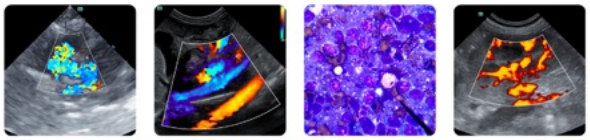


PATIENT

Caleb Montgomery

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

10 years

WEIGHT

106.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Warner

HOSPITAL NAME

VT-NH Vet Clinic

REFERRING VET

Dr. Abbott

INVOICE

68952

DATE

11/20/25

PRESENTING CLINICAL SIGNS

History: Long term patient. Highly beloved to the O. No cost concerns. They treated a past GLDR with chemotherapy for lymphoma and he survived > 2 years. October 2024: normal senior panel testing with positive lyme and anplasma, chronic. Also chronic history of being overweight. Eats JM diet along with Lara. This year at annual 10/23/25: No signs reported he, is doing well. Recommend imaging to screen patient for abnormalities due to bloodwork. If no diagnosis, will recheck if signs or in 1 year. Abnormal PE/Chem/CBC/UA Results: Blood testing: ALP 995, ALT 243, Sodium 154 (H). Urine with 30 protein, USG 1.015, bacteria r/o contaminant vs cystitis. Tx with amox/clav, urine "clean" with trace protein, 50 glucose (artifact presumed). Discussed cushing's syndrome. 11/20/25: LDDST Resting cortisol 3.4, 4 hr, 0.3, 8 hr 0.2. Reported this as negative for HAC to the O.

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 6.6 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.

The prostate is small and hypoechogenic.

Adrenal Glands

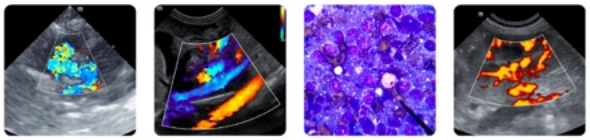
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.76 cm in length x 0.67 cm and 0.58 cm in width. The right adrenal gland measured 2.25 cm in length x 1.14 cm in width.

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 3.2 cm in width.

Liver

Two, irregular, mottled echogenic, cystic masses. One mass was noted in the cranial aspect of the left lobe measuring 6.4 x 6.5 cm in size. The other is in the caudal aspect of the right lobe measuring 3.2 x 5.5 cm in size. The rest of the liver is normal in size, but with a diffuse, increased ehogenic and coarse



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appearance, normal portal markings and a regular curvilinear capsule. No nodules are evident. Normal appearance of the hepatic and portal vasculature.

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 pancreas is poorly visualized, but 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 masses.
- Hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatic masses would be hematomas, granulomas, cyst adenomas, and primary hepatocellular carcinoma.

Etiologies for the hepatopathy would be reactive hyperplasia secondary to the masses, emerging nodular hyperplasia, vacuolar, metabolic and breed specific hepatopathy. Hepatitis would be a less likely differential diagnosis.

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

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

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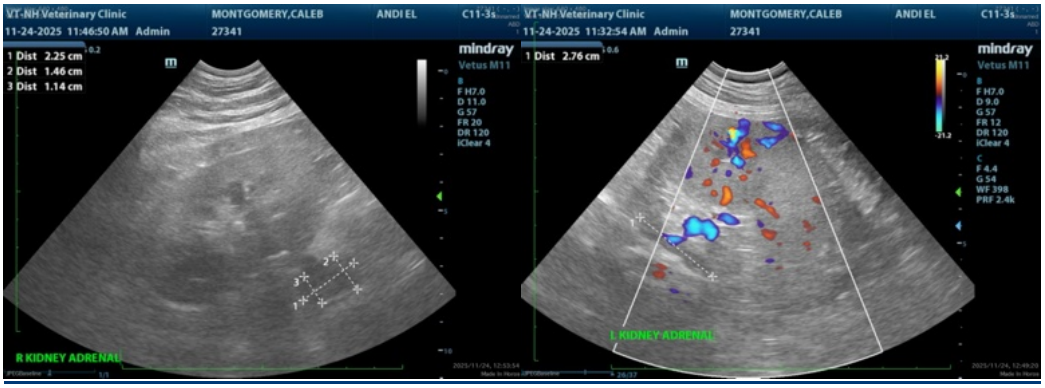
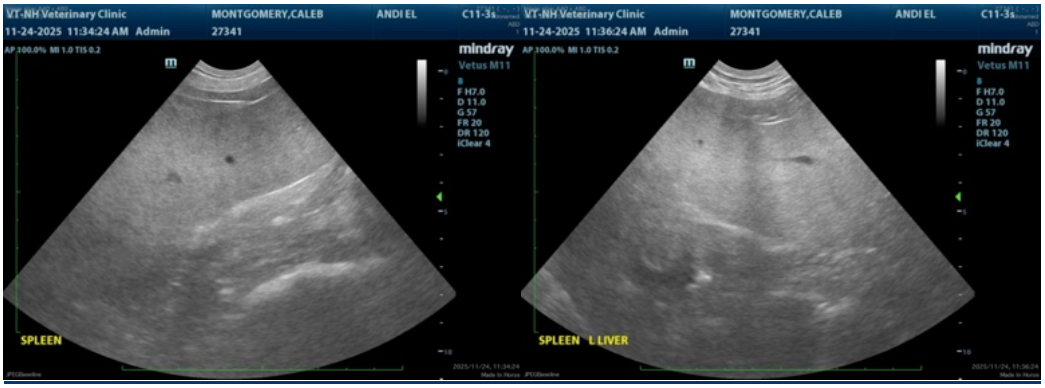
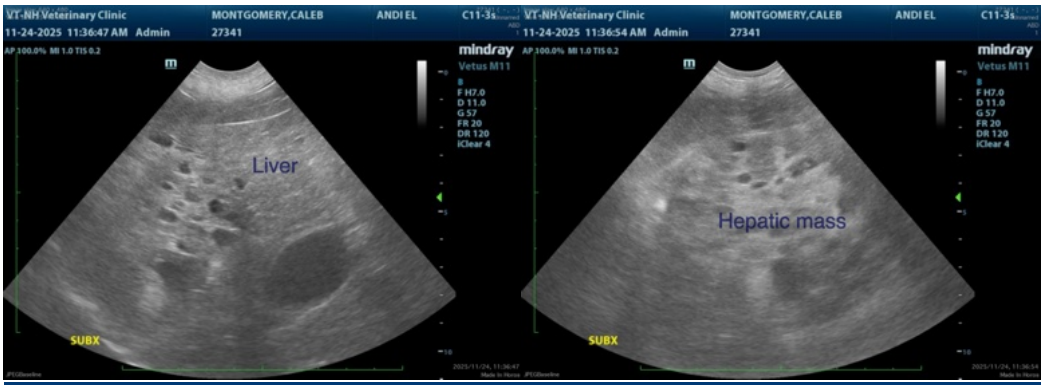
Specific therapy would be dependent on an etiological diagnosis. Symptomatic management that can be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity. If surgery is being contemplated for the hepatic masses then a CT scan would be recommended.







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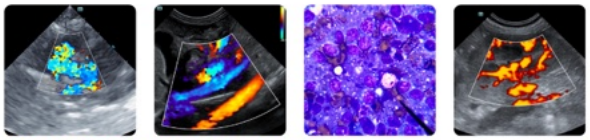

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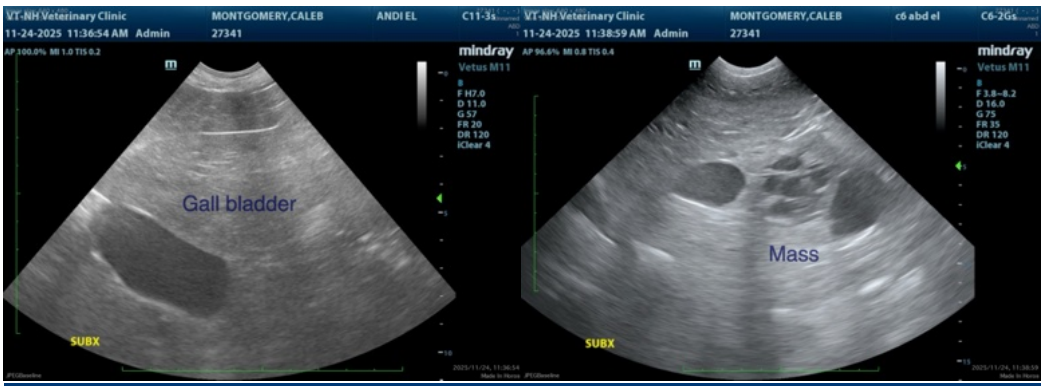

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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