



PATIENT

Levi Slaughter

SPECIES

Canine

BREED

Shepherd Cross

SEX

Neutered male

AGE

9 years

WEIGHT

33 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Catherine Alexander
LVT

HOSPITAL NAME

NorthStar Veterinary
Sonography, PLLC

REFERRING VET

Dr. Kaiser

INVOICE

69375

DATE

12/17/25

PRESENTING CLINICAL SIGNS

History: Liver mass, ~ 6 cm --left medial liver (AUS 8/29/24)--cytology -Vacuolar degeneration, moderate -- mild elevation ALP ~250 pphx: - MCT, right lateral abdomen, low grade II, MC = 0, completely excised Oct 2024 - MCT, left lateral abdomen, low grade I, MC = 0, completely excised Oct 2024 - Multiple lipomas (see body map) - Dermal malignant melanoma (MC = 8) - right lateral chest- completely excised Oct 2024 - Lipoma (possible infiltrative lipoma), left caudal thigh- dx via IH KK cytology 9/10/25 --5 cm in Sept 2025 --owner reports this mass is very slow growing over years, elects to monitor

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 6.4 cm, right measured 5.6 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 measuring 1.6 cm in width.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.69 cm and 0.72 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

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 measures 2.2 cm in width.

Liver

The liver is large, well circumscribed, mottled echogenic, poorly vascularized mass in the left lobe measuring 7 x 10 cm in size. The rest of the liver is of normal size, maintaining a normal echogenic



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appearance, portal markings and regular curvilinear capsule. No nodules or additional masses 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

A moderate amount of gas was present in the stomach. 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. Fecal material was present in the colon. The stomach measured 0.42 cm, duodenum measured 0.45 cm.

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. The right pancreas measured 1.0 cm in width.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatic mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatic mass would be hepatoma, primary hepatocellular carcinoma a less likely differential diagnosis.

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

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



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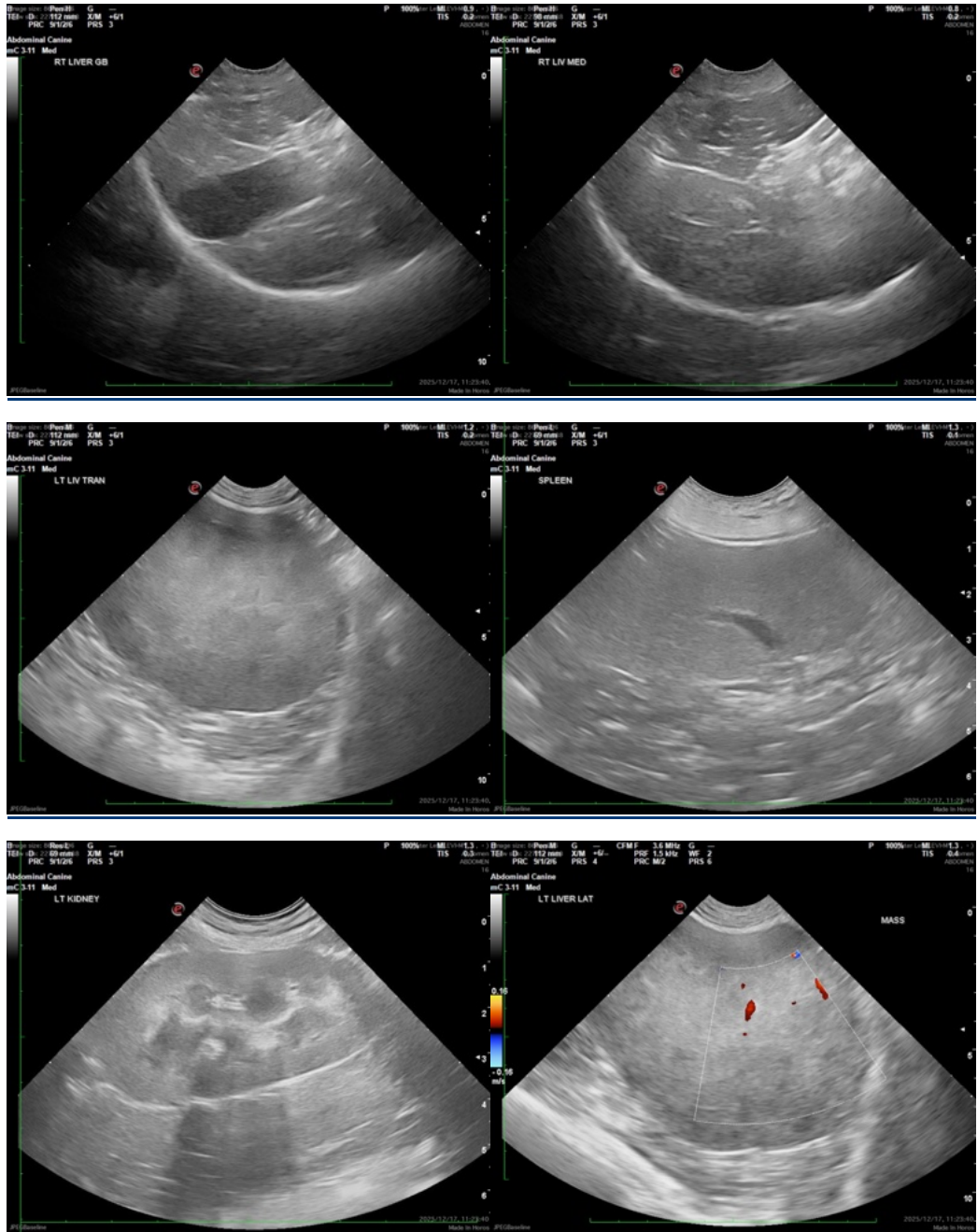
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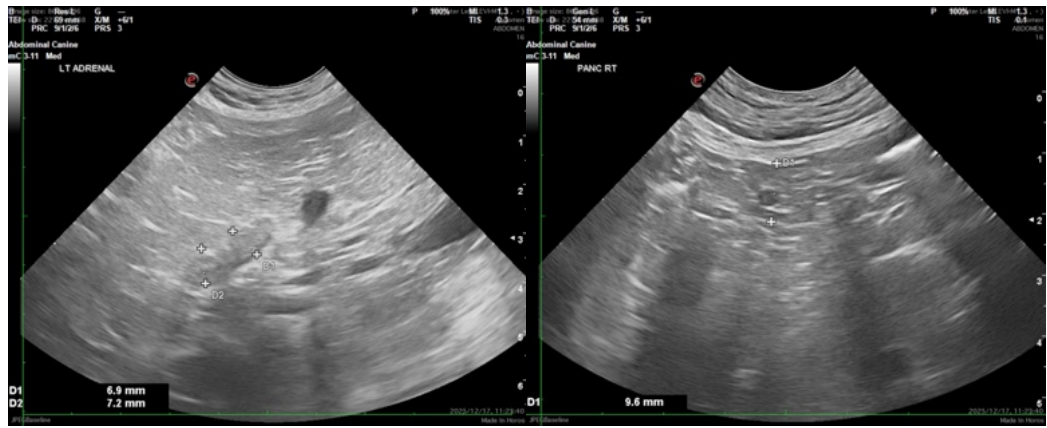
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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