



PATIENT

Samuel Bialski

SPECIES

Canine

BREED

American Bulldog Mix

SEX

Neutered male

AGE

10 years

WEIGHT

70 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ginny Dodd, DVM

HOSPITAL NAME

Steele Creek AH

REFERRING VET

Dr. Schuver

INVOICE

73738

DATE

3/24/26

PRESENTING CLINICAL SIGNS

- AUS on 3/4/26- invoice 72177L CT showed L adrenal crossing ventral to vena cava and invading CVC with 90% of lumen occluded. R Adrenal enlarged 1.6 x 1.9 cm. Contrast enhancing nodules with/l spleen parenchyma w/o deformity of margins. Irregular mucosal proliferation in nondependent part of gallbladder wall. One small lymph node (0.6 cm) adjacent to L limb of pancreas. Portal vein - normal.
- adrenalectomy- pheochromocytoma 3/10/26 Discharged on 3/13? Has been hyporexic since.. He was on red and gabapentin for 3 days after discharge. He has had a low grade fever (< 103) treated with Dipyrone but no NSAIDS given per owner. He had black stools today.
- CBC and Chem panel rechecked at specialty clinic- ALKP mild elevation.

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 6.0 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. Normal color flow pattern is evident in both kidneys.

The prostate is small and hypoechogenic.

Adrenal Glands

The left adrenal gland was absent (adrenalectomy). There is a hyperechogenic appearance of the region of the left adrenal gland. The right adrenal gland was enlarged and measured 3.25 cm in length x 1.03 cm and 1.57 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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.6 cm in width.



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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is small 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 fluid was noted in the stomach.

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.

Enlarged jejunal lymph node measuring 0.6 x 2.2 cm in size maintaining a normal shape and echogenic appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Focal lymphadenomegaly.
- Right adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the lymphadenomegaly would be reactive hyperplasia secondary to the recent surgery.

The most likely etiology for the right adrenomegaly would be disease, stress and age related reactive hyperplasia with pituitary dependent Cushing's disease a less likely differential diagnosis.

Although the region of the left adrenal gland is most likely secondary to the recent surgery, steatitis needs to be considered.



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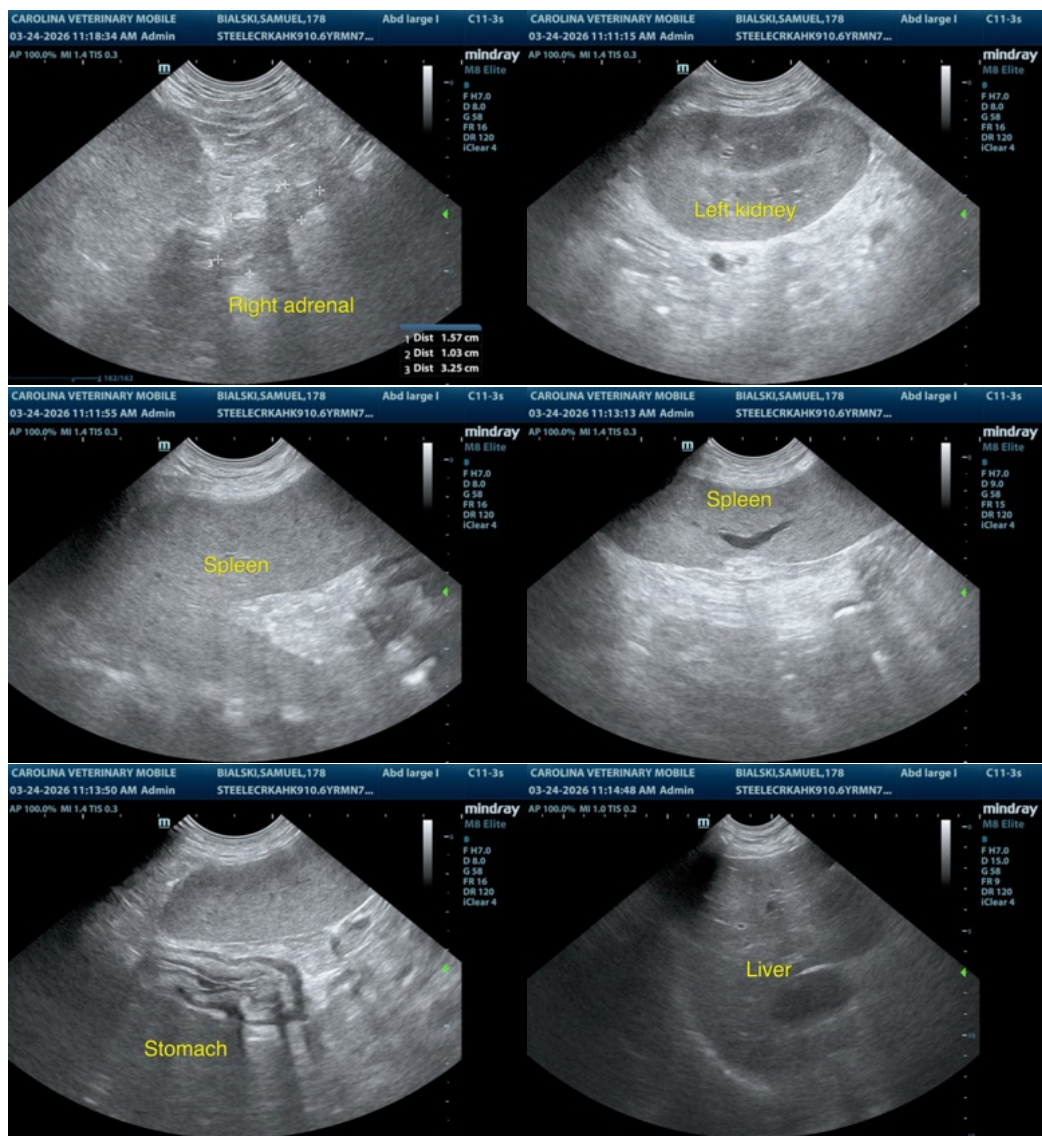
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With the presenting clinical signs and recent surgery and although the pancreas appears ultrasonographically normal, an underlying, low-grade pancreatitis needs to be considered.

Gastric ulceration would be a possible differential diagnosis for the presenting clinical signs.

Further assessment would be CPL/PSL assay.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management that can be considered would be gastric protectants (Sucralfate, Omeprazole), antiemetics, analgesics and feeding small frequent meals of a low fat intestinal type diet.





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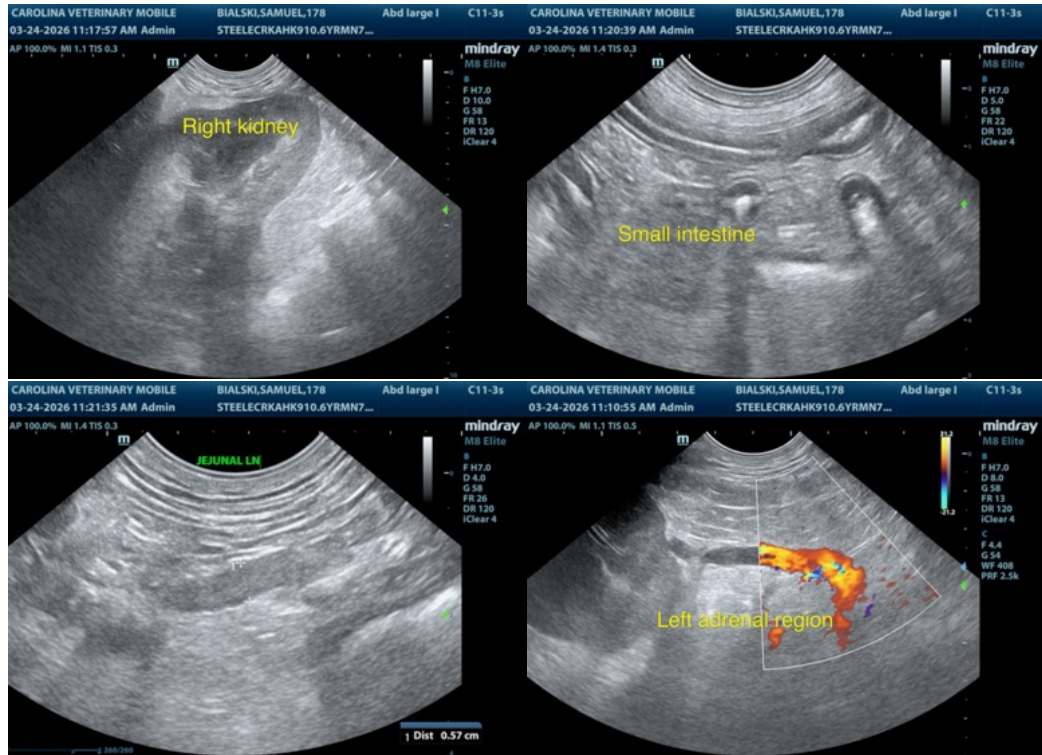
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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