



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Daisy Boehm	History: Elevated liver value. Lyme positive Abnormal PE/Chem/CBC/UA Results: ALP 1074 LDDS pending
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b> The urinary bladder is full, with a normal thickness and smooth appearance of the wall. Moderate amount of floating hyperechogenic sediment present. No uroliths evident.
<b>BREED</b>	
Rat Terrier	Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.
<b>SEX</b>	
Intact Female	Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.
<b>AGE</b>	
10 years	<b>Left Adrenal Gland</b> Left adrenal mass with a mottled, echogenic anechoic irregular appearance (measuring 1.40 x 1.60 cm) with no obvious infiltration into the surrounding vasculature. However, color flow Doppler would be recommended to ensure that there is definitely no infiltration.
<b>WEIGHT</b>	
13 lbs	<b>Right Adrenal Gland</b> (Not visualized).
<b>INTERPRETED BY</b>	<b>Spleen</b> 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.
Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM	<b>Liver</b> Normal size, with a diffuse, increased echogenic appearance, loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.
<b>IMAGING PERFORMED BY</b>	
JK	<b>Gallbladder</b> The gallbladder is full, containing a moderate amount of adherent hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.
<b>HOSPITAL NAME</b>	
Hamburg VC	<b>Gastrointestinal</b> 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. Moderate amount of ingesta within the stomach
<b>REFERRING VET</b>	
Dr. Branning	<b>Pancreas</b> Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.
<b>INVOICE</b>	
13546	<b>Free Abdomen</b> Normal mesenteric lymph nodes.
<b>DATE</b>	
6.30.23	



**PATIENT**

No ascites evident.

Daisy Boehm

**ULTRASONOGRAPHIC FINDINGS**

**SPECIES**

**Primary Findings**

Canine

- Left adrenal mass
- Hepatopathy

**BREED**

Rat Terrier

**Secondary Findings**

- Gallbladder and urinary bladder sediment

**SEX**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Intact Female

Etiologies for the left adrenal mass would be functional/nonfunctional carcinoma and pheochromocytoma.

**AGE**

Etiologies for the liver would be reactive, hyperechoic, vacuolar, metabolic, chronic hepatitis, early cirrhosis, and infiltrative neoplasia.

10 years

Further assessment needs to be based on the pending LDDS test result, but could include urinalysis, urine culture, FNA cytology of the liver and adrenal mass. If the LDDS test is negative, then serial blood pressure measurements and plasma and catecholamine assay.

**WEIGHT**

13 lbs

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the liver and gallbladder would be Ursodiol.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

JK

**HOSPITAL NAME**

Hamburg VC

**REFERRING VET**

Dr. Branning

**INVOICE**

13546

**DATE**

6.30.23





**PATIENT**

Daisy Boehm

**SPECIES**

Canine

**BREED**

Rat Terrier

**SEX**

Intact Female

**AGE**

10 years

**WEIGHT**

13 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

JK

**HOSPITAL NAME**

Hamburg VC

**REFERRING VET**

Dr. Branning

**INVOICE**

13546

**DATE**

6.30.23



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)