



PATIENT

Milo Mareva

SPECIES

Canine

BREED

Beagle

SEX

Neutered male

AGE

11 years

WEIGHT

12.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Barlow Trail AH

REFERRING VET

Dr. Mareva

INVOICE

69979

DATE

1/9/26

PRESENTING CLINICAL SIGNS

History: Decreased appetite since Dec 28th 2025, now on and off normal appetite. Hx of toy ingestion, vomited up small piece of toy few days ago. On abdominal radiographs, has enlarged spleen and on fast scan U/S has visible liver changes, unclear as to what it is
Abnormal PE/Chem/CBC/UA Results: Blood work showed Increased neutrophils and ALT and ATP, bilirubin mild elevation suspect hemolyzed sample. Low USG in urine at 1.012.

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 present. A large urolith is evident measuring 1.8 cm in size.

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 5.0 cm, right measured 4.8 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.

The prostate is small and hypoechogenic measuring 0.8 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.56 cm and 0.61 cm in width. The right adrenal gland measured 0.74 cm and 0.49 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 2.7 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Focal, irregular, mottled echogenic, poorly vascularized mass in the cranial aspect of the left lobe measuring 2.9 x 4.6 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. Fecal material is present in the colon.

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 1.1 cm in width. The right pancreas measured 1.2 cm in width.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatic mass.
- Urolith.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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

Management for the urolith would either be surgical removal or medical dissolution.



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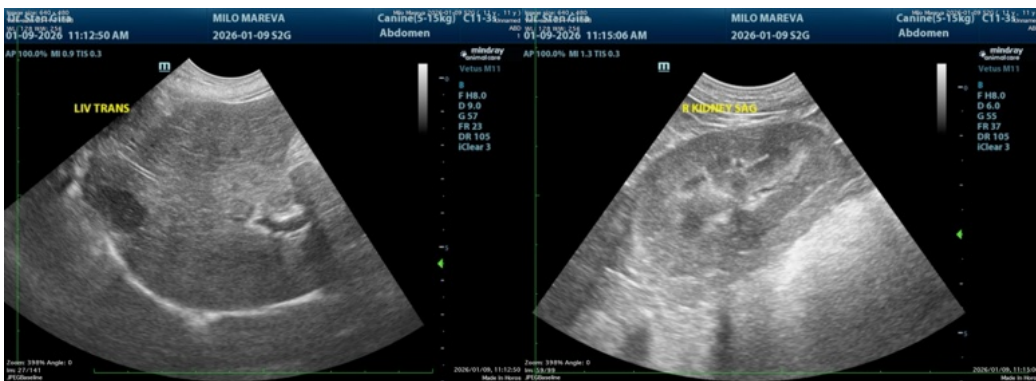
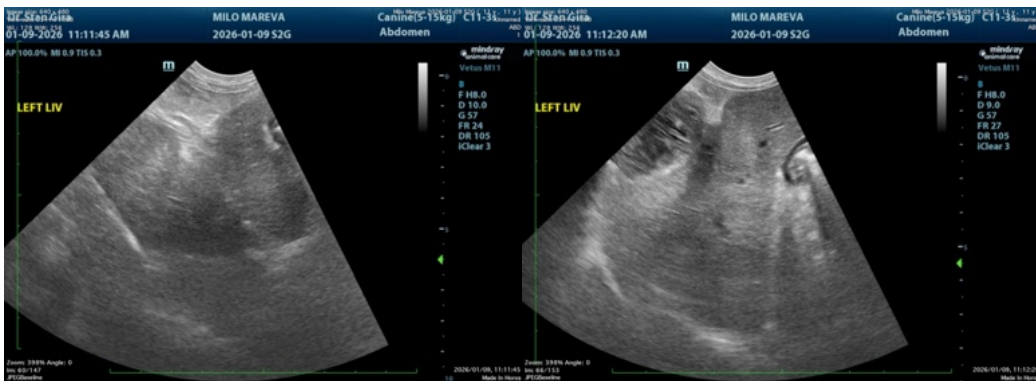
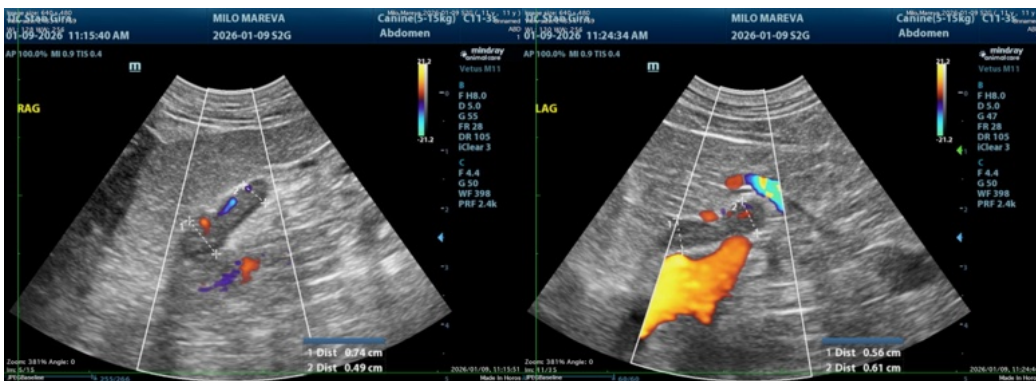
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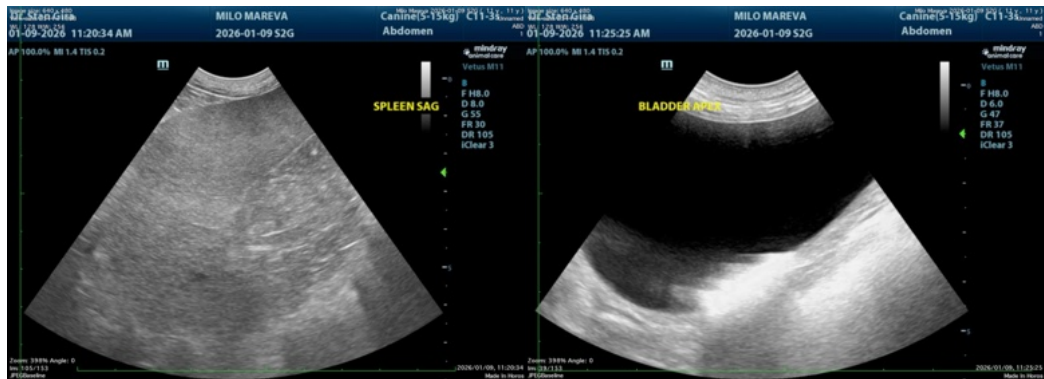
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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