



**PATIENT**

Harriet Dahl

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Spayed female

**AGE**

5 years

**WEIGHT**

74 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

All Creatures Great  
and Small Denville

**REFERRING VET**

Dr. Ashmore

**INVOICE**

69371

**DATE**

12/8/25

**PRESENTING CLINICAL SIGNS**

History: PU PD liver values elev.  
Abnormal PE/Chem/CBC/UA Results: WBC-3.4 HCT-34 NRBC-2 ALT-230 AST-87 ALP-261 USG-1.020

**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 6.0 cm, right measured 6.8 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.

**Adrenal Glands**

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.81 cm in length x 0.4 cm and 0.5 cm in width. The right adrenal gland had a rounded appearance of the cranial pole measuring 1.34 cm in width, but maintained a normal echogenic appearance. The rest of the gland is of normal shape, echogenic appearance, position and appearance of the visible peri-adrenal vasculature. The right adrenal gland measured 3.06 cm in length with the caudal pole measuring 0.62 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 2.3 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 full 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.

***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**

- Right adrenomegaly.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although the appearance of the right adrenal gland may merely be an incidental finding, with the presenting clinical signs and elevated liver enzyme activity, emerging Cushing's disease needs to be considered.

Further assessment would be adrenal function testing (ACTH stimulation/LDDST) if Cushing's disease has been excluded, then further assessment of the liver enzyme activity would be FNA cytology of the liver. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.



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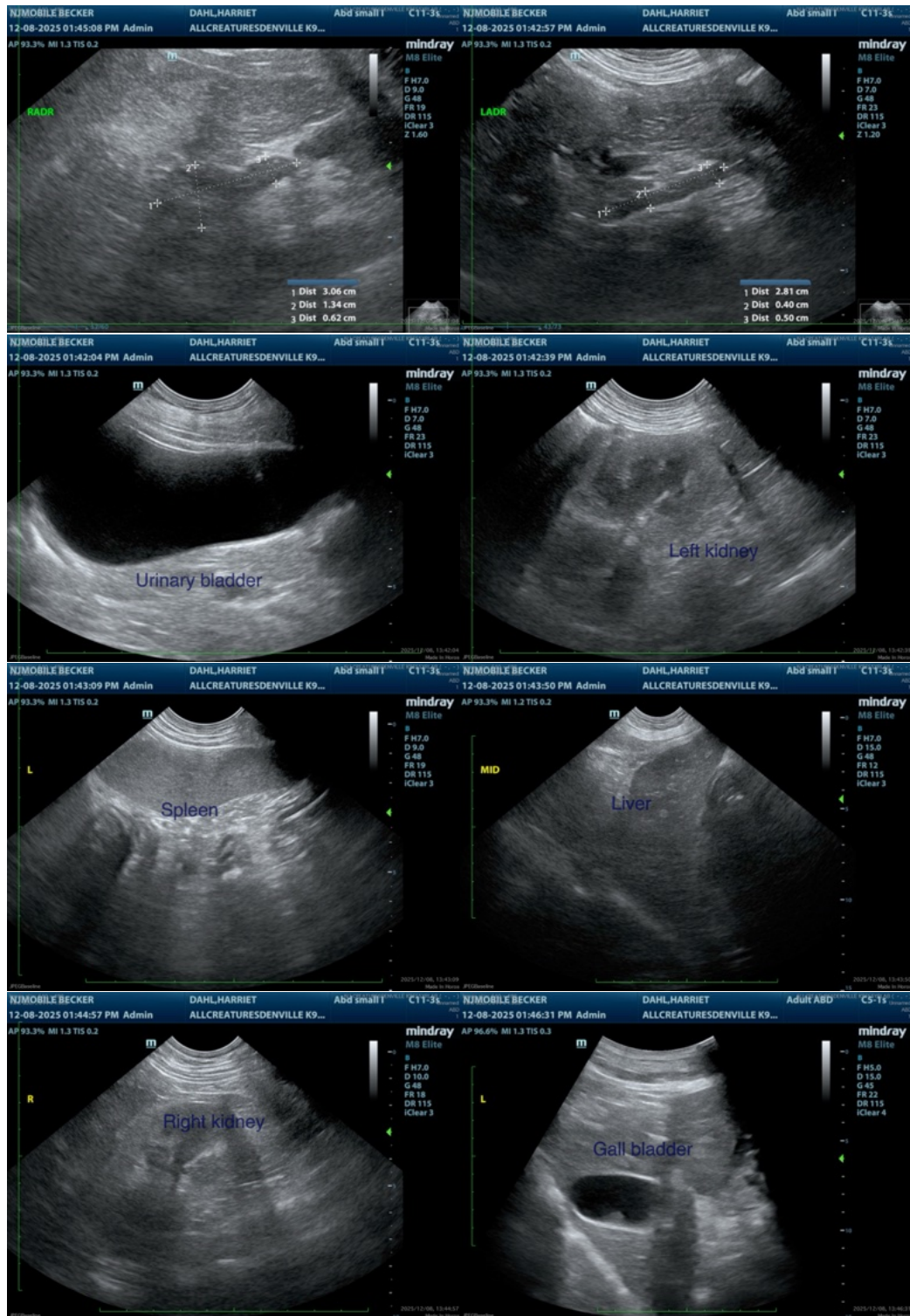
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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**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)