



**PATIENT**

Taz Beverage

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Spayed female

**AGE**

16 years

**WEIGHT**

12.4 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Stewart's Mountain  
 View AH

**REFERRING VET**

Dr. Stewart

**INVOICE**

68253

**DATE**

11/3/25

**PRESENTING CLINICAL SIGNS**

History: P presented on 10/27 for limping in LF leg, circling, P returned 11/3/ for 1.4# weight loss, no improvement not eating very much, circling  
 Abnormal PE/Chem/CBC/UA Results: HCT 33.9, Retic 57.5, WBC 25.38, Neu 21.62, Mono 1.63 ALT 429, ALKP 1593, GGT 20

**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 3.8 cm, right measured 4.6 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts or renoliths evident. Bilateral cortical mineralization is present in both kidneys. Normal color flow pattern is evident in both kidneys.

**Adrenal Glands**

Bilaterally enlarged with a rounded shape, but maintained a normal echogenic appearance, position and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.16 cm in length x 0.68 cm and 0.67 cm in width. The right adrenal gland measured 1.72 cm in length x 0.7 x 0.84 cm and 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 1.1 cm in width.

**Liver**

The liver is enlarged with rounded edges, diffuse increased echogenic and coarse appearance, decreased portal markings, and regular curvilinear capsule. Focal, hypoechogenic, parenchymal nodule measuring 1.3 x 1.5 cm in the right lobe. No additional nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



**PATIENT**

Taz Beverage

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Spayed female

**AGE**

16 years

**WEIGHT**

12.4 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Stewart's Mountain  
 View AH

**REFERRING VET**

Dr. Stewart

**INVOICE**

68253

**DATE**

11/3/25

***Gallbladder***

The gallbladder is full containing a small 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.

***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. The pancreatic body measures 1.0 cm in width.

***Free Abdomen***

Normal mesenteric lymph nodes.

No ascites evident.

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral adrenomegaly.
- Hepatopathy.
- Hepatic nodule.
- Gallbladder sediment.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the adrenomegaly would be reactive hyperplasia, disease, stress and possible pituitary dependent Cushing's disease.

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

The most likely etiology for the hepatic nodule would be incidental nodular hyperplasia.

The gallbladder sediment is most likely an incidental finding.

With the presenting clinical signs, underlying primary neurological disease would be an important consideration.



**PATIENT**

Initial further assessment would be neurological examination, urine specific gravity and a urine cortisol to creatinine ratio.

Taz Beverage

**SPECIES**

If the urine specific gravity is low and/or there is an abnormal cortisol to creatinine ratio, then adrenal function testing (ACTH stimulation/LDDST) would then be indicated.

Canine

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.

**BREED**

Specific therapy would be dependent on an etiological diagnosis.

Mix

An MRI scan of the brain may also be indicated.

**SEX**

Spayed female

**AGE**

16 years

**WEIGHT**

12.4 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Stewart's Mountain  
 View AH

**REFERRING VET**

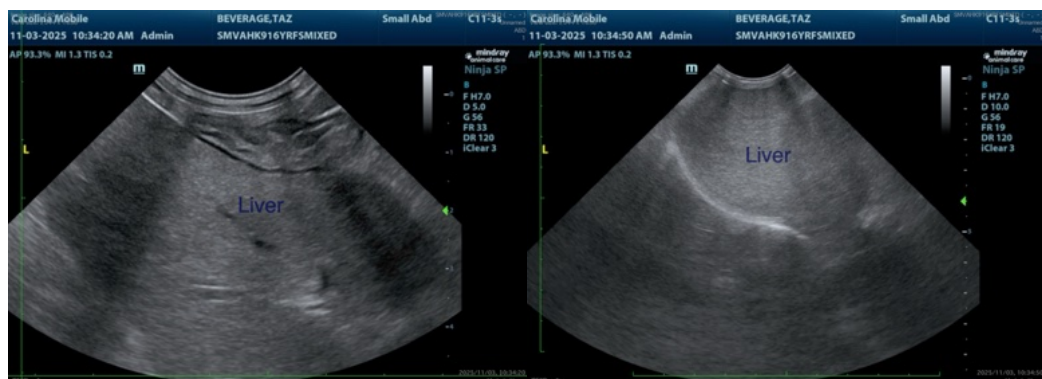
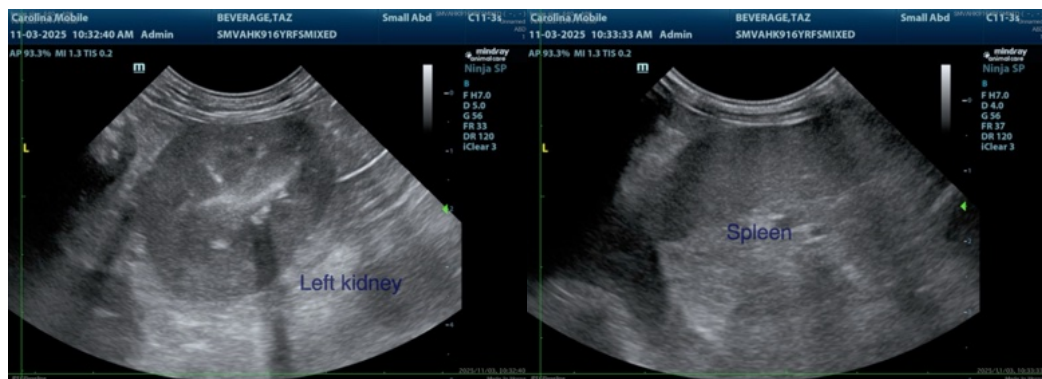
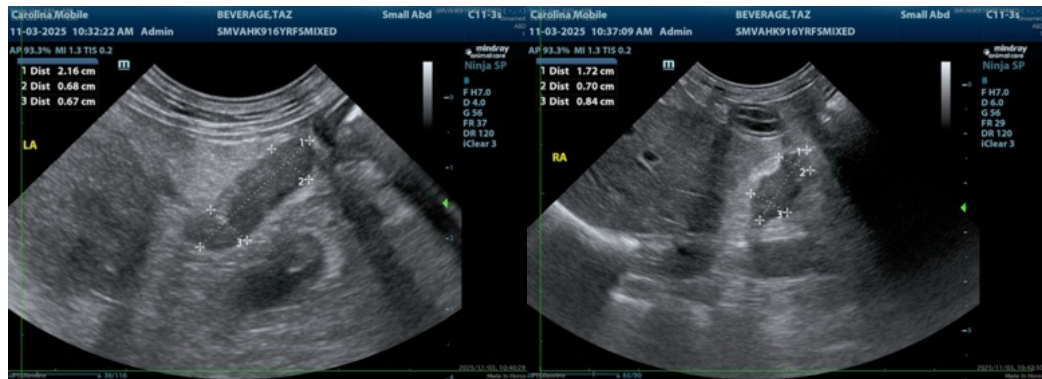
Dr. Stewart

**INVOICE**

68253

**DATE**

11/3/25





**PATIENT**

Taz Beverage

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Spayed female

**AGE**

16 years

**WEIGHT**

12.4 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Stewart's Mountain  
 View AH

**REFERRING VET**

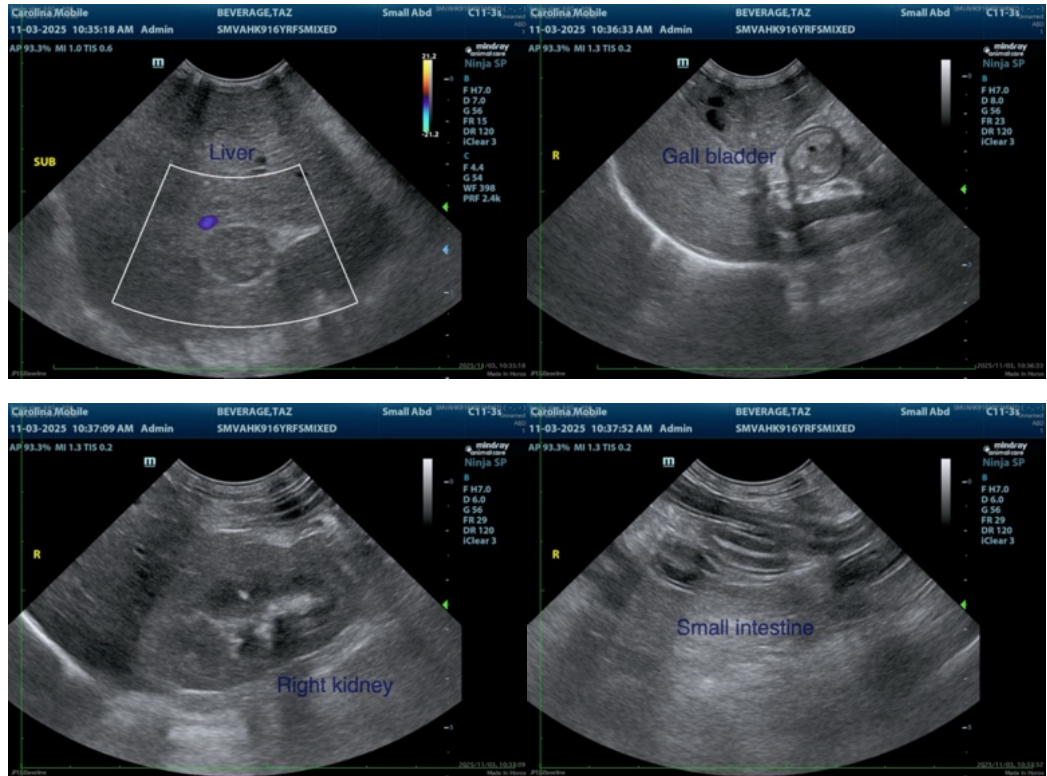
Dr. Stewart

**INVOICE**

68253

**DATE**

11/3/25



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)