



PATIENT

Merida Fuchs

SPECIES

Canine

BREED

Beagle Mix

SEX

Spayed female

AGE

12 years

WEIGHT

25.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

VCA Blirstown AH

REFERRING VET

Dr. Summers

INVOICE

69788

DATE

1/5/26

PRESENTING CLINICAL SIGNS

History: "lots of things". But mainly looking for adrenal tumor Medications: Vetoryl 5 mg but owner not giving consistently
ALT 248 AlkPhos = 1318 VUN = 64 Bili = 0.1 GGT = 42 Creat = 1.0 Calcium = 11.5 K+ = 5.8. / Na = 146
CBC = WNL

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 5.1 cm, right measured 5.9 cm), increased echogenic appearance, some loss of cortico-medullary differentiation and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Non-obstructive renolith measuring 1.0 cm in size in the right kidney. No renoliths are evident in the left kidney. A few, small, incidental cortical cysts are present in the left kidney. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

The left adrenal gland revealed a large, irregular, poorly vascularized, mottled echogenic mass measuring 3.7 x 4.1 cm in size maintaining normal position and with no obvious invasion into the visible peri-adrenal adrenal vasculature.

The right adrenal gland was enlarged with a rounded shape, maintained a normal echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. The right adrenal gland measured 2.17 cm in length x 0.89 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. An incidental myelolipoma was present. Faint, diffuse, parenchymal mineralization was evident. The spleen measured 1.2 cm in width.

Liver

The liver was enlarged with rounded edges, diffuse increased echogenic appearance, normal 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 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.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Left adrenal mass.
- Right adrenomegaly.
- Hepatopathy.
- Age related renal changes versus early chronic kidney disease.
- Right renolith.
- Splenic mineralization.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the left adrenal gland is consistent with the carcinoma, which may either be functional or non-functional. Pheochromocytoma is a less likely differential diagnosis.

Etiologies for the right adrenomegaly would be secondary to trilostaine therapy, age related reactive hyperplasia, disease, stress and possibly pituitary dependent Cushing's disease.

The most likely etiology for the hepatopathy would be metabolic secondary to the Cushing's disease.

The splenic mineralization can be considered secondary to the Cushing's disease.

Both the gallbladder sediment and renolith can be considered incidental findings.



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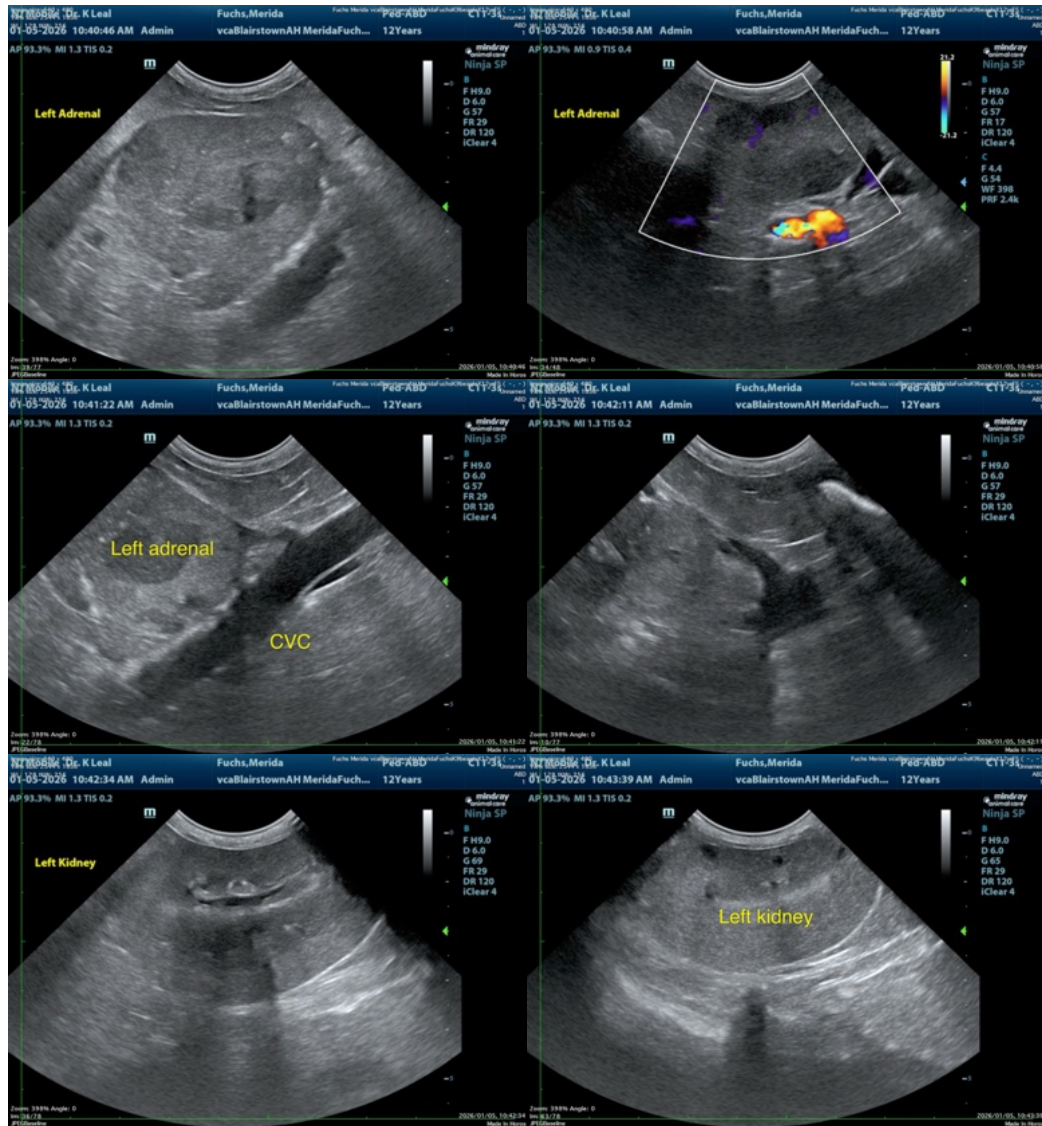
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Further assessment would be three view thoracic radiographs and FNA cytology of the left adrenal gland.

If surgery is being contemplated for the left adrenal gland then a CT scan would be recommended.

Medical management would be to continue with the current therapy.





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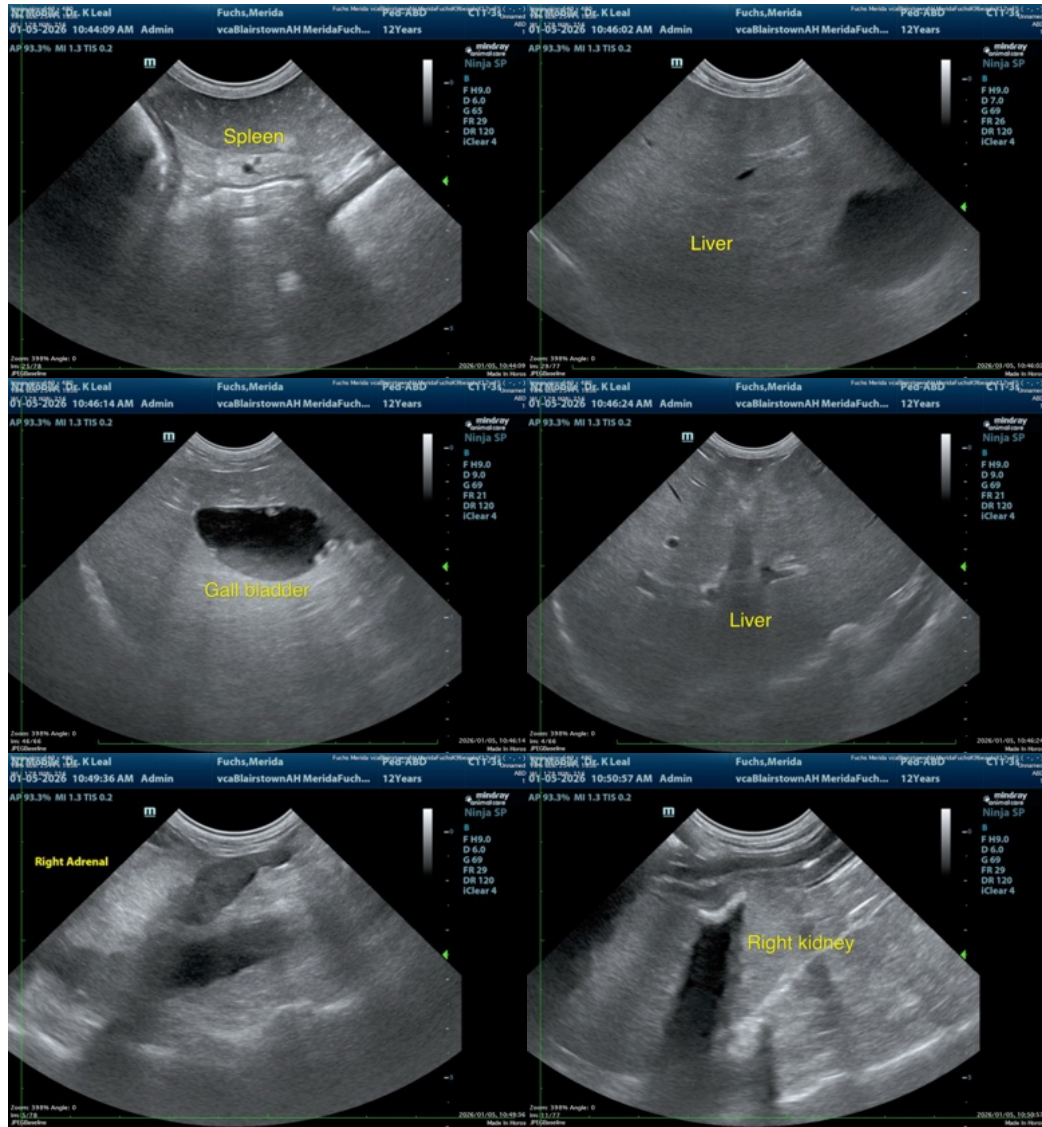
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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