



## PATIENT

Finley Asburay

## SPECIES

Canine

## BREED

Schnauzer Mix

## SEX

Neutered male

## AGE

8 years

## WEIGHT

20 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Amanda Favis

## HOSPITAL NAME

Ruidoso AC

## REFERRING VET

Dr. Favis

## INVOICE

69183

## DATE

12/1/25

## PRESENTING CLINICAL SIGNS

History: Abnormalities on routine BW  
USG 1.010, CBC NSF, Chemistry - ALT 211, ALP 1956, Cholesterol 400

## 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 4.4 cm, right measured 4.7 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.

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 0.55 cm and 0.57 cm in width. The right adrenal gland measured 0.38 cm and 0.44 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. Small, hypoechogenic, parenchymal nodule measuring 0.3 cm in size in the body of the spleen. Irregular, mottled echogenic mass in the tail of the spleen measuring 1.2 x 1.6 cm in size with bulging of the overlying capsule noted. The spleen measures 1.1 cm in width.

### *Liver*

Normal size with a diffuse, increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. Few, small, hypoechogenic parenchymal nodules measuring up to 0.8 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.



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## ***Gallbladder***

The gallbladder is full containing a small amount of non-adhered, hyperechogenic 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**

- Hepatopathy.
- Hepatic nodules.
- Splenic mass.
- Splenic nodule.
- Gallbladder sediment.

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

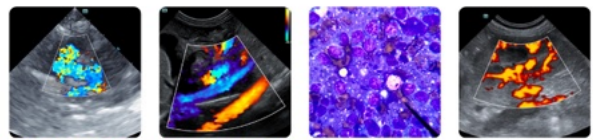
Etiologies for the hepatopathy would be reactive hyperplasia, nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia a highly unlikely differential diagnosis.

The most likely etiology for the hepatic nodules would be nodular hyperplasia with granulomas and neoplasia highly unlikely differential diagnosis.

Etiologies for the splenic mass would be granuloma, organized hematoma and emerging neoplasia.

The most likely etiology for the splenic nodule would be incidental reactive hyperplasia/extramedullary hemopoiesis with hematoma, granuloma and neoplasia a less likely differential diagnosis.

The gallbladder sediment can be considered an incidental finding.



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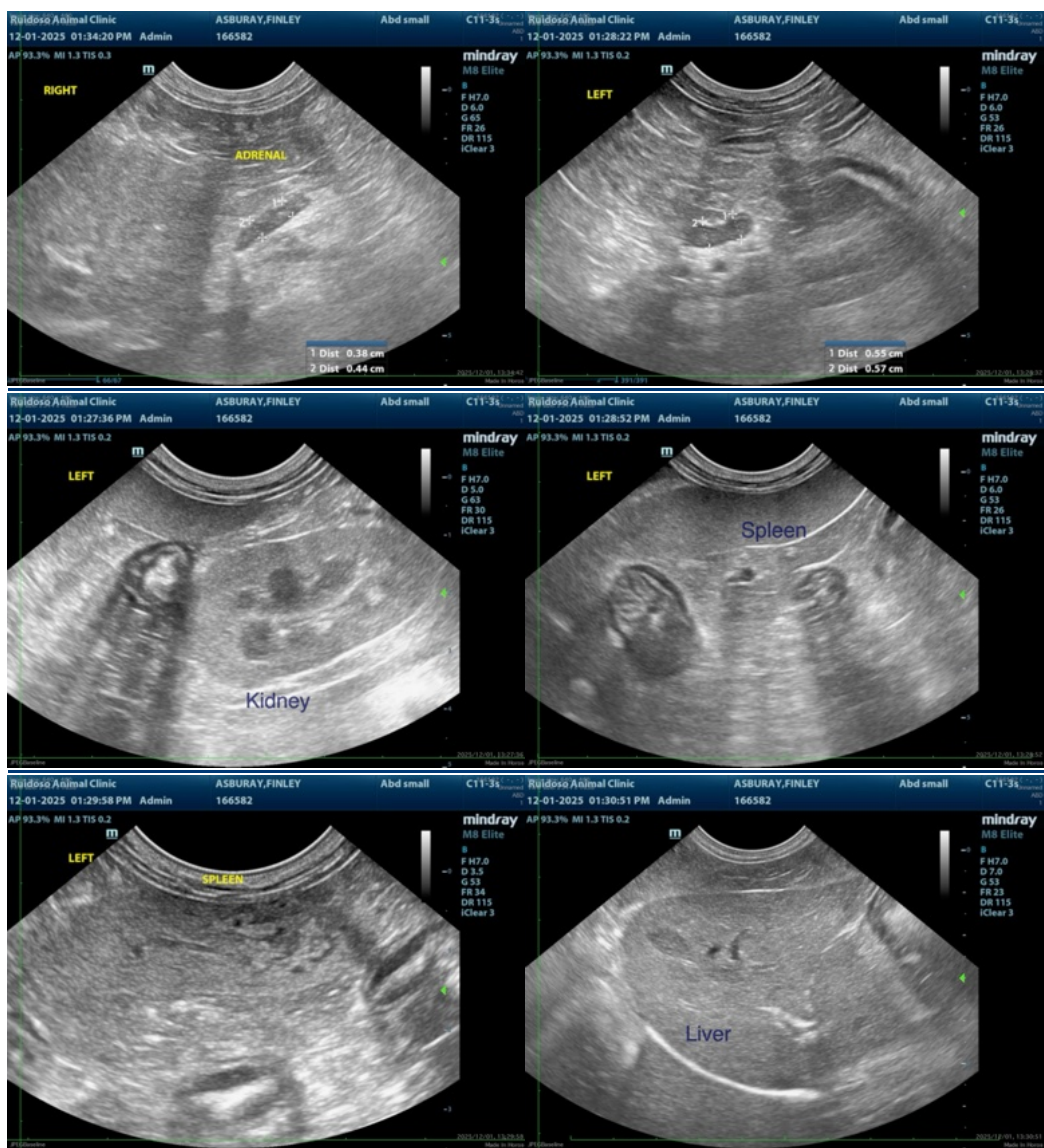
12/1/25

Further assessment would be three view thoracic radiographs, echocardiography to evaluate the right atrium and right auricle and FNA cytology of the splenic mass and liver.

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

Splenectomy can be considered as it could be diagnostic and therapeutic as well as allowing for a wedge biopsy of the liver.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management of the hepatopathy would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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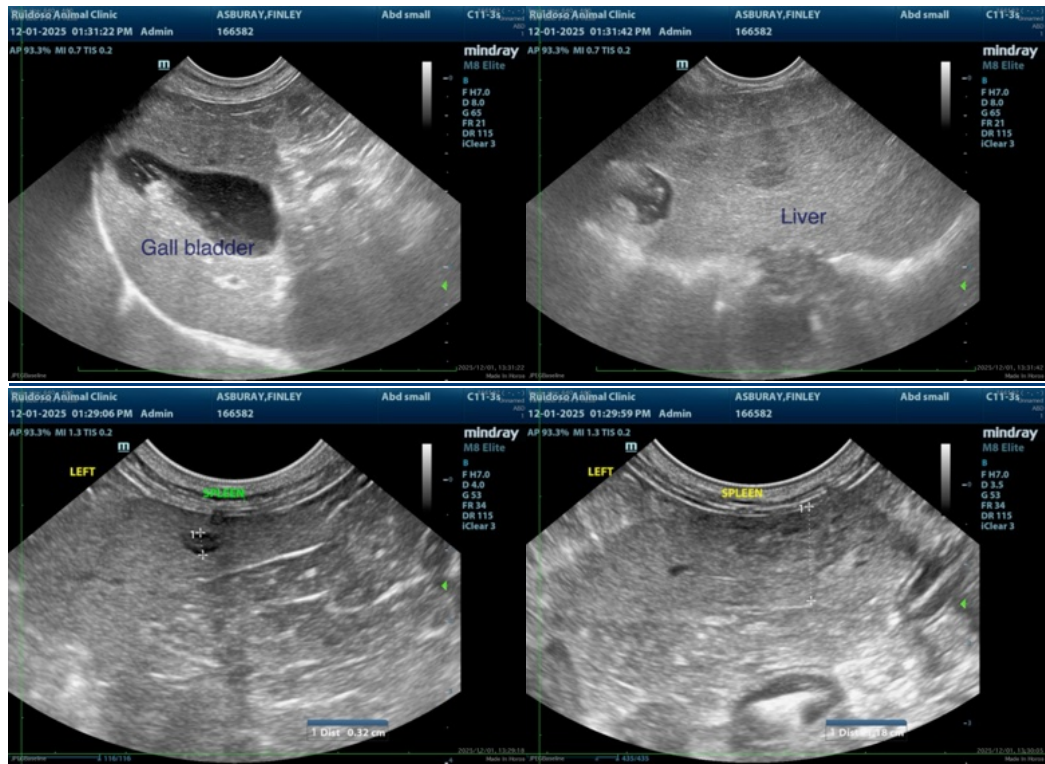
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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