



PATIENT

Katie Oxner

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

12 years

WEIGHT

74 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

St George VH

REFERRING VET

Dr. Patel

INVOICE

71974

DATE

2/26/26

PRESENTING CLINICAL SIGNS

- PU/PD, tachypnea, weight loss, pyrexia, chronic intermittent D+. R/O neoplasia, Cushing's, pancreatitis.
- ALT-374 alpk-1892 pls-372 wbc-31.7 neut-26311 mono-1268 Upc-0.7 usg-1.012

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 7.1 cm, right measured 7.2 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.

Adrenal Glands

The left adrenal gland was enlarged measuring 4.59 cm in length x 1.22 cm and 2.59 cm in width maintaining normal shape, echogenic appearance and appearance of the visible periadrenal vasculature. The right adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Right adrenal gland measured 2.99 cm in length x 1.03 cm and 0.6 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Focal, patchy areas of mineralization are evident. 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.

Liver

Normal size with a diffuse mottled, echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. Focal, irregular, non-vascularized cystic mass is adjacent to the gallbladder, but not involving the gallbladder measuring 3.3 x 3.3 cm in size. No nodules or additional masses are 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

- Left adrenomegaly.
- Hepatopathy.
- Hepatic mass.
- Splenic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the right adrenal gland appears ultrasonographically normal, with the appearance of the left adrenal gland, pituitary dependent Cushing's disease would be an important consideration for the adrenomegaly.

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia a less likely differential diagnosis.

Etiologies for the hepatic mass would hematoma, granuloma and emerging primary hepatocellular carcinoma.

Splenic mineralization can be considered an incidental finding often associated with Cushing's disease.

Further assessment would be adrenal function testing (ACTH stimulation/LDDST), three view thoracic radiographs and FNA cytology of the liver and hepatic mass.



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Specific therapy would be dependent on an etiological diagnosis.

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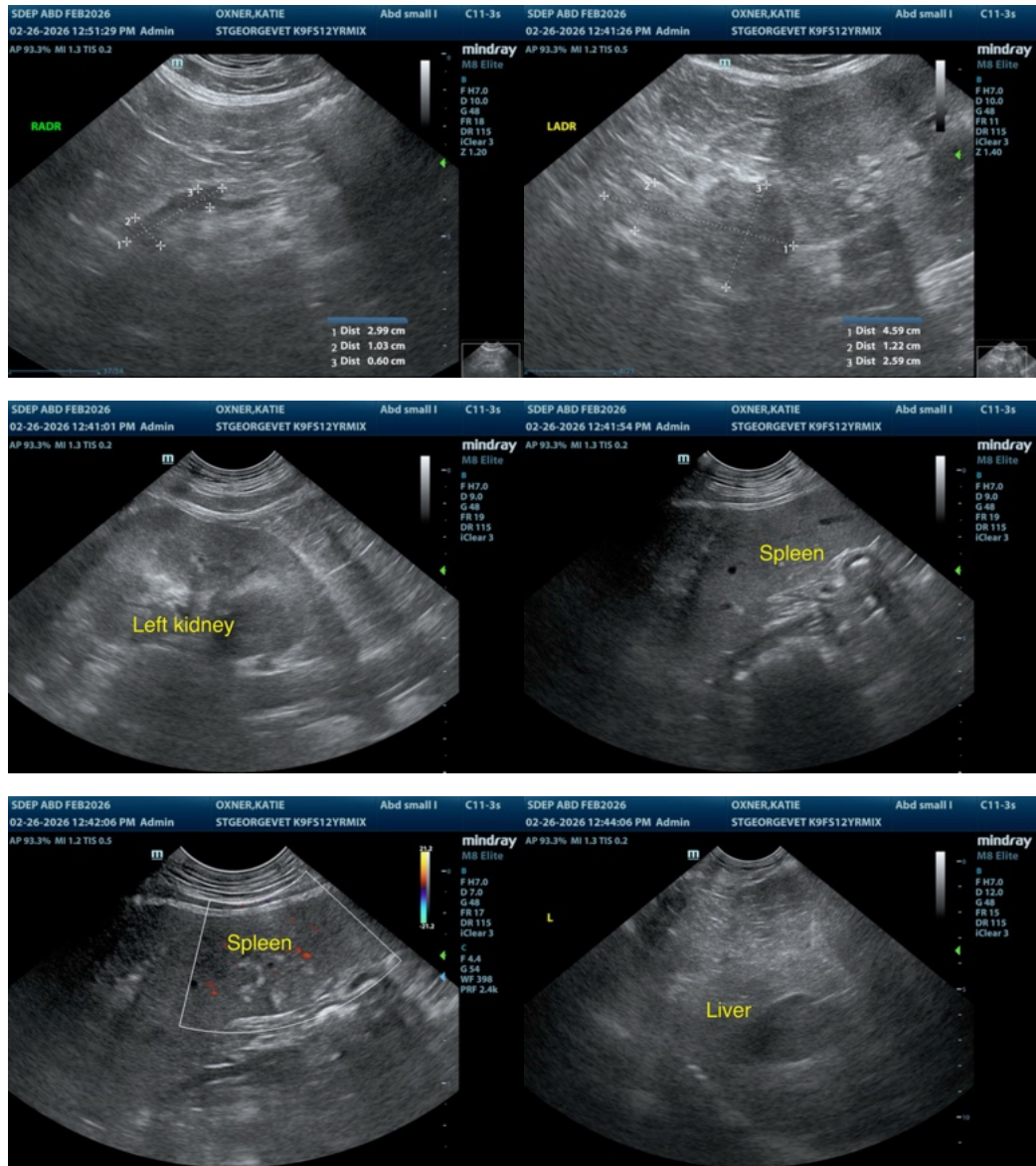
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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