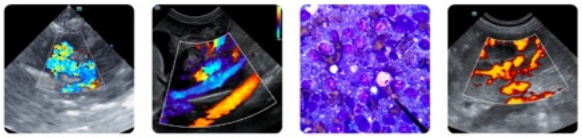




**PATIENT**

Bella Ullrich

**SPECIES**

Canine

**BREED**

Labrador Retriever Mix

**SEX**

Spayed female

**AGE**

12 years

**WEIGHT**

69 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Meghan Morse, LVT, CVT

**HOSPITAL NAME**

Allendale VH

**REFERRING VET**

Dr. Izar

**INVOICE**

75033

**DATE**

4/30/26

## PRESENTING CLINICAL SIGNS

History: Progression in ALT+ ALP, Hx of marginal Cushing's- this was dx 2022 w/ endocrine panel to UTENN. Pet has been treated with Lignan + Melatonin + is NOT PU/PD. Hx of dermal MCT
Current meds: Melatonin 6mg BID, HMR Lignan 40mg SID, Denamarin, Dasequin, Galliprant
Abnormal PE/Chem/CBC/UA Results: ALT 309, ALKP 1924, GGT 13, Ca 12.1, Chol 391, Trig 741, Amyl 1141, PSL 225 U/A: pH 6.5, Protein 2+, UPC 0.2, USG 1.029 Prev AUS: bilat enlarged adrenal glands w/ r adrenal nodule cranial pole, enlarged liver

## 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 measured7.0 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 in both kidneys.

### *Adrenal Glands*

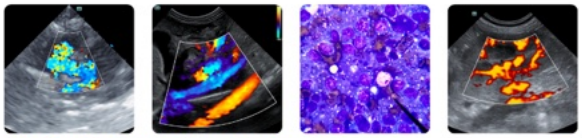
The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.67 cm in length x 0.87 cm and 0.9 cm in width. The right adrenal gland was normal in length and size of caudal pole measuring 3.05 cm in length and 0.89 cm in width (caudal pole). A hyperechogenic parenchymal nodule was noted in the cranial pole measuring 1.2 x 1.3 cm in size.

### *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. Incidental myelolipomas were present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.4 cm in width.

### *Liver*

The liver is enlarged, with rounded edges, diffuse, mottled echogenic and nodular appearance, normal portal markings, and regular curvilinear capsule. Nodules are diffuse, hypoechogenic, parenchymal and measure up to 1.5 x 2.0 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.





SonoPath www.SonoPath.com info@sonopath.com 800.838.4268

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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 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 nodule.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Etiologies for the right adrenal nodule would be functional/non-function adenoma.

Further assessment would be adrenal function testing (ACTH stimulation/LDDST) and FNA cytology of the liver. A tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis.

Further assessment of hypercalcemia would be ionized calcium and if elevated then a hypercalcemia malignancy panel would be recommended.

Specific therapy would be dependent on an etiological diagnosis.

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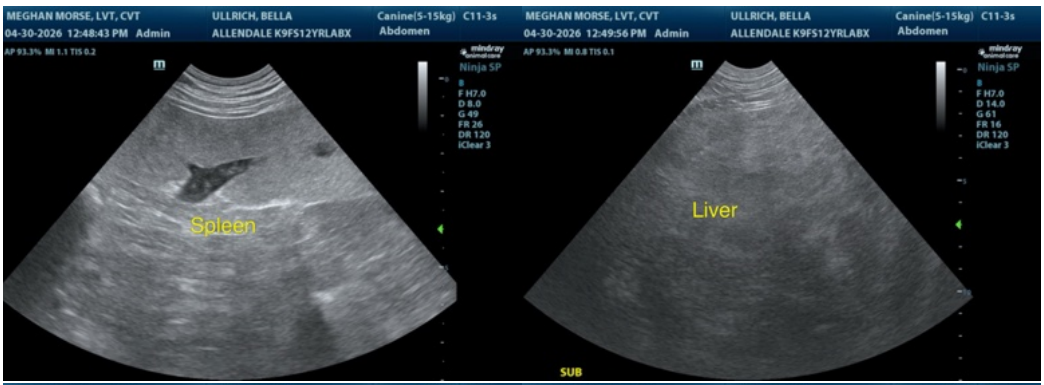
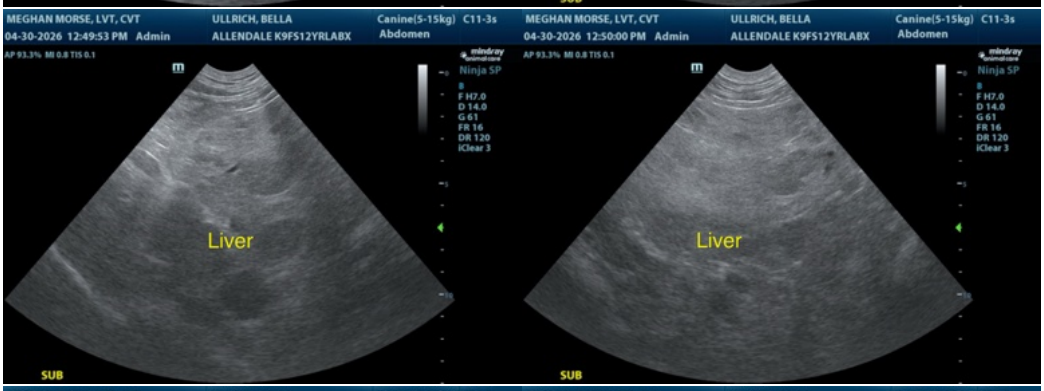
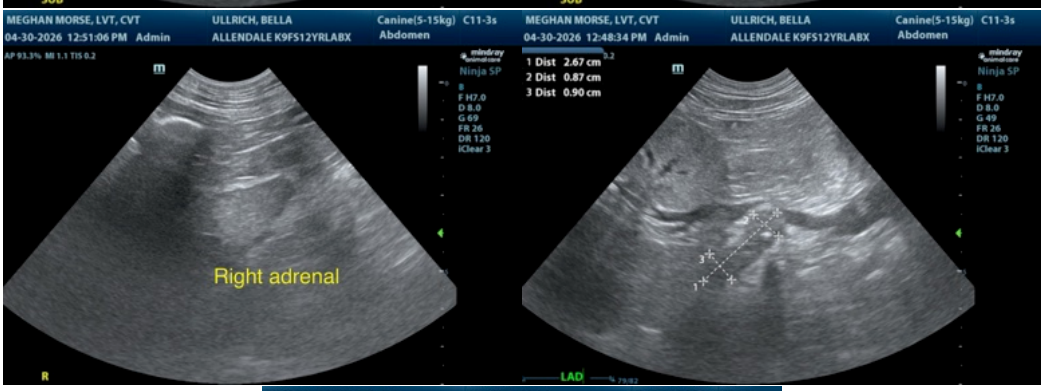
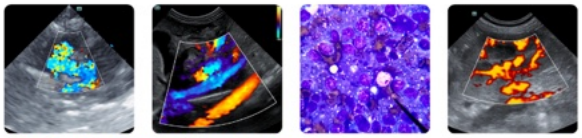




**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology**





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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