



PATIENT

Lucy Hamblin

SPECIES

Canine

BREED

Miniature Pinscher

SEX

Spayed female

AGE

15 years

WEIGHT

11.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA AVH AH

REFERRING VET

Dr. Dymond-Szabo

INVOICE

69434

DATE

12/9/25

PRESENTING CLINICAL SIGNS

History: Recurrent hematochezia recently and weight loss. Prev. dx w/IBD and R adrenal mass (report attached). Meds: Convenia 11/26, Metronidazole bid 11/26 x 5 days, Cerenia 11/26 x 4 days (gaba/traz for scan)
Abnormal PE/Chem/CBC/UA Results: ALKP 155; AMyl 4,538; PPSL 4, 374; WBC 21.3; Neuts 18, 957, Mono 1, 065

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 4.4 cm, right measured 4.4 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. Small, cortical cysts are present in the left kidney. The kidneys had a normal color flow pattern.

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 1.23 cm in length x 0.34 cm and 0.36 cm in width. The right adrenal gland revealed a hyperechogenic mass in the cranial pole measuring 2.2 x 2.4 cm in size. Normal size and echogenic appearance of the caudal pole measuring 0.54 cm in width. The right adrenal gland measures 2.93 cm in length.

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 measures 1.2 cm in width.

Liver

Normal size with a diffuse, increased echogenic, coarse and nodular appearance, normal portal markings, and regular curvilinear capsule. Nodules are diffuse, hypoechogenic, parenchymal and measure up to 0.8 cm in size. No 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. Fecal material was present in the colon.

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

- Nodular hepatopathy.
- Right adrenal mass.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the nodular hepatopathy would be nodular hyperplasia, chronic hepatitis, granulomatous disease and possibly infiltrative neoplasia.

In comparison with the previous ultrasound the right adrenal mass is of a similar size and most likely represents a non-functional adenoma.

The gallbladder sediment can be considered an incidental finding.

Further assessment 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.

Symptomatic management that can be considered for the hepatopathy as well as the gallbladder sediment would be the use of Ursodiol with regular monitoring of liver enzyme activity.



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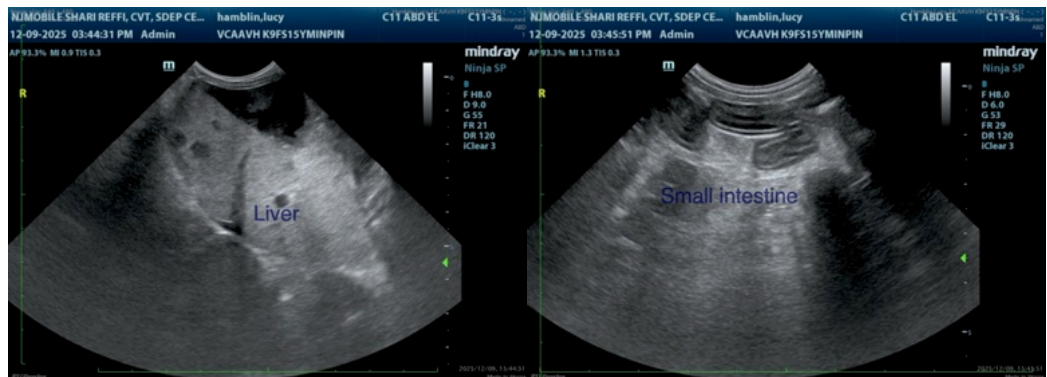
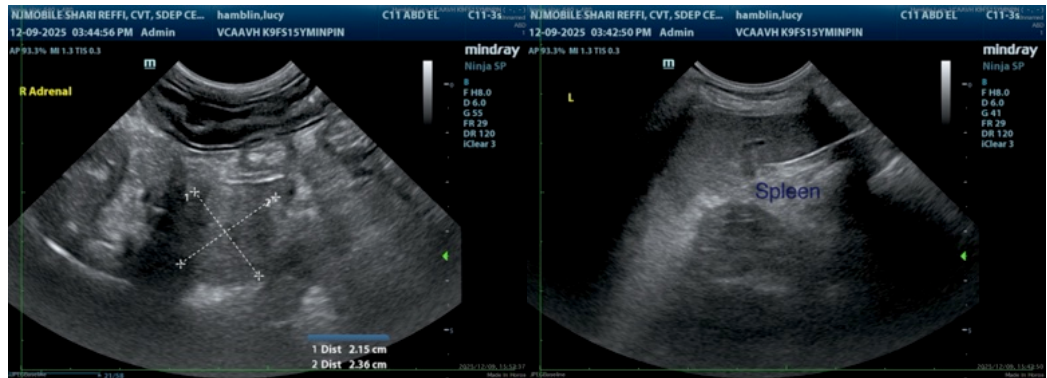
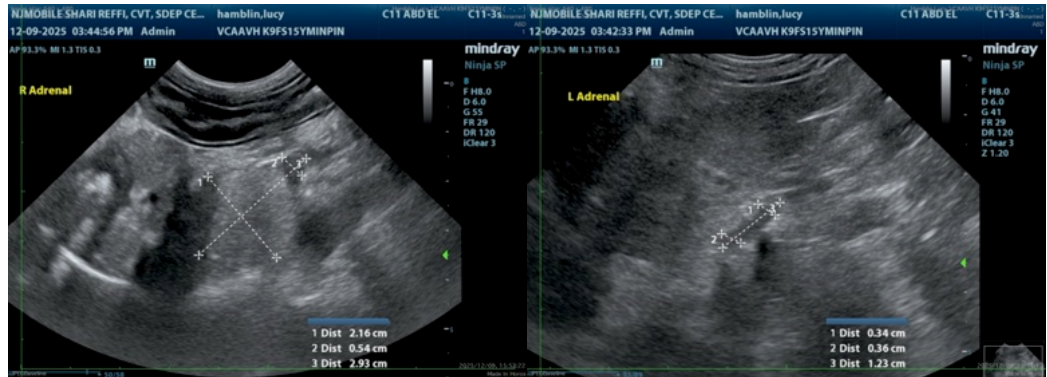
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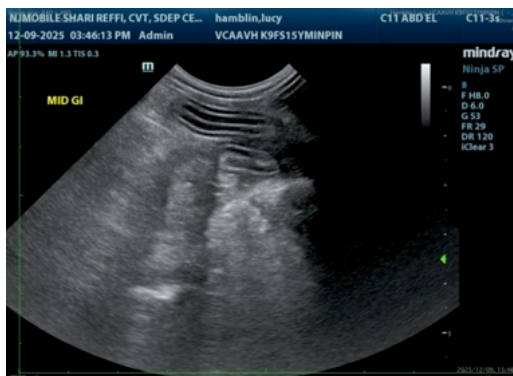
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com