



**PATIENT**

Duncan Alexander

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Neutered male

**AGE**

11 ½ years

**WEIGHT**

32.8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Ginny Dodd DVM,  
 DABVP (CFP)

**HOSPITAL NAME**

Monroe Road AH

**REFERRING VET**

Dr. Marjorie Widay

**INVOICE**

71018

**DATE**

1/28/26

**PRESENTING CLINICAL SIGNS**

- New heart murmur heard, 2/6 over L heart base, eupneic, needs dental
- CBC- SI low HCT 39.2, MCV low 61, plt H 434, hemolysis present
- CHEM- ALP H- 1313, T Bil 0.6, uncong 0.4, cong bili 0.2, lipase H 488; proBNP- 1346 (N< 900)
- UA- 1.022, pH 5.5, dip neg; sed- WNL
- Total T4 18 normal
- 4 X serology -neg
- Parasite- non path yeast only

**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 (0.4 x 0.8 cm in size). Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 5.2 cm, right measured 5.2 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. The kidneys have a normal color flow pattern.

The prostate is small and hypoechogenic measuring 1.0 cm in width.

**Adrenal Glands**

The adrenal glands are bilaterally enlarged, but maintained a normal shape, echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.03 cm in length x 0.53 cm and 0.89 cm in width. The right adrenal gland measured 2.15 cm in length x 0.95 cm and 0.57 cm in width.

**Spleen**

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Incidental myelolipoma is present. 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.

**Liver**

Normal size with a diffuse, increased echogenic and coarse appearance, prominent portal markings, and regular curvilinear capsule. A focal, hypoechogenic parenchymal nodule measuring 1.3 x 2.2 cm in the



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left lobe. No additional nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

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**Gallbladder**

The gallbladder is full containing a moderate 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.

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**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. Fecal material was present within the colon.

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**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.

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**Free Abdomen**

Normal mesenteric lymph nodes.  
No ascites evident.

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**ULTRASONOGRAPHIC FINDINGS**

- Bilateral adrenomegaly
- Hepatopathy
- Hepatic nodule
- Gallbladder sediment

**REFERRING VET**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the adrenomegaly would be age related reactive hyperplasia, disease stress and possibly emerging pituitary dependent Cushing's disease.

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

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Etiologies for the hepatic nodule would be nodular hyperplasia, granuloma, hepatoma and possibly emerging primary hepatocellular carcinoma.



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The gallbladder sediment is most likely an incidental finding.

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

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

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Specific therapy would be dependent on an etiological diagnosis.

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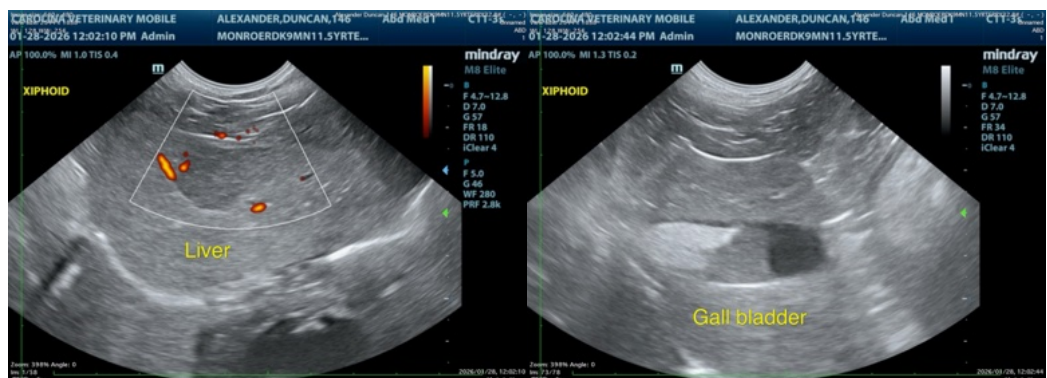
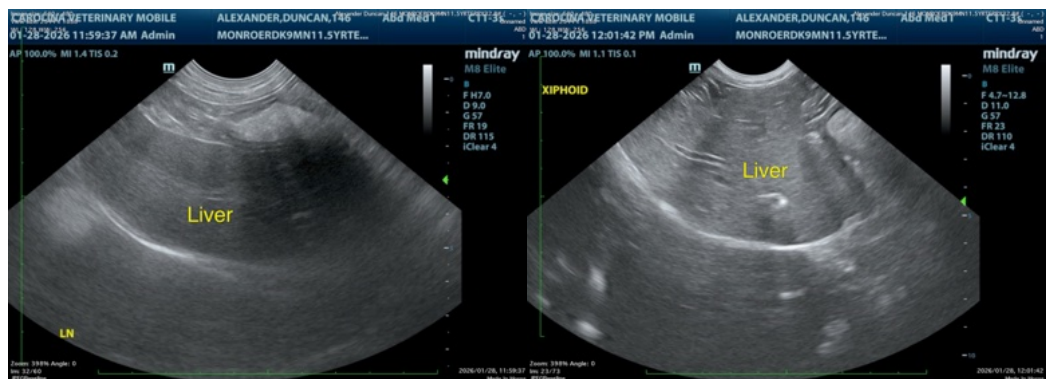
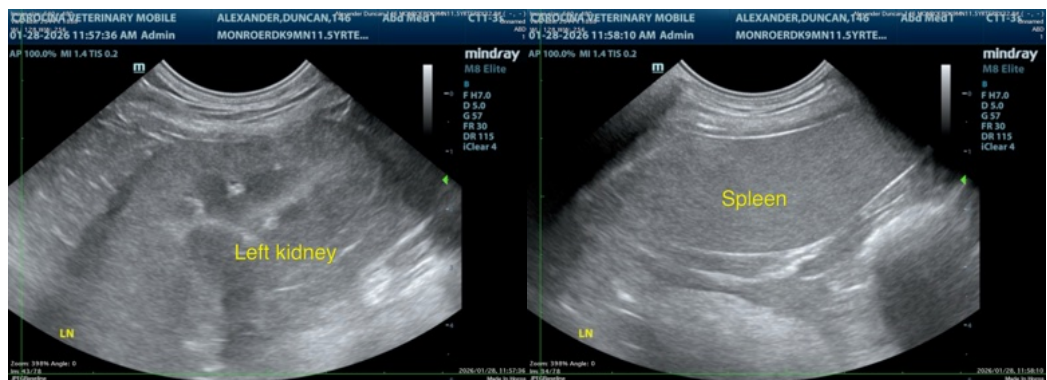
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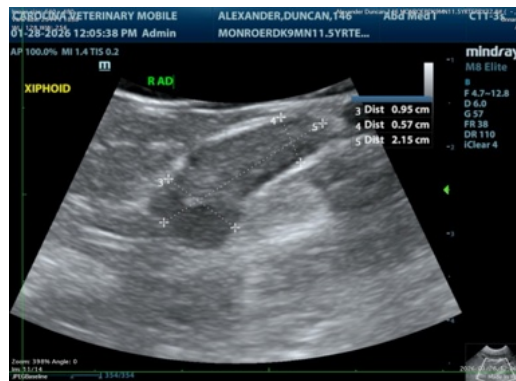
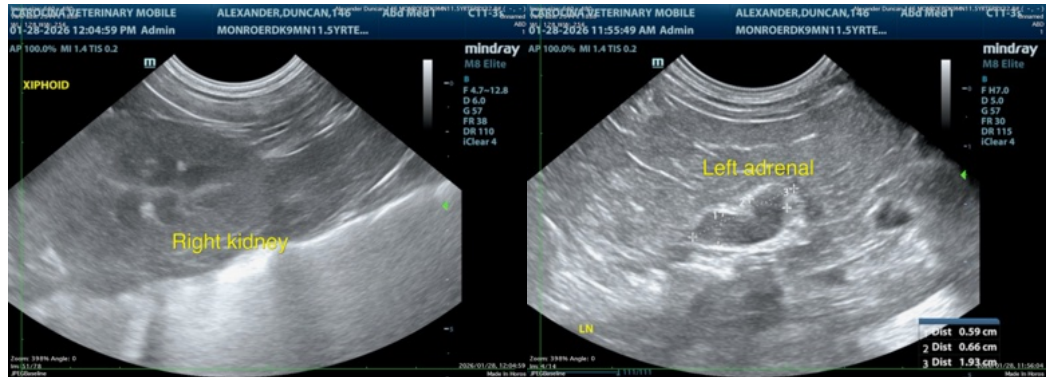
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)