



## PATIENT

Bolt Arnold

## SPECIES

Canine

## BREED

Border Collie

## SEX

Spayed female

## AGE

12 years

## WEIGHT

52 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jessica Boudreaux  
Milligan

## HOSPITAL NAME

Dockside Veterinary  
Imaging

## REFERRING VET

Dr. Hefner

## INVOICE

70049

## DATE

1/13/26

## PRESENTING CLINICAL SIGNS

History: Hepatic enzyme elevations recently. Proteinuria noted on u/a.  
Abnormal PE/Chem/CBC/UA Results: 12-31-25: ALT 624, AST 106, TP 8.1, ALB 4.5, ALP 1335. BUN 34. CPK 1312, CHOL 474. (Medical hx attached.)

## 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 6.6 cm, right measured 6.4 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. Normal color flow pattern is evident in both kidneys.

The prostate is small and hypoechogenic measuring 1.2 cm in width.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.78 cm in width. The right adrenal gland measured 1.2 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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.0 cm in width.

### *Liver*

The liver is enlarged with rounded edges and a diffuse, increased echogenic and coarse appearance, prominent portal markings, and regular curvilinear capsule. Few, irregular, mottled echogenic parenchymal masses were noted. The largest measured up to 5.8 x 6.2 cm. No nodules evident. A few parenchymal cysts were present and measured up to 1.1 cm in size. 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 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

- Hepatopathy.
- Hepatic masses.
- Hepatic cysts.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, nodular hyperplasia, chronic hepatitis and granulomatous disease.

Etiologies for the hepatic masses would be neoplasia, organized hematomas, or granulomas.

The hepatic cysts can be considered incidental findings.

Further assessment would be three view thoracic radiographs and FNA cytology of the liver and the hepatic masses.

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

Specific therapy would be dependent on an etiological diagnosis.

As there are multiple hepatic masses, surgical resection does not seem a feasible option. However, if surgery is being contemplated then a CT scan would be recommended.



Symptomatic management that can be considered would be the use of Ursodiol.

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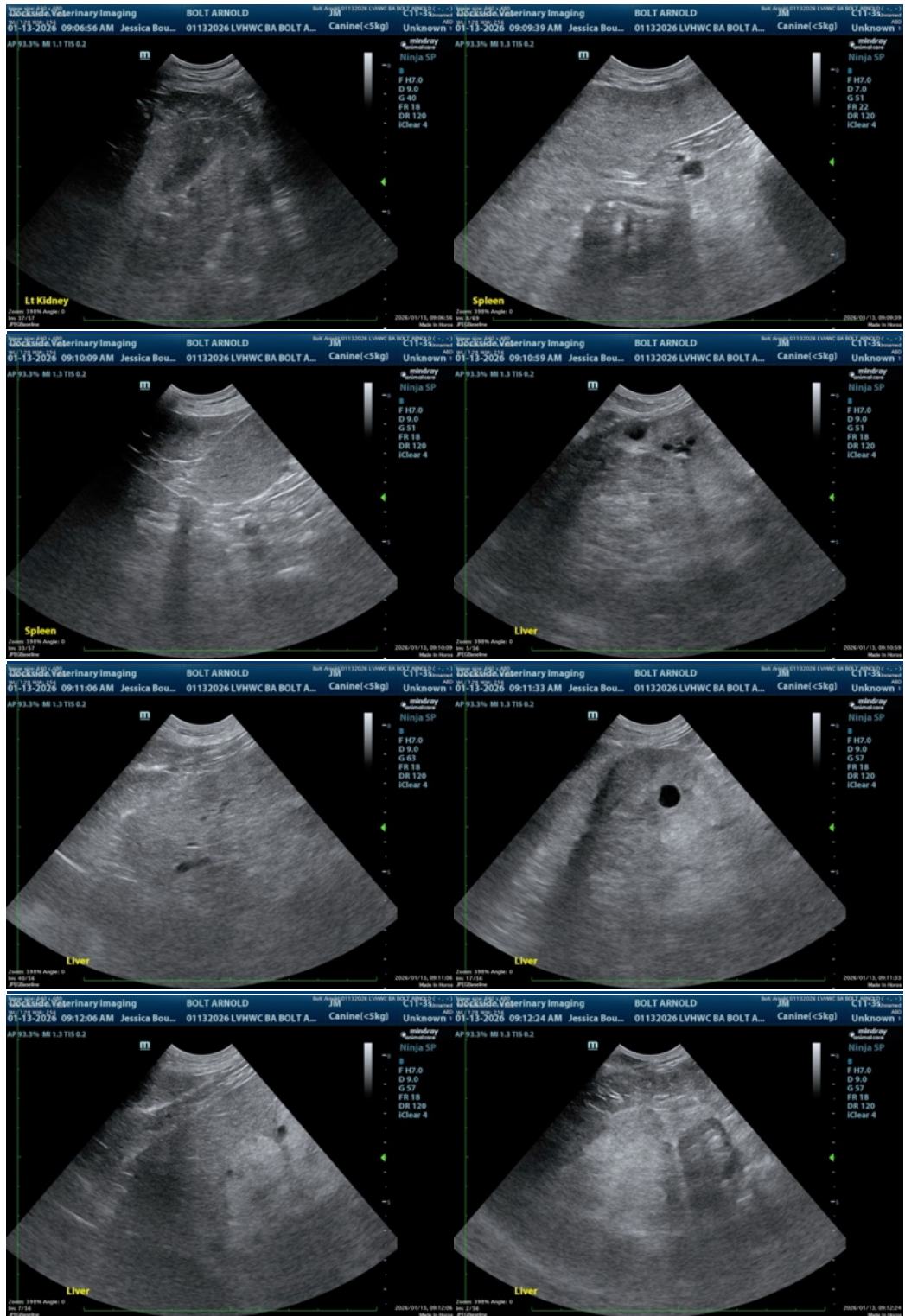
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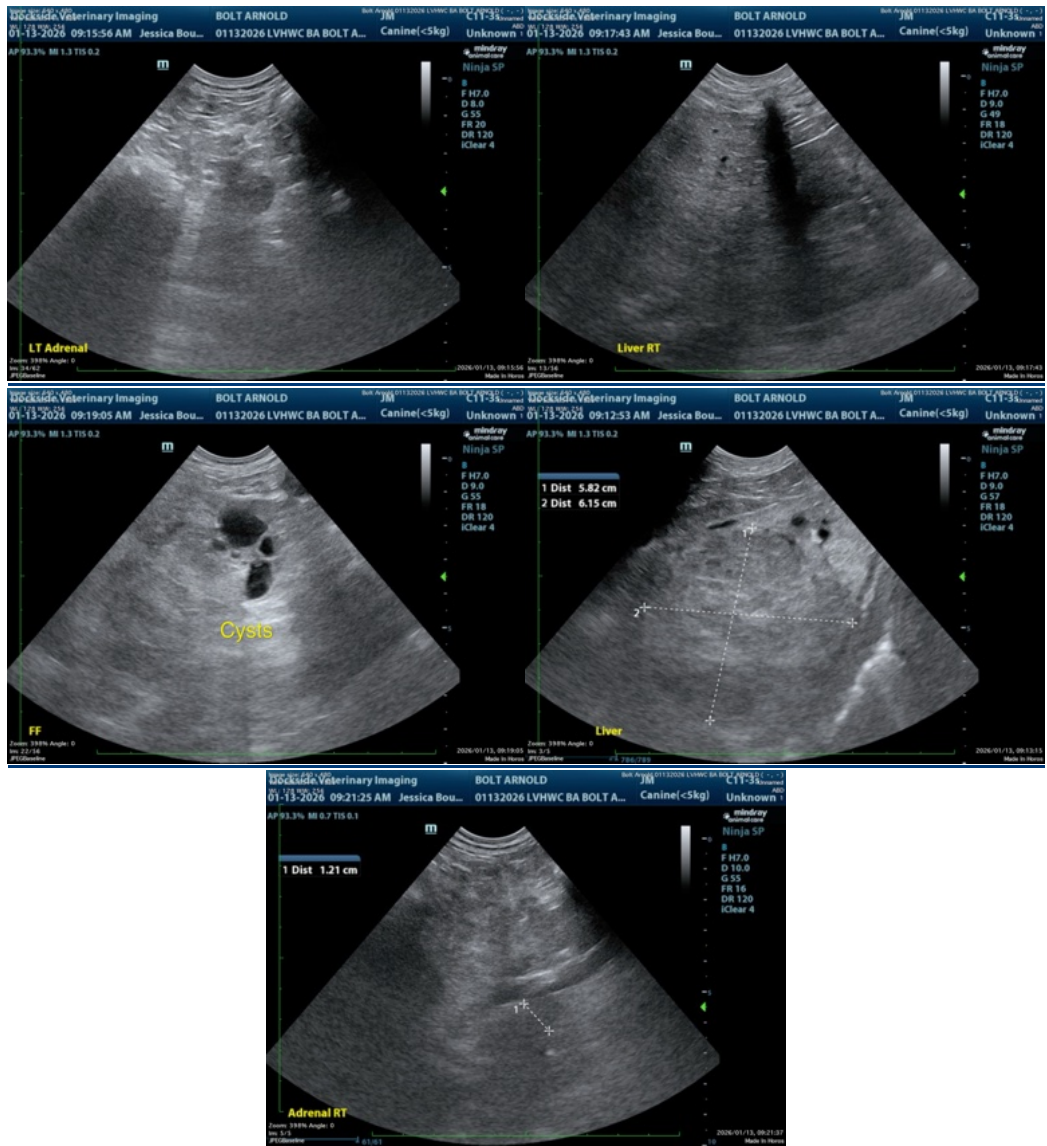
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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