



PATIENT

Angus Scottish Terrier
Club Rescue

SPECIES

Canine

BREED

Scottish Terrier

SEX

Neutered male

AGE

12 years

WEIGHT

22 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu VC

REFERRING VET

Dr. Kelver

INVOICE

68569

DATE

11/11/25

PRESENTING CLINICAL SIGNS

History: New p exam 11/8/25. Grade 1/6 heart murmur systolic left heart base. No arrhythmias ausculted, strong synchronous pulses. Rescue also elects to do abdominal ultrasound to search for abnormalities and evaluate liver as liver values elevated on BW.

Abnormal PE/Chem/CBC/UA Results: 11/8/25 CBC: NSF Chem: Anion Gap 28 (11-26), ALT 249 (18-121), ALKP 4691 (5-160), GGT 14 (0-13), rest WNL T4: 1.3 (1-4) 4DX: Lyme +, rest neg (has been positive in past), QC6- 12

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 6.0 cm, right measured 5.9 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 0.7 cm in width.

Adrenal Glands

A left adrenal mass was noted and measured 1.8 cm and 1.2 cm in width with a hyperechogenic appearance, rounded shape, but maintained normal position and appearance of the peri-adrenal vasculature. The right adrenal gland is not visualized.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Incidental myelolipomas were noted. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.7 cm in width.

Liver

The liver had a large, mottled echogenic, irregular, poorly vascularized, cavitary mass in the right lobe measuring 4.0 x 5.0 cm in size. The rest of the liver is of normal size with an increased echogenic appearance, decreased portal markings, and regular curvilinear capsule. No nodules or additional masses evident. Normal appearance of the hepatic and portal vasculature.



PATIENT

Angus Scottish Terrier
Club Rescue

SPECIES

Canine

BREED

Scottish Terrier

SEX

Neutered male

AGE

12 years

WEIGHT

22 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu VC

REFERRING VET

Dr. Kelver

INVOICE

68569

DATE

11/11/25

Gallbladder

The gallbladder is full containing a moderate amount of non-adhered, hyperechoic sediment. 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

- Hepatic mass.
- Hepatopathy.
- Left adrenal mass.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatic mass would be neoplasia with granuloma and hematoma a less likely differential diagnosis.

Etiologies for the hepatopathy would be reactive hyperplasia, vacuolar, metabolic and breed specific hepatopathy with infiltrative neoplasia and hepatitis an unlikely differential diagnosis.

Etiologies for the adrenal mass would be functional/non-functional carcinoma and pheochromocytoma.

The gallbladder sediment is most likely an incidental finding.

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

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



PATIENT

Angus Scottish Terrier
Club Rescue

SPECIES

Canine

BREED

Scottish Terrier

SEX

Neutered male

AGE

12 years

WEIGHT

22 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu VC

REFERRING VET

Dr. Kelter

INVOICE

68569

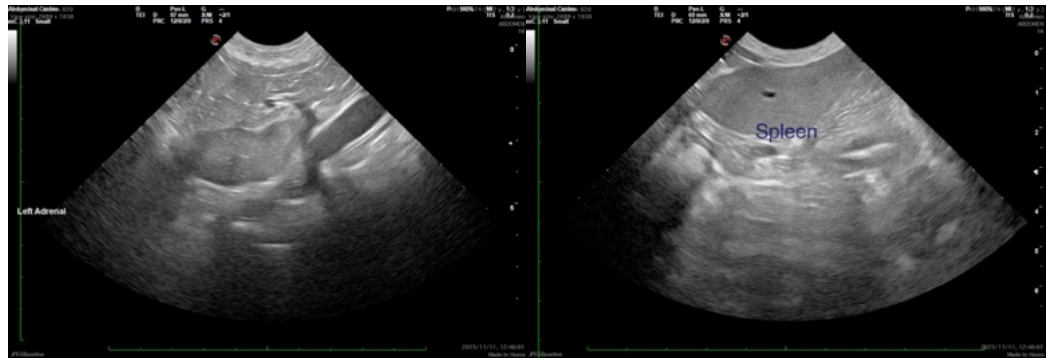
DATE

11/11/25

Further assessment of the adrenal mass would be adrenal function testing (ACTH stimulation/LDDST), serial blood pressure determination and possibly urine/plasma catecholamine assay.

Specific therapy would be dependent on an etiological diagnosis.

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



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.



PATIENT

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

info@sonopath.com

Angus Scottish Terrier
Club Rescue

SPECIES

Canine

BREED

Scottish Terrier

SEX

Neutered male

AGE

12 years

WEIGHT

22 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu VC

REFERRING VET

Dr. Kelper

INVOICE

68569

DATE

11/11/25