



PATIENT

Zoey Whitehair

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed female

AGE

10 years

WEIGHT

77 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Isaac

HOSPITAL NAME

Valley West & Elk
Valley VH

REFERRING VET

Dr. Isaac

INVOICE

69535

DATE

12/11/25

PRESENTING CLINICAL SIGNS

History: Presented for TPLO surgery on Friday 12/5 and regurgitated large amount of fluid on induction even after appropriate fasting. Pet is obese. Abdominal radiographs were taken at the time and poss mass seen associated with the stomach. Also had evidence of excessive panting and blood in the urine. On Clavamox now for poss aspiration pneumonia and urinary tract infection. Owner reports decreased appetite at home but no vomiting or diarrhea.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem showed mild increase in ALT and ALP. ALT 204 and ALP 373. Hematuria and pyuria with rods in urine. Well concentrated USPG 1.050. Distended abdomen on exam as well as obesity and rear limb lameness consistent with her torn ACL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small almost empty urinary bladder 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 5.7 cm, right measured 5.8 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.55 cm in width. The right adrenal gland measured 0.48 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 2.4 cm in width.

Liver

Normal size with a diffuse, mottled echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. Few, parenchymal, hypoechoic nodules measuring up to 1.0 cm in size. No 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.

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

Irregular, poorly defined, mottled echogenic mass like structure in the cranial abdomen possibly associated with the liver or the mesentery.

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Abdominal mass.
- Hepatopathy.
- Hepatic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the abdominal mass would be neoplasia, organized hematoma, granuloma and possibly steatitis.

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

Etiologies would be nodular hyperplasia, granulomas and possibly infiltrative neoplasia.

Further assessment would be FNA cytology of the mass and liver. A tru cut or wedge biopsy may be required for a final etiological diagnosis.



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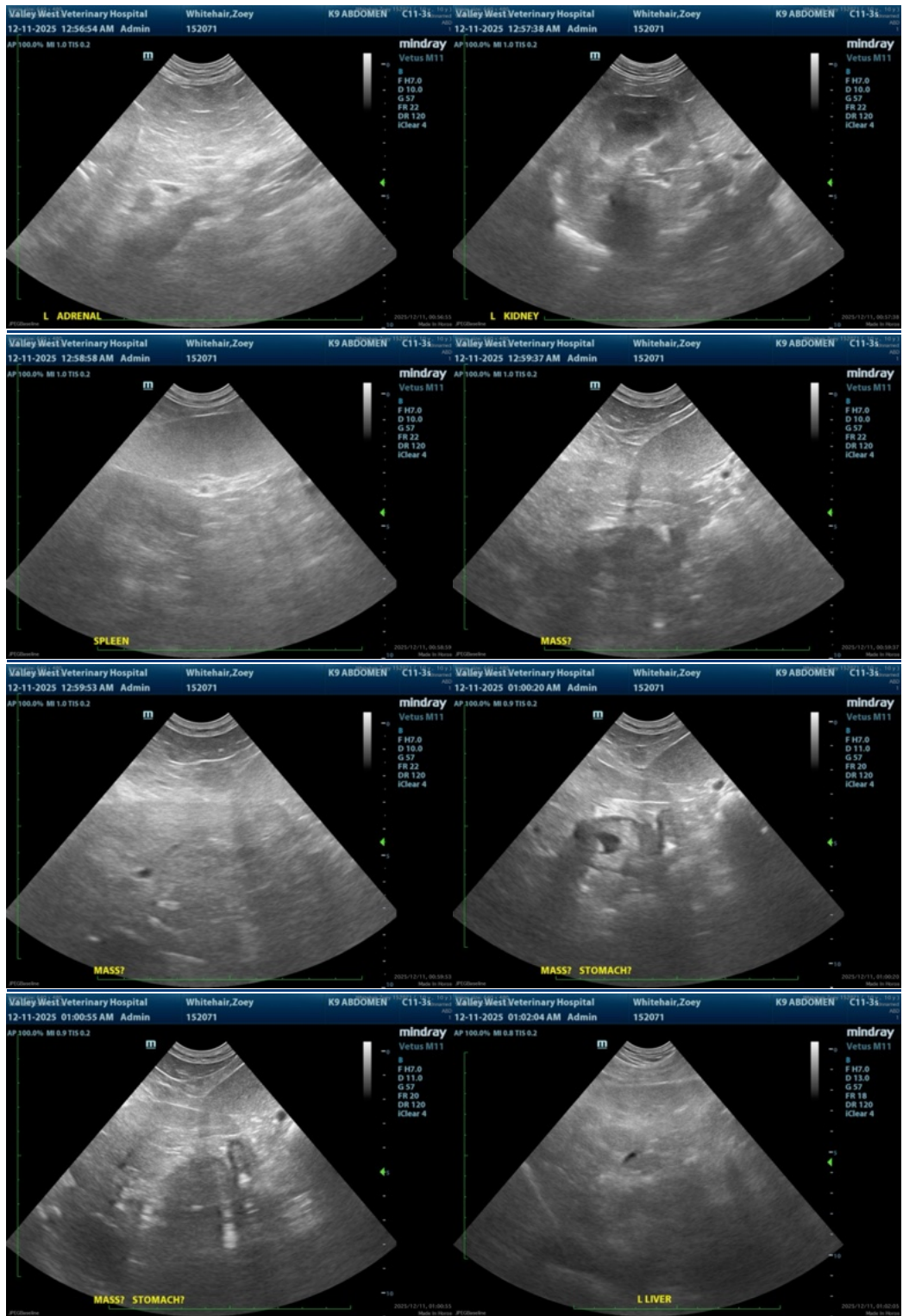
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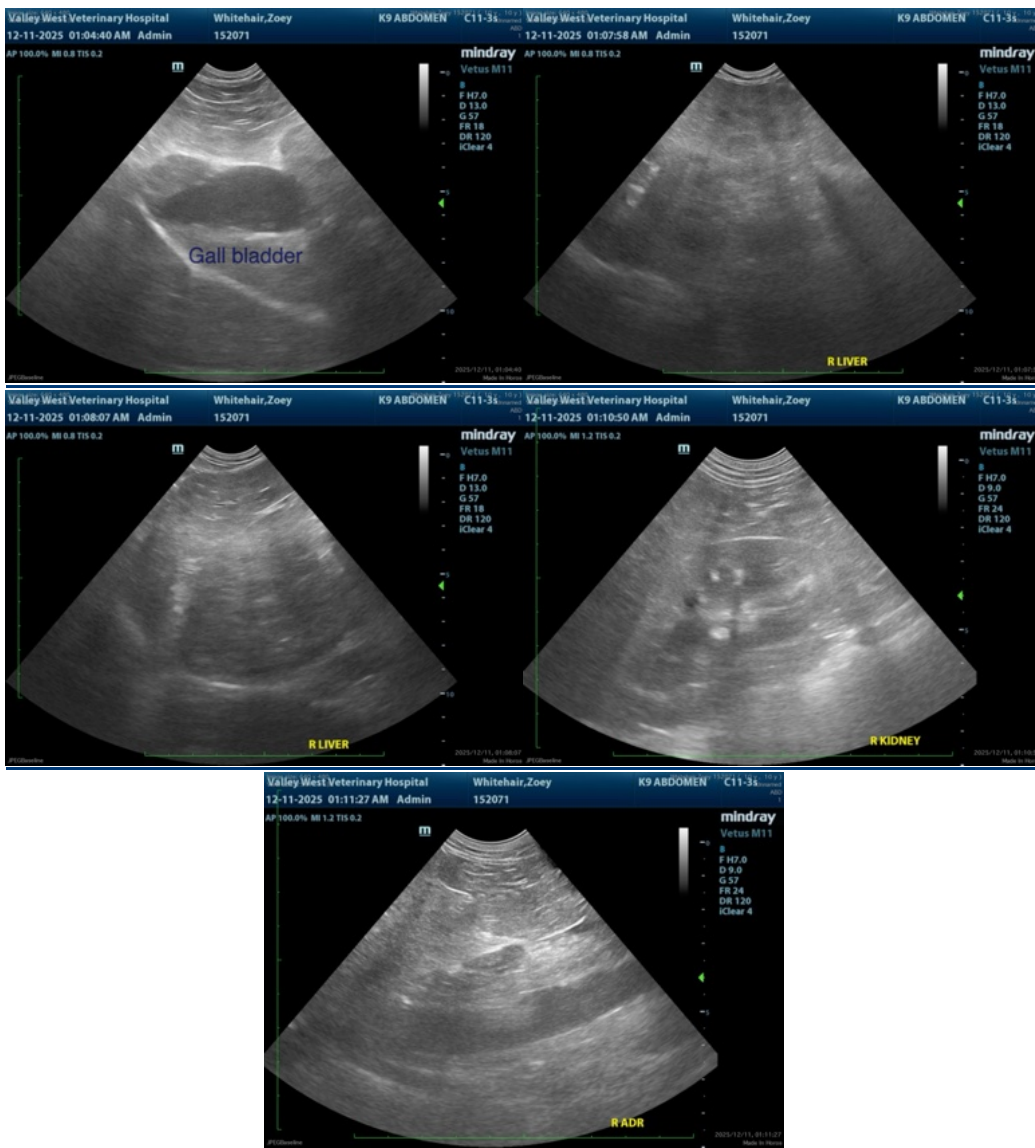
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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