



PATIENT

Ozzy Quinones

SPECIES

Canine

BREED

Chow Chow

SEX

Neutered male

AGE

9 years

WEIGHT

76 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Animal General
Hudson

REFERRING VET

Dr. Digioseppi

INVOICE

78179

DATE

6/1/26

PRESENTING CLINICAL SIGNS

History: Distended abdomen, Cushing's, Elevated LES, Alopecia on dorsum, L forelimb small Cut. growth. Distended abdomen. Meds: Trilostane 25.5 mg BID
Abnormal PE/Chem/CBC/UA Results: Tr <0.5, TSH - low normal/ Free T4, Chem-> LES ^, ALT 225, ALP 1677, GGT 72, CBC- Leukocytosis w/ Neutrophilia, USG 1.004

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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 8.6 cm, right measured 7.4 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. Small, incidental cortical cysts are present in the left kidney measuring 0.6 cm in size.

Small, hypoechogenic prostate measuring 1.1 cm in width.

Adrenal Glands

The adrenal glands are bilaterally enlarged, but maintained a normal shape, echogenic appearance, position and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 3.82 cm in length x 1.25 cm and 1.23 cm in width. The right adrenal gland measured 2.54 cm in length x 1.2 cm and 0.56 cm in width.

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 myelolipoma is present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. Mild, diffuse, pinpoint parenchymal mineralization is evident. The spleen measures 1.9 cm in width.

Liver

Normal size with a diffuse, increased echogenic appearance, normal portal markings, and regular curvilinear capsule. Focal, hyperechogenic parenchymal nodule in the left lobe measuring 1.0 cm in size. No additional nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing a small amount of non-adhered, hyperechogenic sediment. 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. A small amount of fluid was present in the stomach.

Pancreas

Normal size with a hyperechogenic appearance and an irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly.
- Hepatopathy.
- Hepatic nodule.
- Gallbladder sediment.
- Splenic mineralization.
- Chronic pancreatitis versus pancreatic fibrosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the adrenal glands and liver are both consistent with a diagnosis of Cushing's disease.

Likely etiologies for the hepatic nodule would be organized hematoma, granuloma or nodular hyperplasia.

The gallbladder sediment can be considered an incidental finding.

The splenic mineralization can be ascribed to the Cushing's disease.

Further assessment that can be considered would be CPL/PSL assay.

Further specific therapy would be dependent on an etiological diagnosis.



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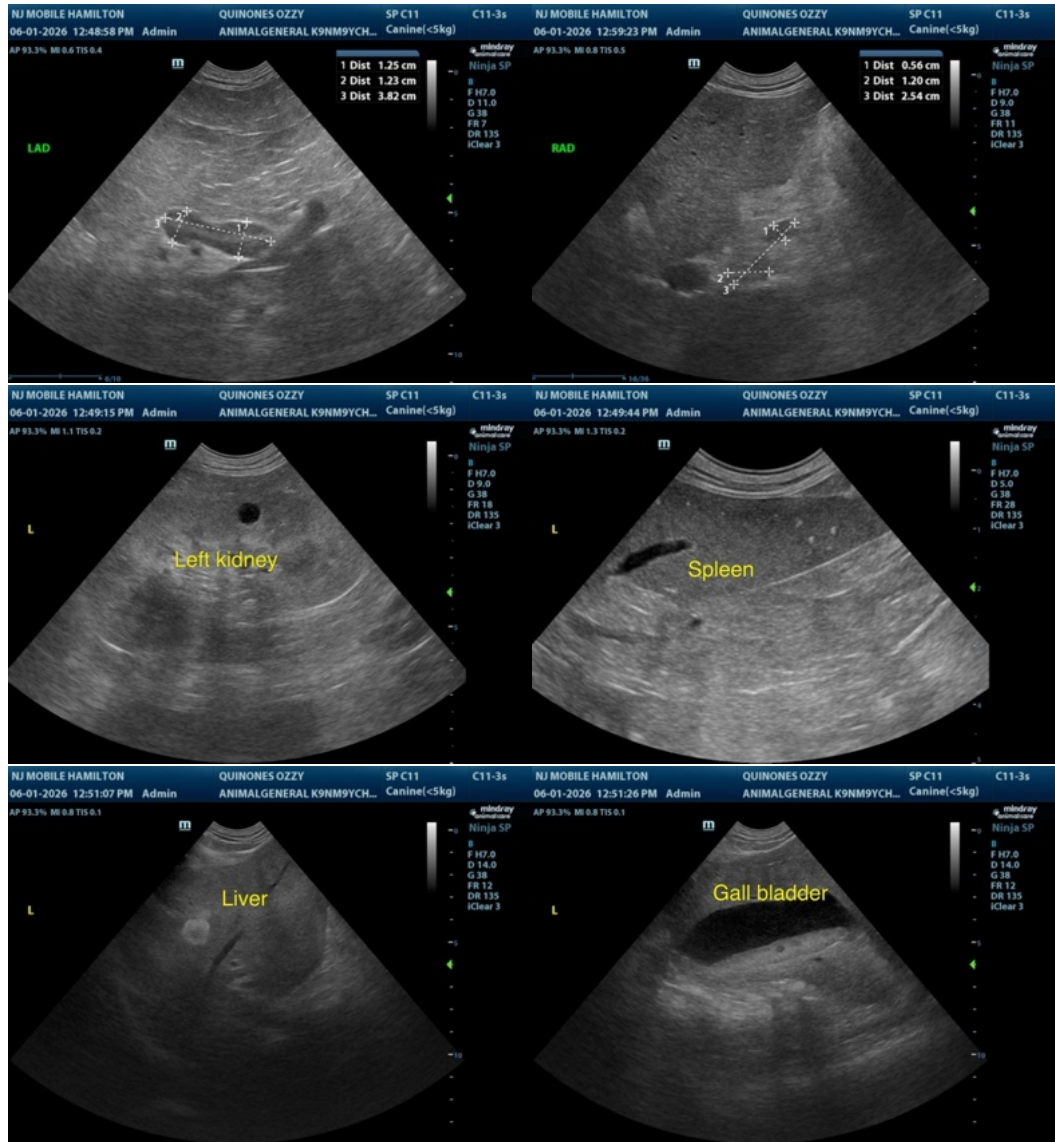
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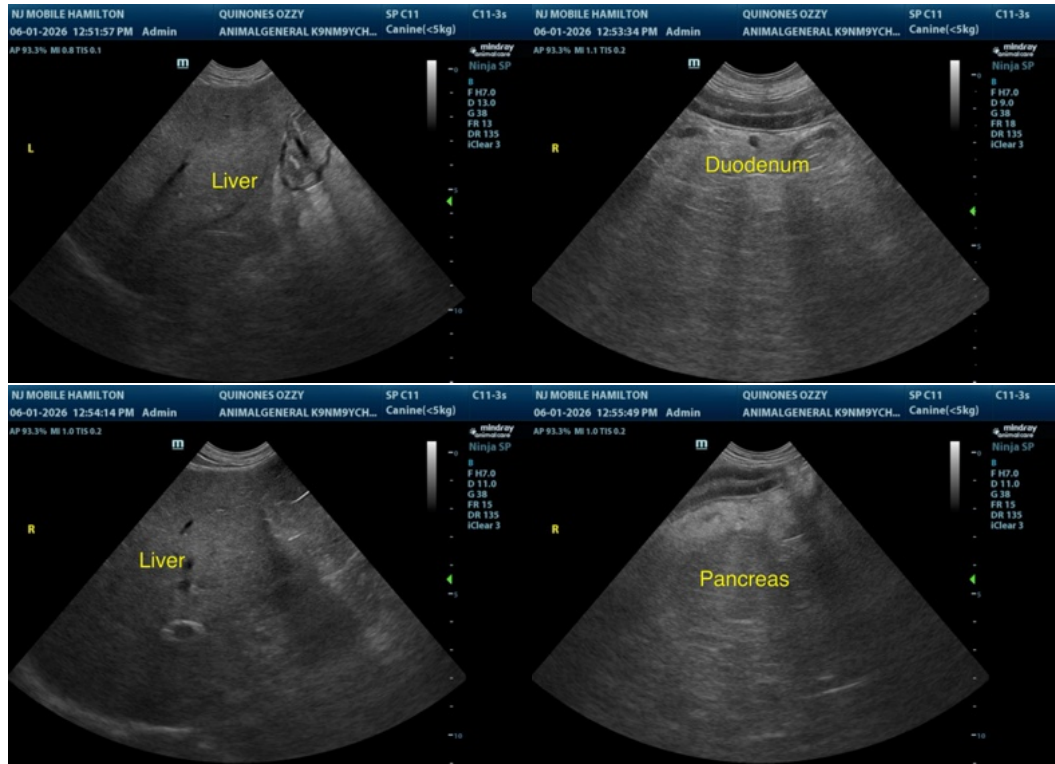
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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