

PATIENT PRESENTING CLINICAL SIGNS

Alvin Tiongco History: Increased liver values not responding to Denamarin, hypothyroid, dental dz, senior. calc-13.3, TP-7.9 glob-4.7, ALT-332, AST-64, ALP-566 chol-494 lipase-270

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Mix

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

SEX

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Neutered male

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

AGE

15 years

Normal renal size (left measured 5.3 cm, right measured 5.5 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, mild pyelectasia and a regular curvilinear capsule. No infarcts, mineralization or renoliths evident. A few, small cortical cysts are present in both kidneys.

WEIGHT

22 lbs

Normal color flow pattern is evident both kidneys.

The prostate is small and hypoechogenic.

INTERPRETED BY

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

Adrenal Glands

The adrenal glands are bilaterally enlarged with a slightly rounded shape, but maintained normal echogenic appearance, position and appearance of the visible periadrenal vasculature. The left adrenal gland measured 2.16 cm in length x 1.09 cm and 1.01 cm in width. The right adrenal gland measured 2.51 cm in length x 1.52 cm and 1.17 cm in width.

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Spleen

Ringwood AH

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 measured 1.0 cm in width.

REFERRING VET

Dr. Endy

INVOICE

Liver

75254

Normal size with a diffuse, mottled echogenic, coarse and fine nodular appearance, normal portal markings, and regular curvilinear capsule. Nodules are diffuse, small and hypoechogenic. No masses evident. Normal appearance of the hepatic and portal vasculature.

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5/6/26



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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

- Nodular hepatopathy.
- Bilateral adrenomegaly.
- Age related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the nodular hepatopathy would be nodular hyperplasia, chronic activity hepatitis, granulomatous disease and possibly infiltrative neoplasia (the latter an important consideration with the hypercalcemia).

Etiologies for the adrenomegaly would be age related reactive hyperplasia, disease, stress, and possibly emerging pituitary dependent Cushing's disease.

Initial further assessment would be hypercalcemia malignancy panel and FNA cytology of the liver.

A tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis.

Additional diagnostics that could be considered would be a urine cortisol to creatinine ratio and if abnormal then adrenal function testing (ACTH stimulation/LDDST) would then be indicated.

Specific therapy would be dependent on an etiological diagnosis.



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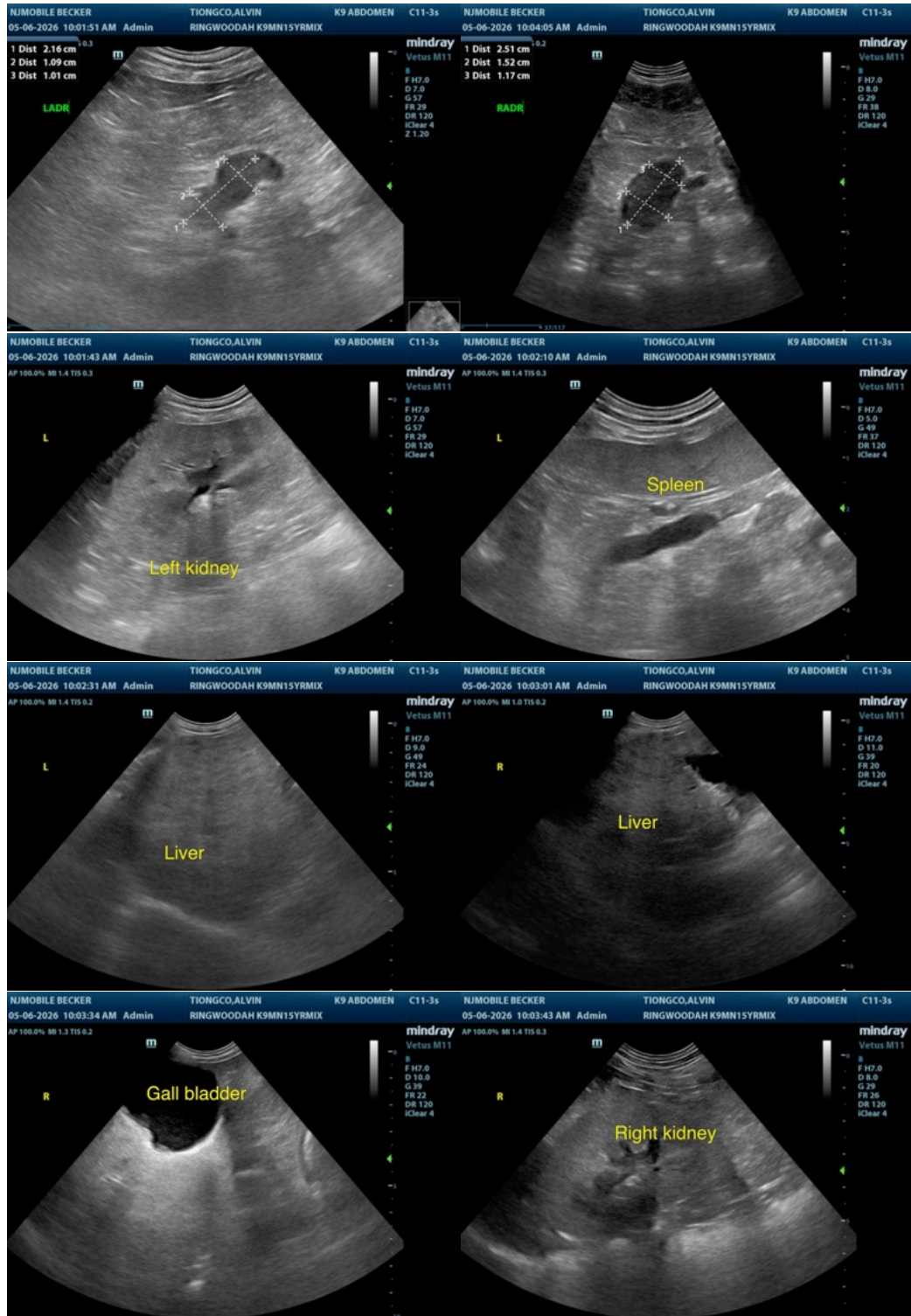
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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