



PATIENT

Samuel Bialski

SPECIES

Canine

BREED

American Bulldog Mix

SEX

Neutered male

AGE

10 years

WEIGHT

72 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

72177

DATE

3/4/26

PRESENTING CLINICAL SIGNS

- PU/PD. Urine specific gravity 1.005, ALP 364

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 8.0 cm, right measured 8.1 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 measuring 0.9 cm in width.

Adrenal Glands

The left adrenal gland was enlarged, irregular, mottled echogenic mass maintaining its normal position with no obvious invasion into the surrounding periadrenal vasculature. The left adrenal gland measured 2.6 x 5.3 cm.

The right adrenal gland was enlarged with a rounded shape, normal echogenic appearance, position and appearance of the periadrenal vasculature. The right adrenal gland measured 3.71 cm in length x 1.09 cm and 1.32 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 2.2 cm in width.

Liver

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



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Gallbladder

The gallbladder is small 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.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Left adrenal mass.
- Right adrenomegaly.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the left adrenal mass would be non-functional carcinoma and pheochromocytoma.

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

The gallbladder sediment can be considered an incidental finding.

Further assessment would be three view thoracic radiographs, blood pressure, adrenal function testing (ACTH stimulation/LDDST), urine/plasma catecholamine assay and possibly FNA cytology of the left adrenal mass.

As the left adrenal mass does not appear to be invading surrounding vasculature, surgical resection could be considered. However, a CT scan would be recommended.

Further specific therapy would be dependent on an etiological diagnosis.



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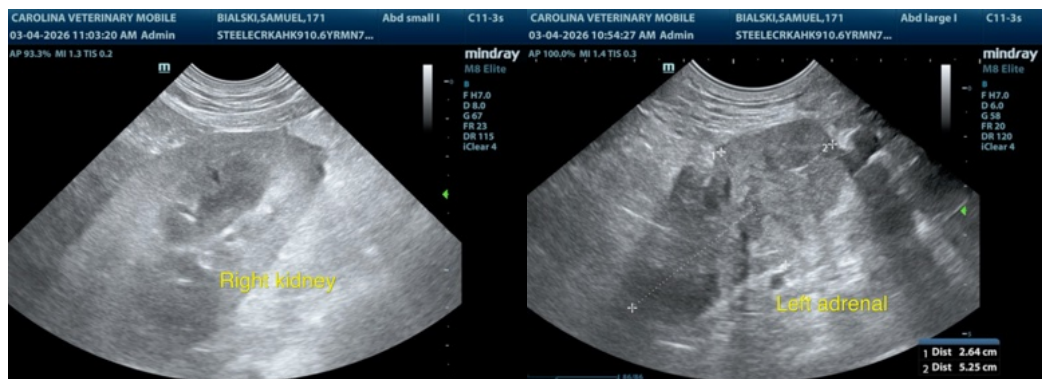
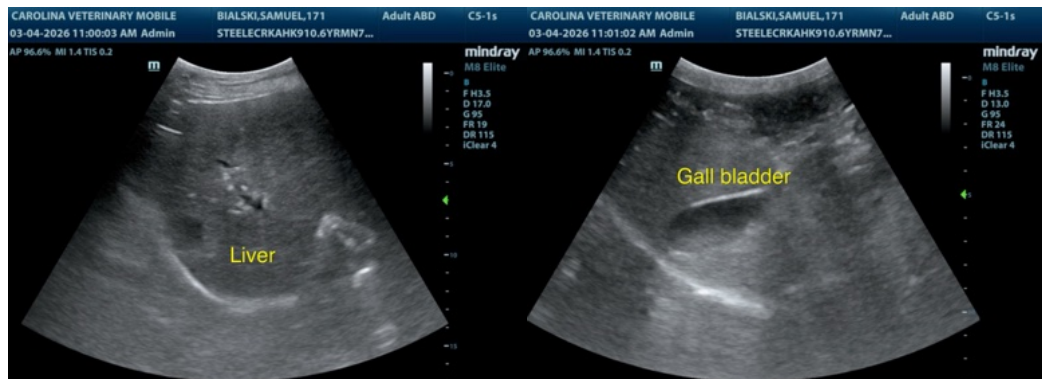
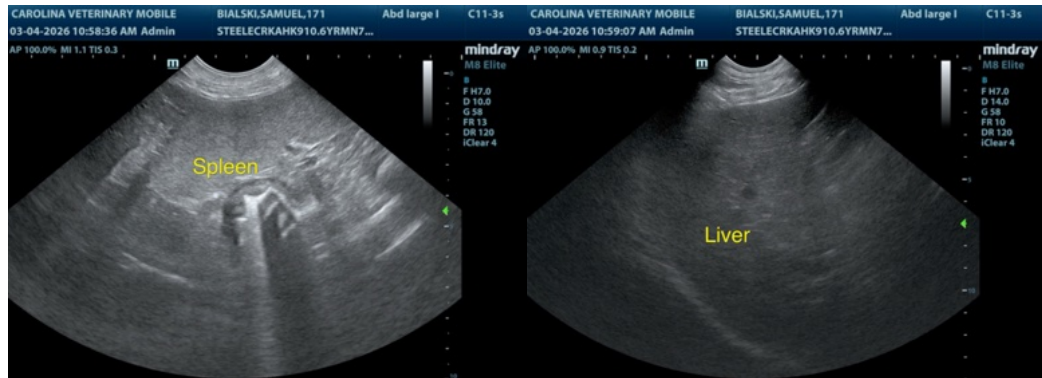
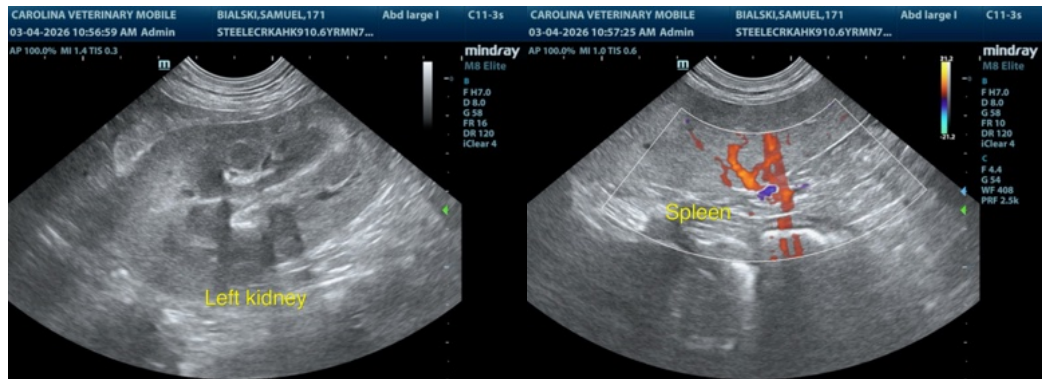
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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