



PATIENT

Johnny Cash Blackburn

SPECIES

Canine

BREED

Standard Poodle

SEX

Neutered male

AGE

10 years

WEIGHT

49.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Shohola VH

REFERRING VET

Dr. DeMeo

INVOICE

74605

DATE

4/20/26

PRESENTING CLINICAL SIGNS

History: Abnormal labs, decreased eating. Hx of GDV-splenectomy at that time. No current medications other than Torb/Midaz for scan.

Mcv 77; WBC 45.7; Neuts 39.34; Bands 0.457; Monos 3.153; Gluc 62; K+ 3.7; Na:K ratio 41; Anion Gap 28; Glob 4.3. Bili 0.4; Bili unconj 0.3; Chol 445 UA: rbc 1/hpf; wbc <1/hpf. USG : 1.1012, PH 7

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 6.5 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. Normal color flow pattern is evident.

The prostate is small and hypoechogenic measuring 1.2 cm in width

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 2.68 cm in length 0.67 cm and 0.63 cm in width. The right adrenal gland had a normal caudal pole measuring 0.75 cm in width. Hyperechogenic, parenchymal nodule was noted in the cranial pole measuring 1.65 x 1.72 cm in size. The right adrenal gland maintains its normal position and appearance of the visible periadrenal vasculature.

Spleen

The spleen was not present (previous splenectomy). There is a normal appearance of the anatomical area of the spleen.

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 small 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 pancreas was not clearly visualized, but 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.

Enlarged hepatic lymph node measuring 1.4 x 4.3 cm in size with a hypoechoic appearance and a rounded shape.

ULTRASONOGRAPHIC FINDINGS

- Hepatic lymphadenomegaly
- Right adrenal nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the lymphadenomegaly would be reactive hyperplasia, lymphadenitis and possibly neoplasia.

The most likely etiology for the right adrenal nodule would be a non-functional adenoma with emerging carcinoma and pheochromocytoma a differential diagnosis.

Although the inflammatory leukogram may be associated with the lymphadenomegaly, intrathoracic pathology such as low-grade pyothorax and pneumonia should still be considered.

Further assessment would be three view thoracic radiographs and if possible FNA cytology of the lymph node.

Specific therapy would be dependent on an etiological diagnosis.



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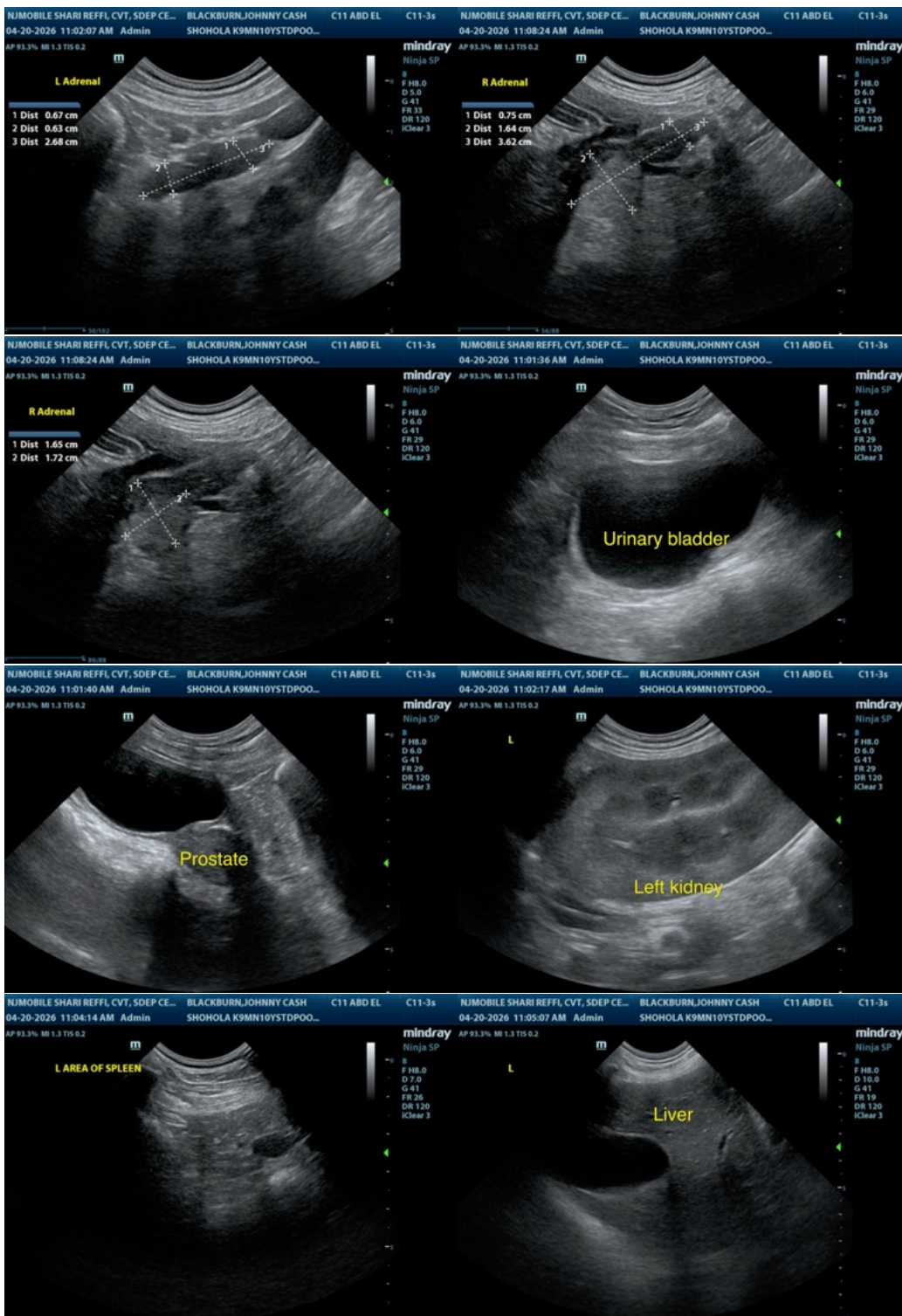
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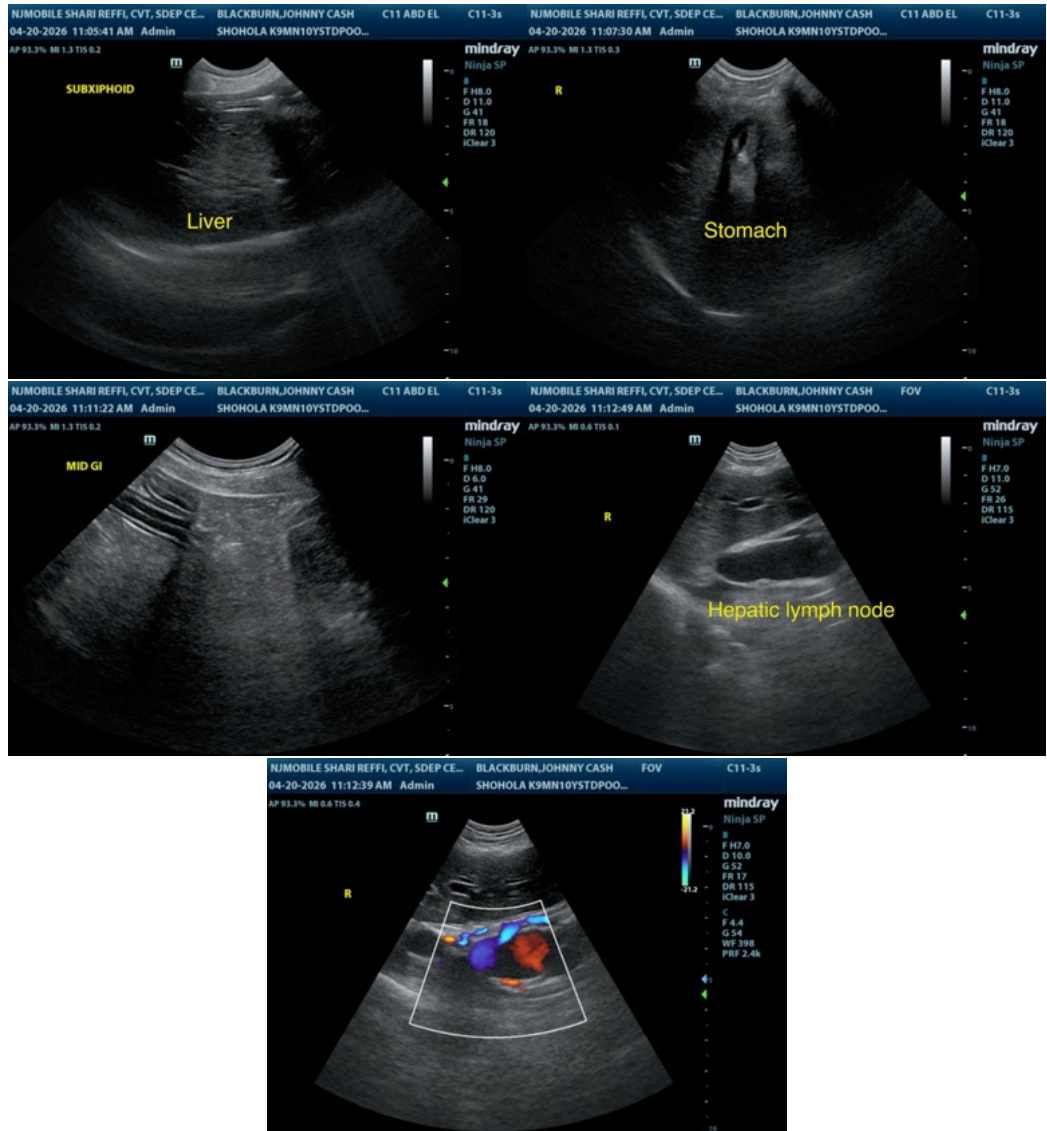
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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