



PATIENT

Bear Levy

SPECIES

Canine

BREED

Border Collie Mix

SEX

NM

AGE

9 years 7 months

WEIGHT

93.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Bergen County
Veterinary Center

REFERRING VET

Dr. Santo

INVOICE

11206

DATE

1/30/2026

PRESENTING CLINICAL SIGNS

- Pu/Pd.
- Mass effect present in cranial abdomen.
- Meds: Vetoryl 40 mg BID.

Abnormal PE/Chem/CBC/UA Results: USG 1.013.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 8.5 cm, and the right kidney measures 7.9 cm.

Reproductive System

Small, hypoechogenic prostate.

Adrenal Glands

Bilaterally enlarged (left worse than right) but maintaining a normal echogenic appearance, shape, position, and appearance of the visible peri-adrenal vasculature. Left adrenal measures 5.23 cm in length x 1.31 cm and 1.42 cm in width. Right adrenal measures 3.92 cm in length x 0.59 cm and 1.5 cm in width.

Spleen

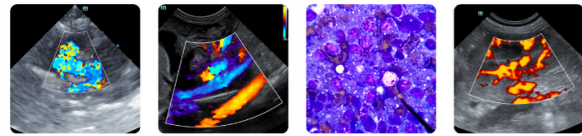
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measures 1.4 cm in width.

Liver

Normal size, with a diffuse increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. Large, irregular, mottled echogenic poorly vascularized mass measuring approximately 5.0 cm x 7.0 cm, originating off the caudal aspect of the left lobe. No nodules or additional masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full containing moderate 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.



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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

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Thorax

Normal appearance of the heart. No pleural or pericardial effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatic mass.
- Hepatopathy.
- Gallbladder sediment.
- Bilateral adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatic mass would be neoplasia, either a benign hepatoma or primary hepatocellular carcinoma with granuloma and hematoma highly unlikely differential diagnoses.

Likely etiologies for the hepatopathy would be reactive hyperplasia, vacuolar and metabolic. The appearance of the adrenal glands is consistent with a diagnosis of Cushing's disease and Trilostane therapy. The gallbladder sediment can be considered an incidental finding.

Further assessment would be Three View thoracic radiographs and FNA cytology of the mass, and the liver. A Tru-cut or wedge biopsy of both the liver and the mass may however be required for a final etiological diagnosis.

If surgery is being contemplated for the mass, then a CT scan would be recommended.

Specific therapy would be dependent on an etiological diagnosis.



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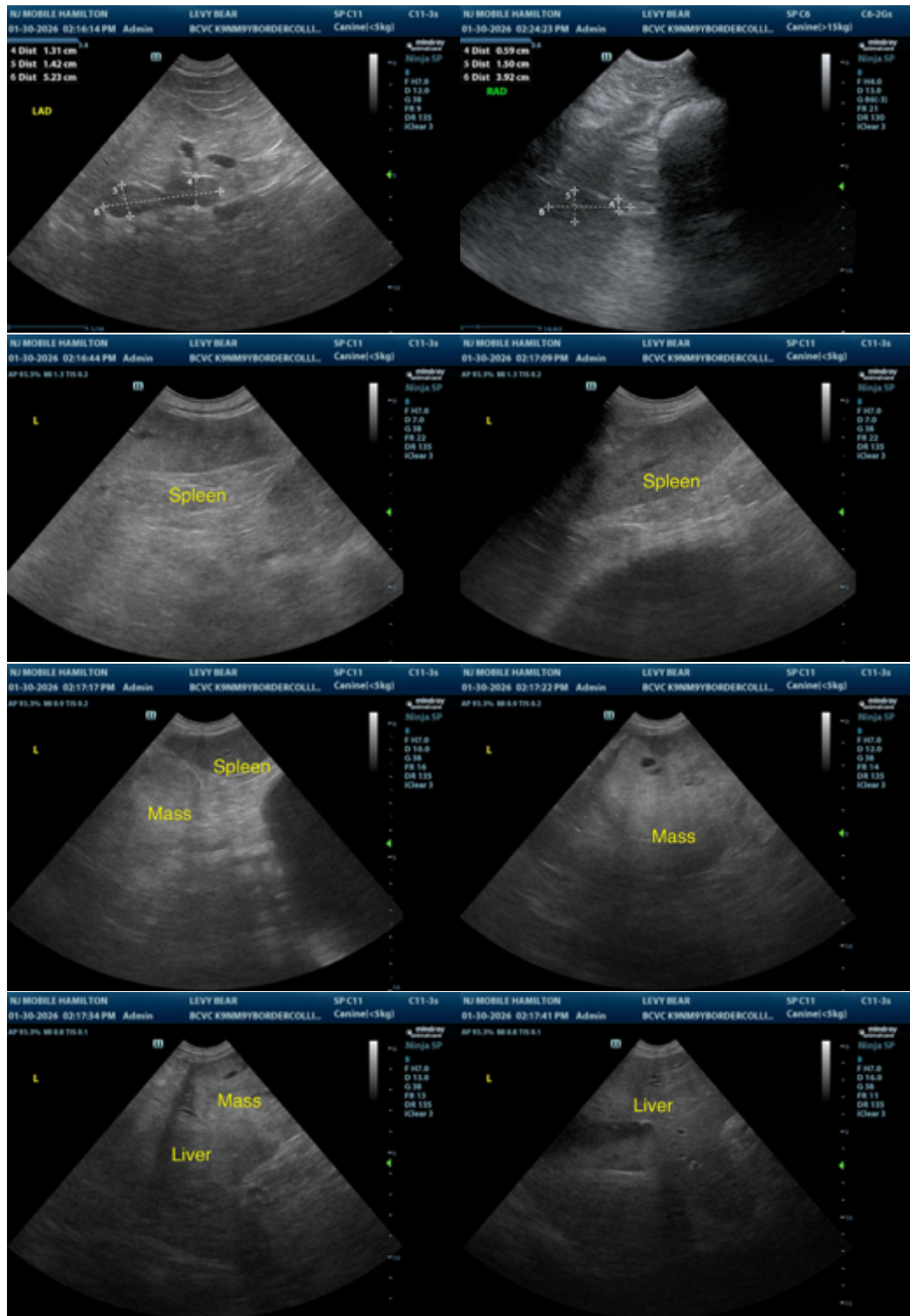
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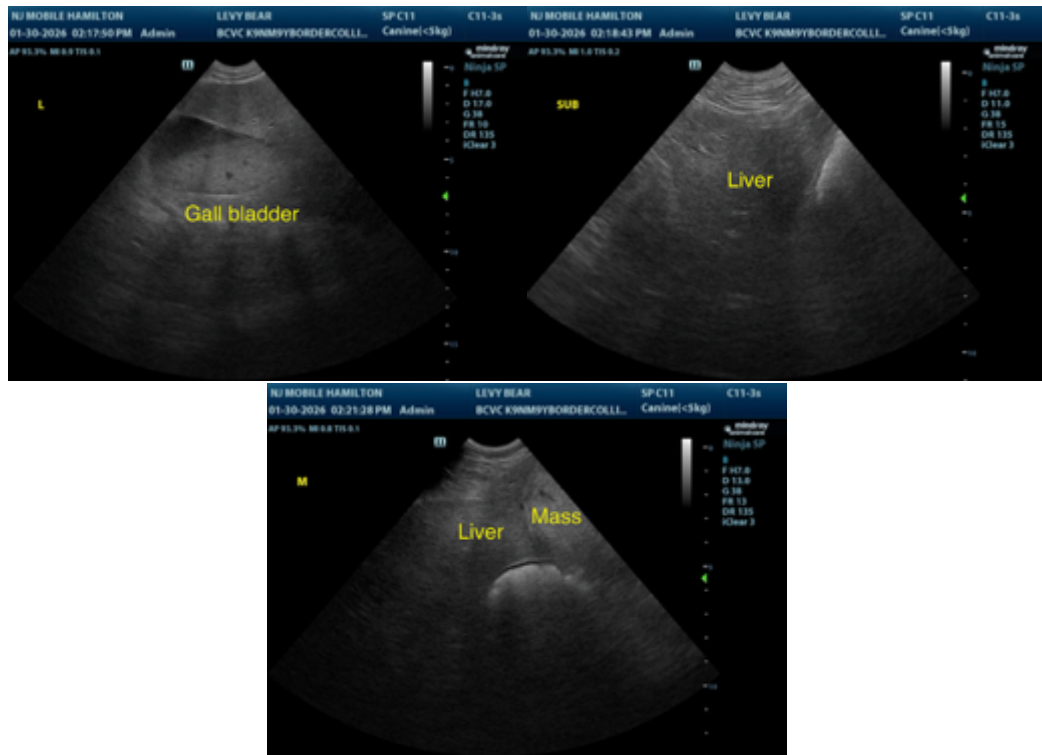
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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