



## PATIENT

Jake Edwards

## SPECIES

Canine

## BREED

Retriever Mix

## SEX

Neutered male

## AGE

10 years

## WEIGHT

69 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Grace Jayne CVT

## HOSPITAL NAME

Ark AH

## REFERRING VET

Dr. Donovan

## INVOICE

70314

## DATE

1/20/26

## PRESENTING CLINICAL SIGNS

O presented Jake for evaluation of masses and previously detected hepatopathy. The owner is concerned about shaky hind legs. History of bilateral TPLO procedures. No clinical signs related to the hepatopathy nor the proteinuria.

Abnormal PE/Chem/CBC/UA Results: elevated ALT elevated AlkP Hyperproteinemia Low USG 1.014 UPC will be run when the owner drops off a first morning urine sample.

## 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 7.2 cm, right measured 7.0 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 noted in both kidneys.

The prostate is not visualized.

### *Adrenal Glands*

The adrenal glands are not clearly visualized, but appear to be of normal shape, echogenic appearance and 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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measures 2.5 cm in width.

### *Liver*

Normal size with a diffuse, mottled echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. Focal, well circumscribed, isoechogenic mass on the caudal aspect of the left lobe measuring 4.6 x 5.0 cm in size. No nodules or additional masses evident. Normal appearance of the hepatic and portal vasculature.



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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**

- Hepatopathy.
- Hepatic mass.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The etiologies for the hepatopathy would be reactive hyperplasia, nodular hyperplasia, vacuolar and metabolic with chronic hepatopathy a possible differential diagnosis and infiltrative neoplasia an unlikely differential diagnosis.

The most likely etiology for the hepatic mass would be hepatoma with emerging hepatocellular carcinoma a less likely differential diagnosis.

Further assessment would be FNA cytology of the liver and the mass. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.



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The information and recommendations provided are based on the images presented by the



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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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