urinary bladder would be granuloma and emerging neoplasia.

Further assessment of the hepatic mass would be three view thoracic radiographs and FNA cytology.

A tru cut or wedge biopsy may be required for a final etiological diagnosis.

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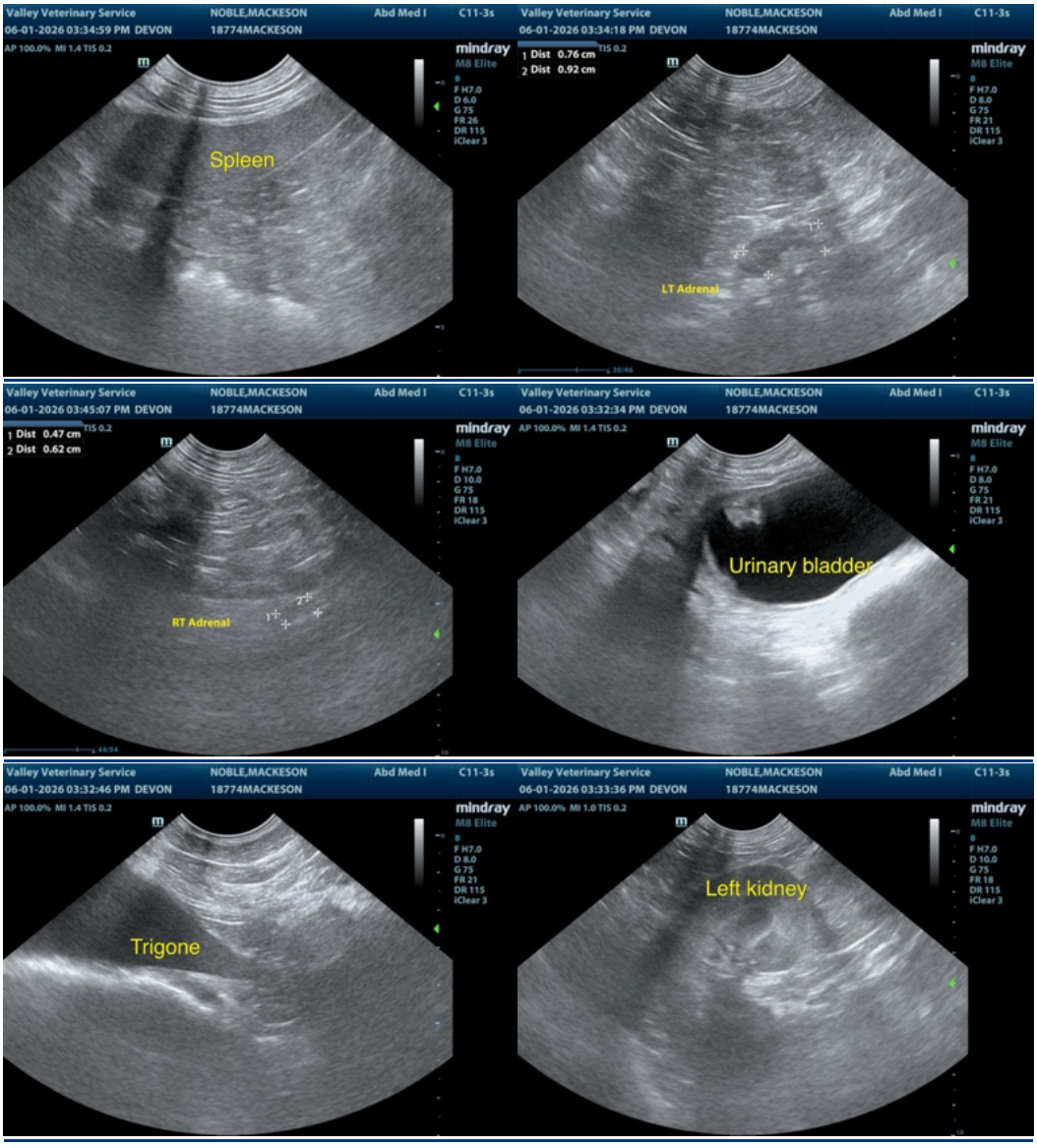
Furthe reassessment of the urinary bladder mass would be BRAF analysis and/or a catheter assisted aspirate/biopsy for cytology/histopathology.

Although the adrenal glands appear ultrasonographically normal, this would still be consistent with pituitary dependent Cushing's disease as per the patient's history.

Monitoring of the splenic nodule would be recommended and if there is any progressive enlargement or bulging of the overlying capsule, then splenectomy would be indicated.

Further specific therapy would be dependent on an etiological diagnosis.

If surgery is being contemplated for the hepatic mass, then a CT scan would be recommended as the urinary bladder mass is small and not associated with the trigone area, surgical resection would be a feasible option.



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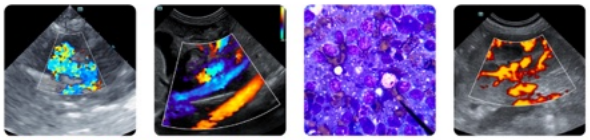

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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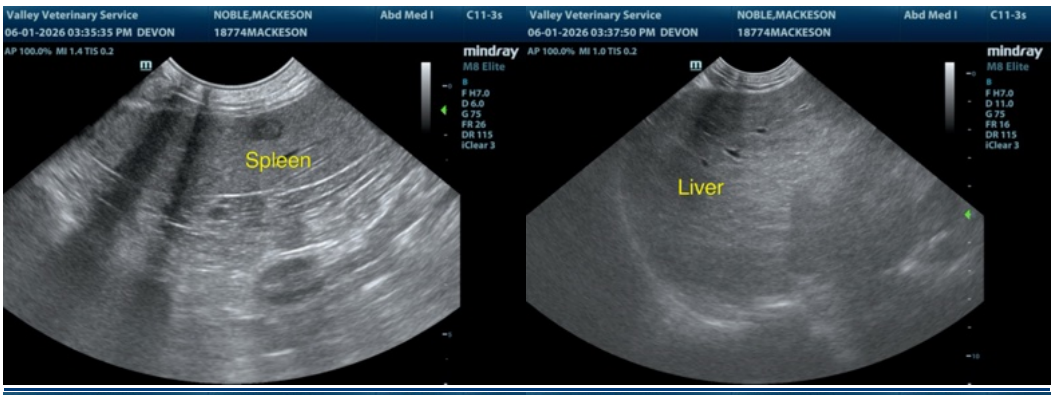

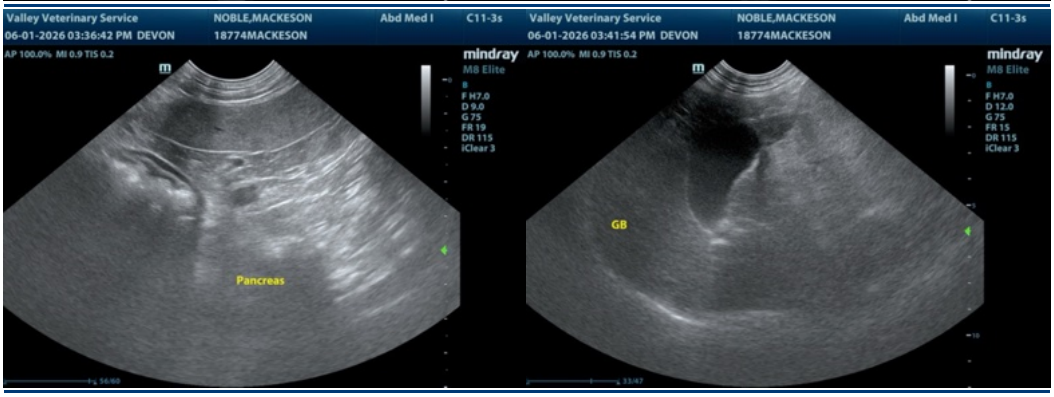

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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