



PATIENT

Chip Johnson

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered male

AGE

12 years

WEIGHT

45 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

AH of Lake Brandt

REFERRING VET

Dr. Wallace

INVOICE

75348

DATE

5/12/26

PRESENTING CLINICAL SIGNS

History: P seen at ER after ingesting 6 pieces of fabric, vomiting up 5 pieces, US showed foreign material in stomach and some material in small intestines but no obstruction, small lesion on spleen patient presented to rDVM today for recheck, p has liquid diarrhea, history of Cushing's disease, new 2/6 murmur,

Rads foreign material seen in stomach- no obstructive pattern in SI
BP 200-209

Currently on Vetoryl and GI supportive care

Abnormal PE/Chem/CBC/UA Results: PLT 117, ALKP 303

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 6.8 cm, right measured 6.2 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. Normal color flow pattern is evident in both kidneys. A few, small, incidental cortical cysts are present in both kidneys.

The prostate measured 0.9 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 3.1 cm in length x 1.13 cm and 1.11 cm in width. The right adrenal gland measured 3.42 cm in length x 1.47 cm and 0.71 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 2.4 cm in width.



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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Small, focal, hypoechoic parenchymal nodule in the cranial aspect of the left lobe measuring 0.7 cm in size. No additional nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full almost distended. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

A foreign body measuring 1.4 cm is evident in the stomach. The gastric wall is of normal thickness with no loss of layering and maintaining a 1:3 muscularis to mucosa ratio. A small amount of fluid is present in the duodenum. Normal appearance of the 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

- Gastric foreign body.
- Bilateral adrenomegaly.
- Hepatic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral adrenomegaly would be consistent with a diagnosis of pituitary dependent Cushing's disease and the Trilostane therapy.

The hepatic nodule can be considered an incidental nodular hyperplasia.

Laparotomy would be recommended to remove the foreign body.



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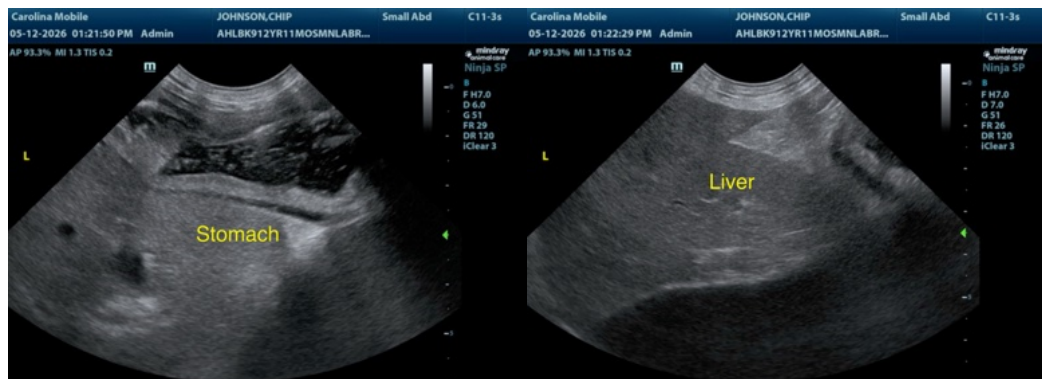
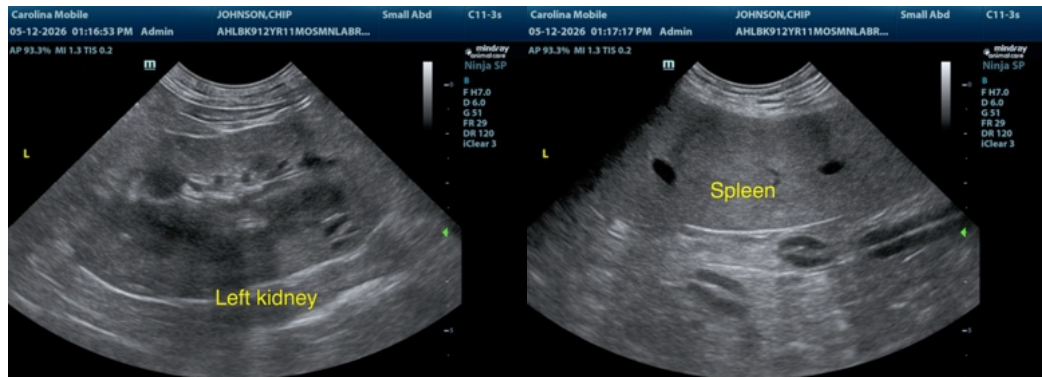
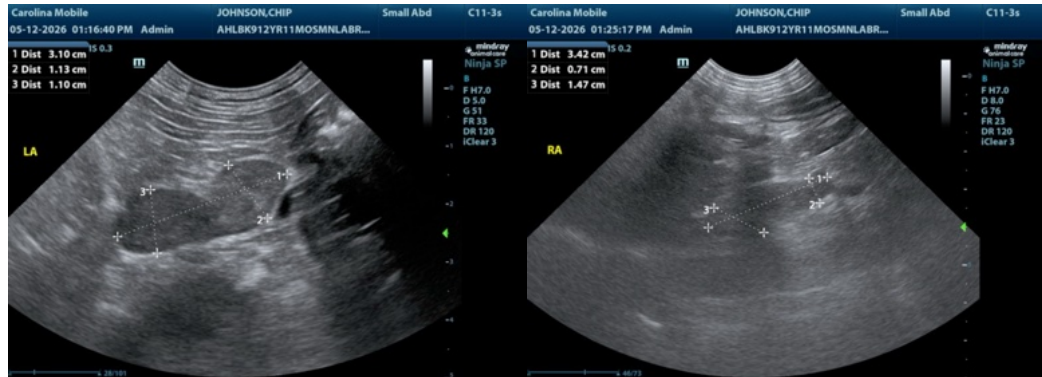
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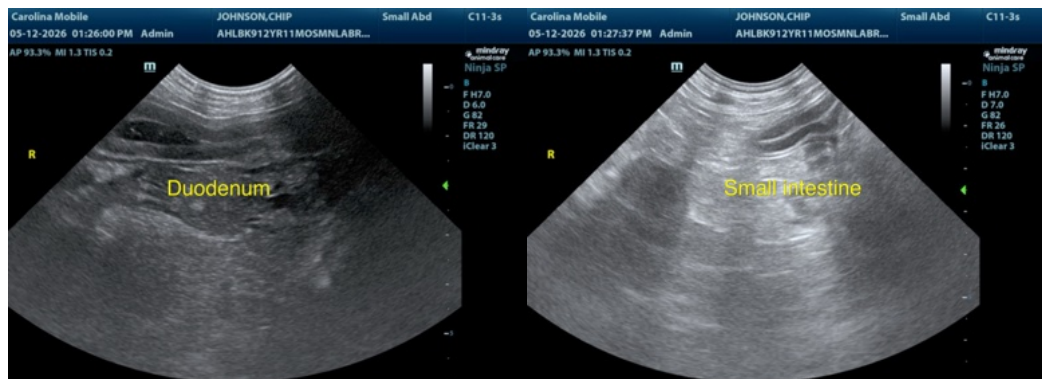
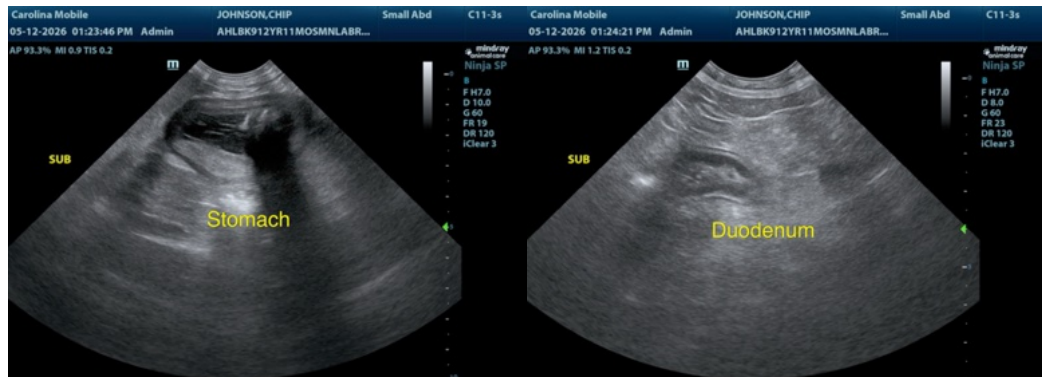
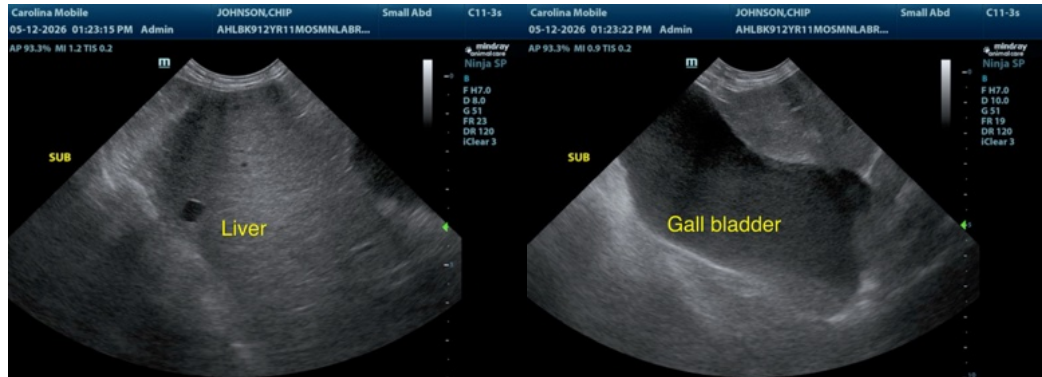
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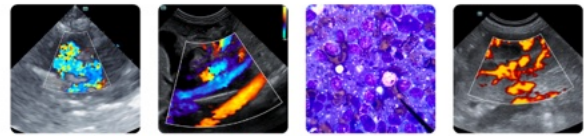
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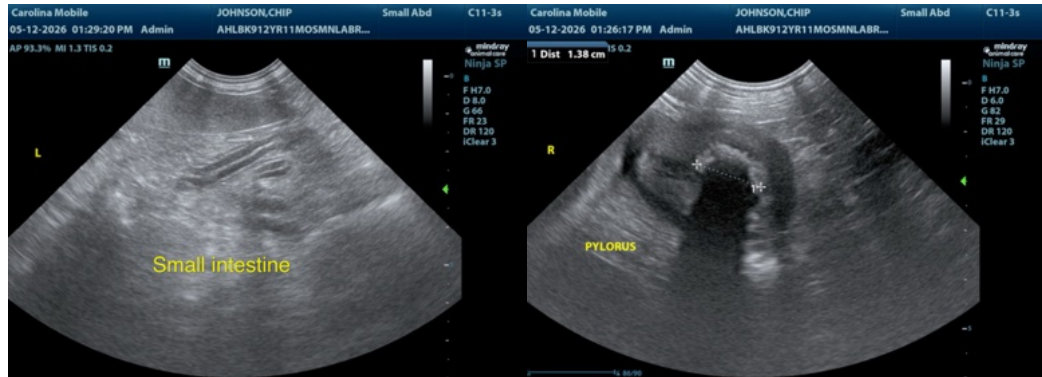
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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