



PATIENT

Tali Keller

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

10 years

WEIGHT

71 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ginny Dodd DVM,
DABVP (CFP)

HOSPITAL NAME

Parker VH

REFERRING VET

Dr. White

INVOICE

69860

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: PU-PD for over a year, LDDST possible PDH, but no other clinical signs Sedated with Butorphanol

Abnormal PE/Chem/CBC/UA Results: PE- wnl, no palpable masses, no alopecia, BCS 5/9 CBC- WNL 11/25 CHEM- IDEXX Vetlab BUN 5 (N 7-27); Chloride 107 (N- 109-125); OSM Calc 306 normal Na/K 34; BUN/creat 9; T4- 2.2 normal ; all liver enzymes normal; cholesterol 220- normal UA- 10/24- free catch, turbid, yellow, 1.010, pH 8.5, dip stick- neg, RBC 0, WBC tntc, epith-few, bact- large- rods, no cast or crystals- Several USG have been checked and have been isosthenuric, recent one 1.001 LDDST pre- 6.9 (n- 106); 4 hr Post- 2.8; 8 hr 4.3- suspect PDH

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 6.3 cm, right measured 6.5 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

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.63 cm in length x 0.47 cm and 0.48 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

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 2.1 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Small, focal, hyperechogenic parenchymal nodule in the cranial aspect of the left lobe measuring 1.6 x 1.8 cm in size. No additional nodules or masses 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.

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 nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In essence a normal ultrasound examination of the abdomen as the most likely etiology for the hepatic nodule would be an incidental nodular hyperplasia.

Dogs with Cushing's disease may have adrenal glands of normal size and shape on ultrasound, particularly in pituitary-dependent hyperadrenocorticism. This highlights the importance of functional testing over anatomical imaging alone in diagnosing Cushing's disease.

Treatment is not indicated if Cushing's is picked up as an incidental finding or there are minimal clinical signs. Generally, Cushing's is treated when the clinical signs affect or reduce quality of life. Important signs are PuPd, possibly polyphagia, polynea, muscle weakness and lethargy and especially if the signs are progressive. Treatment should be started if there are associated complications such as hypertension, concurrent diabetes mellitus, thrombo-embolic disease, or recurrent infections.



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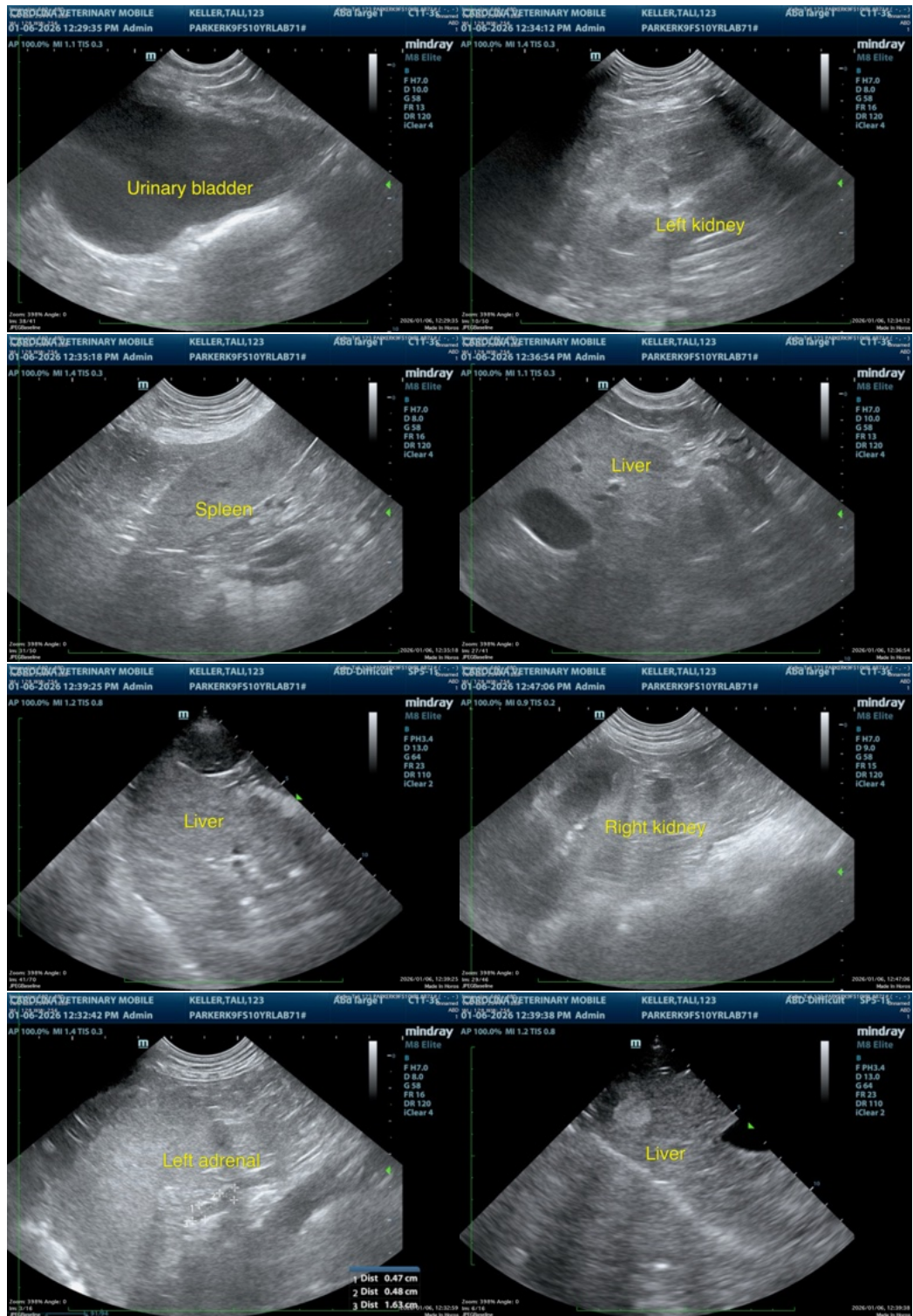
Dr. White

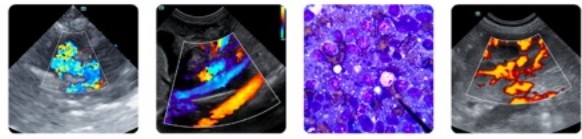
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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