



## PATIENT

Ailee Lustre

## SPECIES

Canine

## BREED

Husky Mix

## SEX

Spayed female

## AGE

10 years

## WEIGHT

66.8 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Vincent Ravancho, CVT

## HOSPITAL NAME

All Creatures Great  
and Small Fairfield

## REFERRING VET

Dr. Perez

## INVOICE

73761

## DATE

3/24/26

## PRESENTING CLINICAL SIGNS

- MCT Met Check
- Low grade MCT removed last month, New MCT possible high grade on cytology
- Current medications – Incurin
- UTI in January USG - 1.023

## 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 6.2 cm, right measured 6.5 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.

### *Adrenal Glands*

The left adrenal gland revealed a mass that measures approximately 2.8 x 3.0 cm in size. The left adrenal maintained normal position and appearance of the visible peri-adrenal vasculature.

The right adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The right adrenal gland measured 3.5 cm in length x 0.7 cm and 1.1 cm in width.

### *Spleen*

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Incidental myelolipomas are present. Focal, hyperechogenic parenchymal nodule in the caudal pole measuring 0.5 x 1.2 cm in size. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

### *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.

## ***Thorax***

Normal appearance of the heart. No pericardial or pleural effusion evident.

## **ULTRASONOGRAPHIC FINDINGS**

- Left adrenal mass.
- Right adrenal nodule.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

On this ultrasound there is no obvious evidence of metastatic mast cell neoplasia.

The most likely diagnosis for the left adrenal mass would be a non-functional carcinoma with pheochromocytoma a less likely differential diagnosis.

The most likely etiology for the right adrenal nodule would be a non-functional adenoma.

Further assessment that could be consider would be FNA cytology of the left adrenal mass.

FNA cytology of the liver and spleen could be considered to complete the metastatic screen for mast cell neoplasia.



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Specific therapy would be dependent on an etiological diagnosis.

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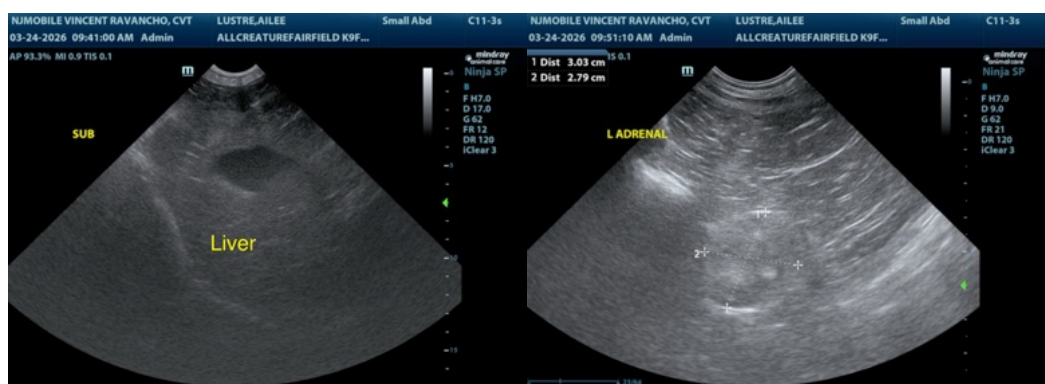
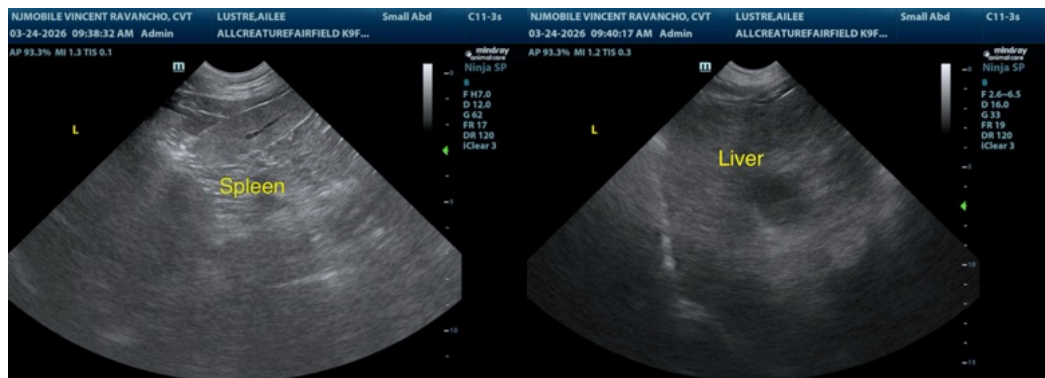
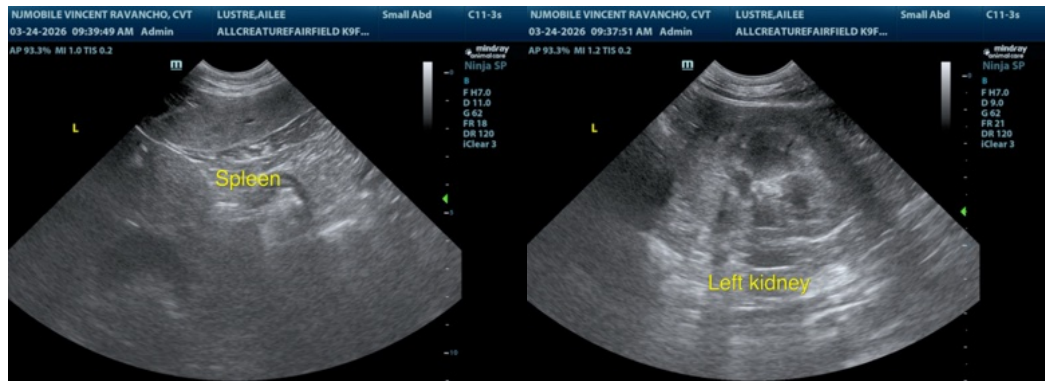
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

[info@sonopath.com](mailto:info@sonopath.com)