



## PATIENT

Cedar Johnson

## SPECIES

Canine

## BREED

Shepherd Mix

## SEX

Neutered male

## AGE

14 years

## WEIGHT

32.1 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Gira

## HOSPITAL NAME

South Pointe PH

## REFERRING VET

Dr. James

## INVOICE

69898

## DATE

1/6/26

## PRESENTING CLINICAL SIGNS

History: Increased drinking, urination, appetite, and panting. Significant elevation of liver enzymes ALP 3276, ALT 286, urine specific gravity 1.010, HCT 0.37

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is small 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 6.3 cm, right measured 6.9 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, and capsule. Mild left sided pyelectasia measuring 0.4 cm. No infarcts, mineralization or renoliths evident. Both kidneys have a normal color flow pattern.

The prostate is small and hypoechogenic measuring 0.7 cm in width.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.49 cm and 0.54 cm in width. The right adrenal gland measured 0.54 cm and 0.51 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 2.1 cm in width.

### *Liver*

A large, irregular, mottled echogenic, poorly vascularized mass with focal areas of cavitation present. The mass measured at least 7.0 x 13.0 cm in size and involves the left and middle lobe. The rest of the liver is of normal size, maintaining normal echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or additional masses evident. 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***

Normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. The left pancreas measured 1.8 cm in width. The right pancreas measured 1.3 cm in width.

## ***Free Abdomen***

Normal mesenteric lymph nodes.

No ascites evident.

## **ULTRASONOGRAPHIC FINDINGS**

- Hepatic mass.

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

The most likely etiology for the hepatic mass would be primary hepatocellular carcinoma with hepatoma, organized hematoma and granuloma a less likely differential diagnosis.

Further assessment would be three view thoracic radiographs and FNA cytology of the mass. A tru cut or wedge biopsy of the mass may be required for a final etiological diagnosis.

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

Pyelectasia can be considered an incidental age related change.



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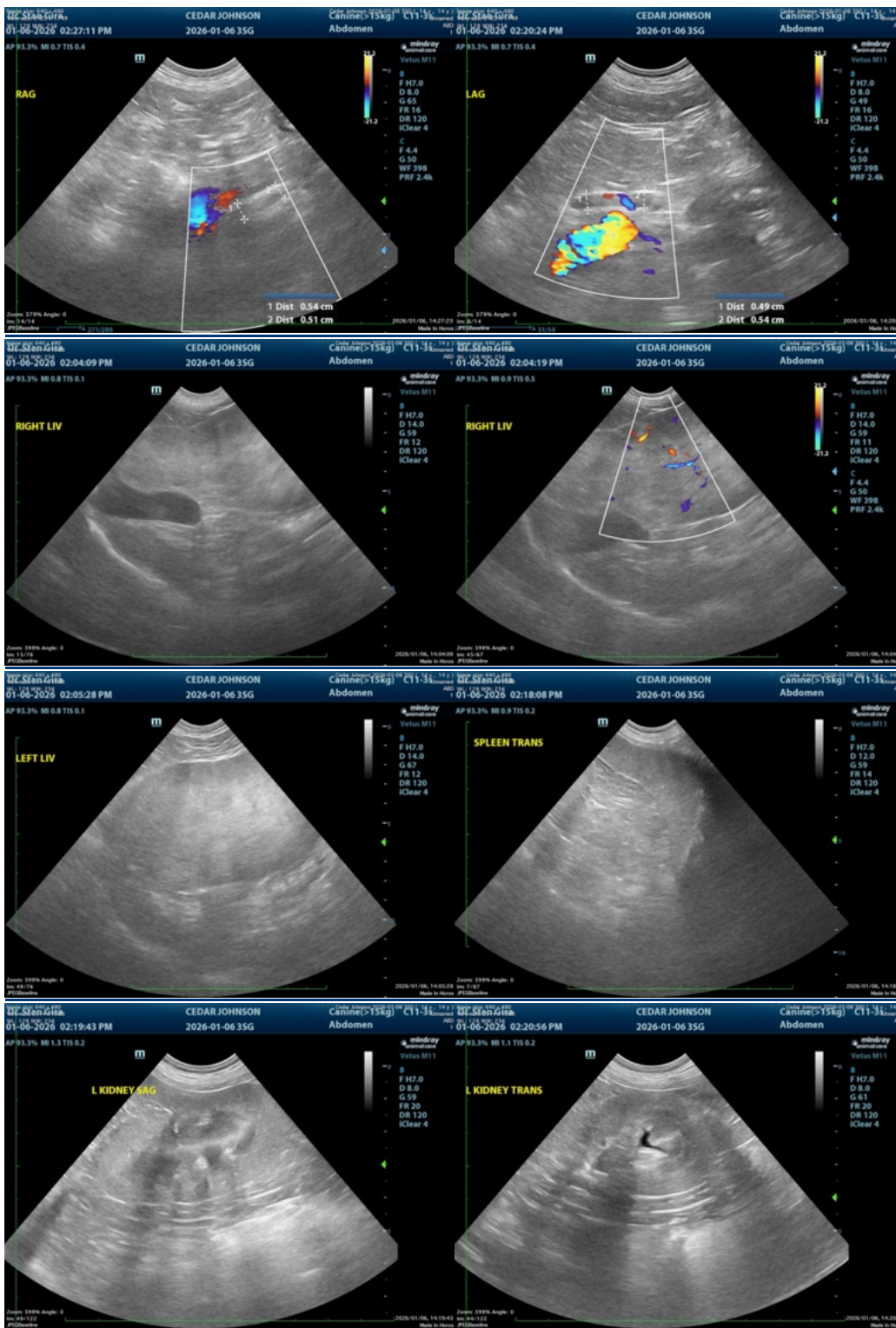
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The information and recommendations provided are based on the images presented by the



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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)

[info@sonopath.com](mailto:info@sonopath.com)