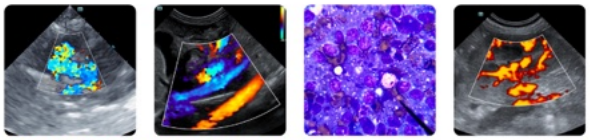


PATIENT

Tinker 2 Klokkevold

SPECIES

Canine

BREED

Lab

SEX

Spayed female

AGE

11 years

WEIGHT

85 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kristi Whitten

HOSPITAL NAME

North Fork VC

REFERRING VET

Dr. Jordan

INVOICE

68982

DATE

11/24/25

PRESENTING CLINICAL SIGNS

History: 2 week duration of hyporexia and decreased interest in food which is highly abnormal for P. No CSVD. P has decreased energy and is sleeping more, but is still interactive. O reports P is drinking a lot of water. P has a history of elevated LE.
Abnormal PE/Chem/CBC/UA Results: On PE: P BAR. MM pink, sl. tacky. Nervous. No MAA. Strong pulses. Intermittent panting. Amb x 4. Slightly rounded abdomen. Non-painful. Mild OE AU. CBC WNL CHEM: CRE 2.7 mg/dl, BUN 56 mg/dl. GLOB 4.6 g/dl, ALT 780 U/L (was 534 in May 25), ALP 1691 U/L (was 1158), GGT 16 U/L (was <1). UA pending, submitted to Idexx with UPC if and cystatin B (urine) PT/PTT pending with platelets (normal on this CBC at 208 k/ul)

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 6.3 cm, right measured 5.7 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.

Adrenal Glands

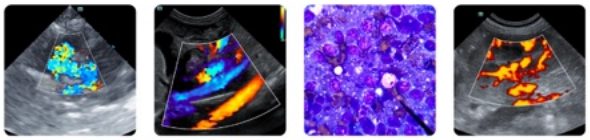
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured cm. The right adrenal gland measured cm.

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 1.8 cm in width.

Liver

The liver is enlarged and irregular with a mottled echogenic mass in the left lobe measuring 5.0 x 8.5 cm in size. The rest of the liver is of normal size, but with a diffuse, mottled echogenic and coarse appearance, normal 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 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. A small amount of ingesta is present within the stomach compatible with a recent meal.

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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

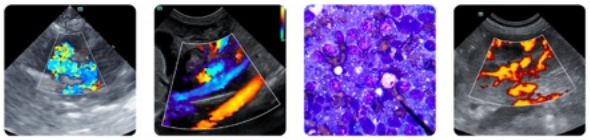
Etiologies for the hepatic mass would be hepatoma, organized hematoma or granuloma and emerging hepatocellular carcinoma.

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar, metabolic and breed specific hepatopathy.

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

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

If surgery is being contemplated for the hepatic mass, then a CT scan would be recommended. Specific therapy would be dependent on an etiological diagnosis.



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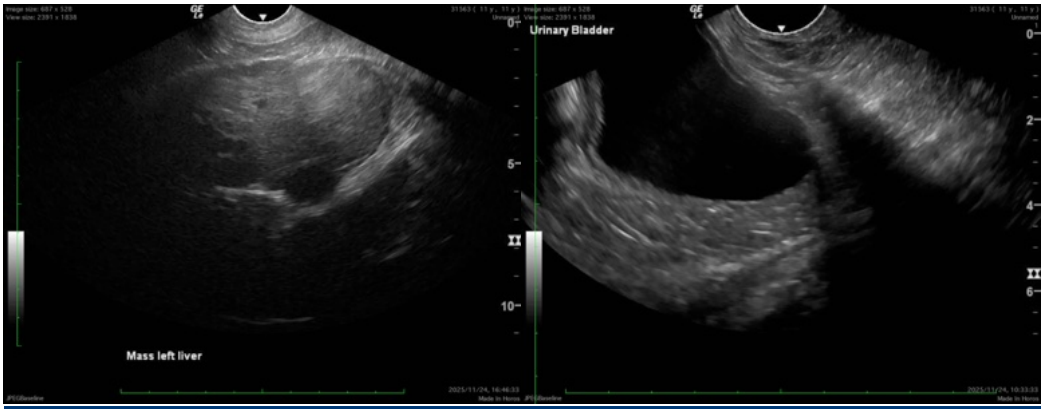
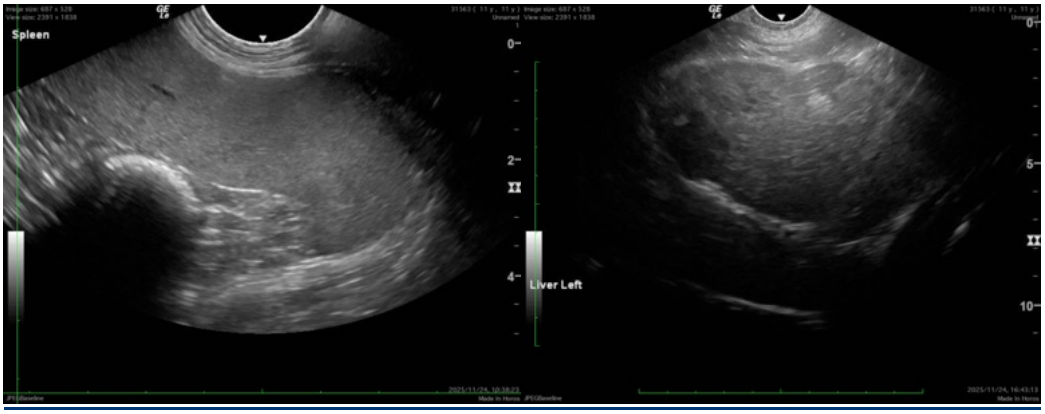
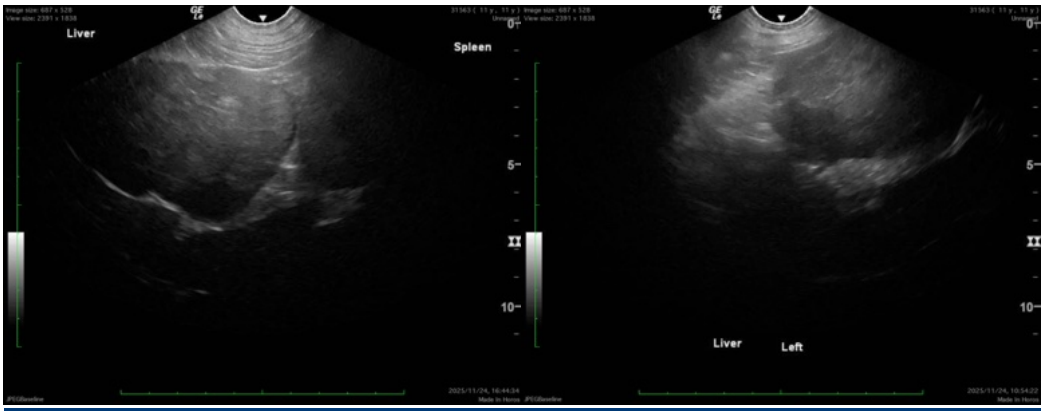
Symptomatic management that can be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.







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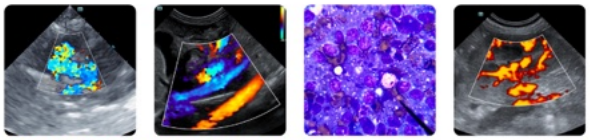

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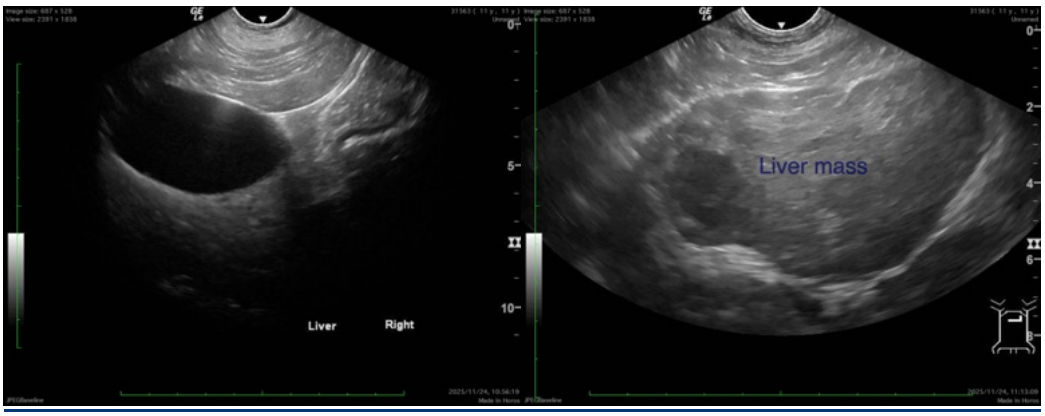

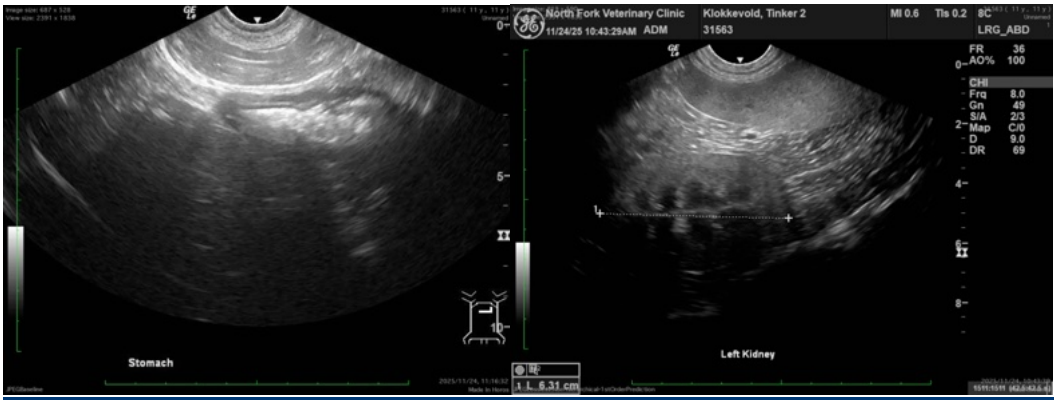

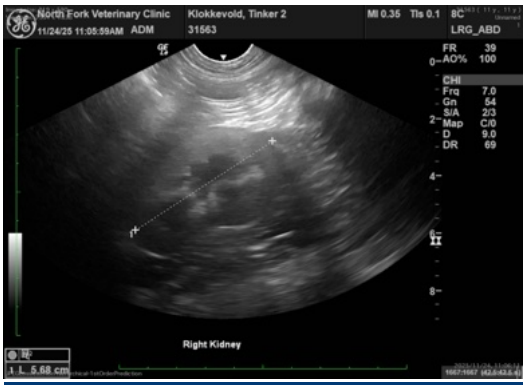

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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