



PATIENT

Daisy Newton

SPECIES

Canine

BREED

Terrier Cross

SEX

Spayed female

AGE

12 years

WEIGHT

21 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Catherine Alexander,
LVT

HOSPITAL NAME

NorthStar VS

REFERRING VET

Dr. Robinson

INVOICE

69261

DATE

12/2/25

PRESENTING CLINICAL SIGNS

History: Suspected hepatic mass Diarrhea, weight loss, abdominal bloating Suspected cognitive dysfunction

Abnormal PE/Chem/CBC/UA Results: Elevated Liver Enzymes (ALP - 1,089 U/L; ALT - 125 U/L) noted on BW 7/23/25 Increased BUN (45 mg/dL) noted on BW 7/23/25 Hypertriglyceridemia (308 mg/dL) noted on BW 7/23/25

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 6.1 cm, right measured 6.9 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. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.76 cm and 0.7 cm in width. The right adrenal gland measured 0.5 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. Focal, hypoechogenic parenchymal nodule in the body of the spleen measuring 0.7 cm in size. The spleen measures 1.6 cm in width.

Liver

A large, irregular, mottled echogenic, cystic and vascularized mass was noted originating in the left lobe measuring 7.4 x 7.6 cm in size. The rest of the liver is of normal size maintaining a normal echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing a moderate 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. The stomach measured 0.5 cm, colon measured 0.26 cm.

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.

A scant amount of ascites evident especially around the spleen.

ULTRASONOGRAPHIC FINDINGS

- Hepatic mass.
- Splenic nodule.
- Ascites.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatic mass would be neoplasia with hematoma and granuloma a less likely differential diagnosis.

Etiologies for the splenic nodule would be reactive hyperplasia/extramedullary hemopoiesis, hematoma, granuloma and possibly neoplasia (primary or metastatic).

The ascites can be ascribed as secondary to the hepatic mass.

The gallbladder sediment is most likely an incidental finding.

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



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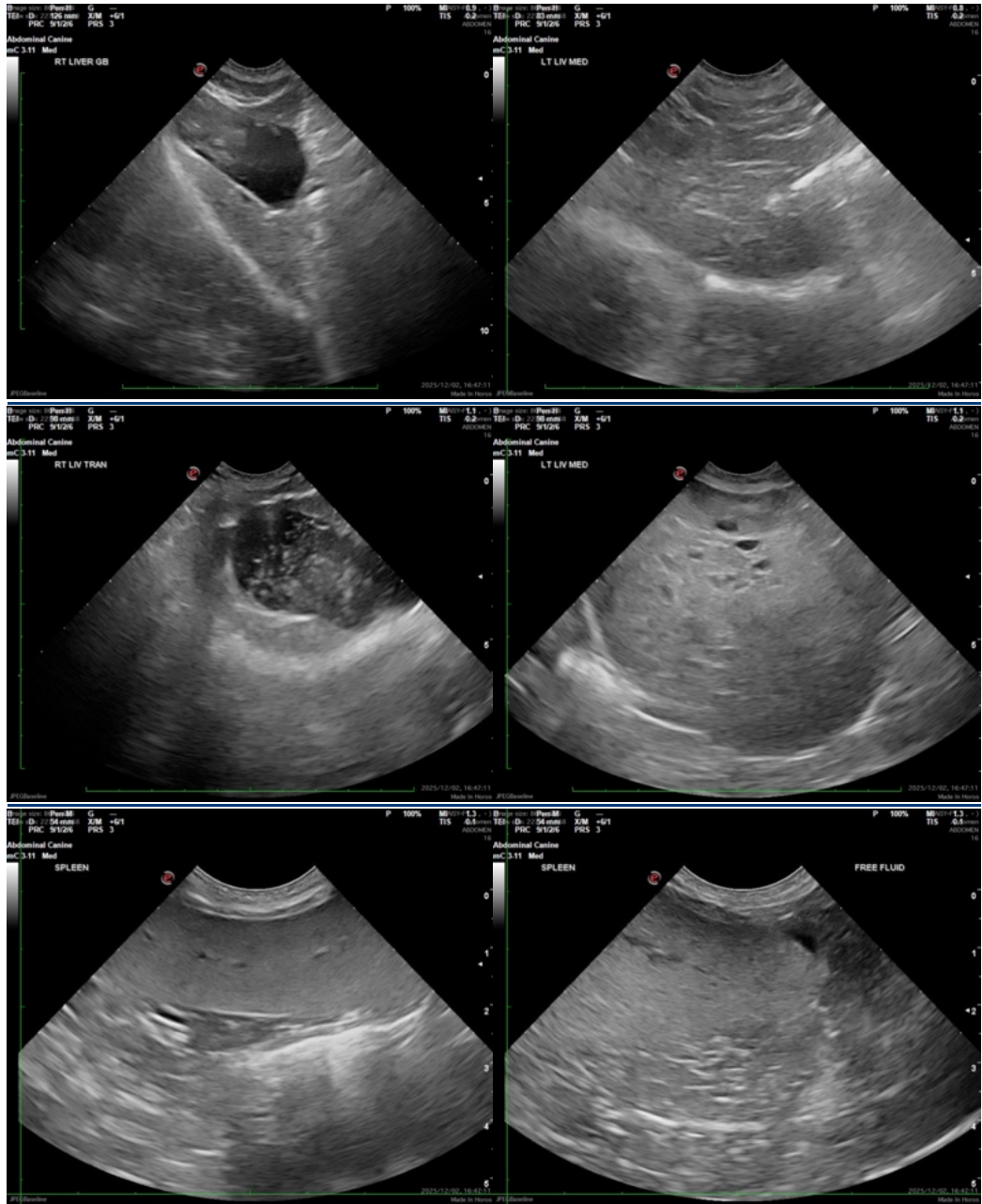
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A tru cut or wedge biopsy of the hepatic mass may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

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

Monitoring of the splenic nodule would be recommended and if there is any progressive enlargement or bulging of the overlying capsule noted, then splenectomy should be considered.





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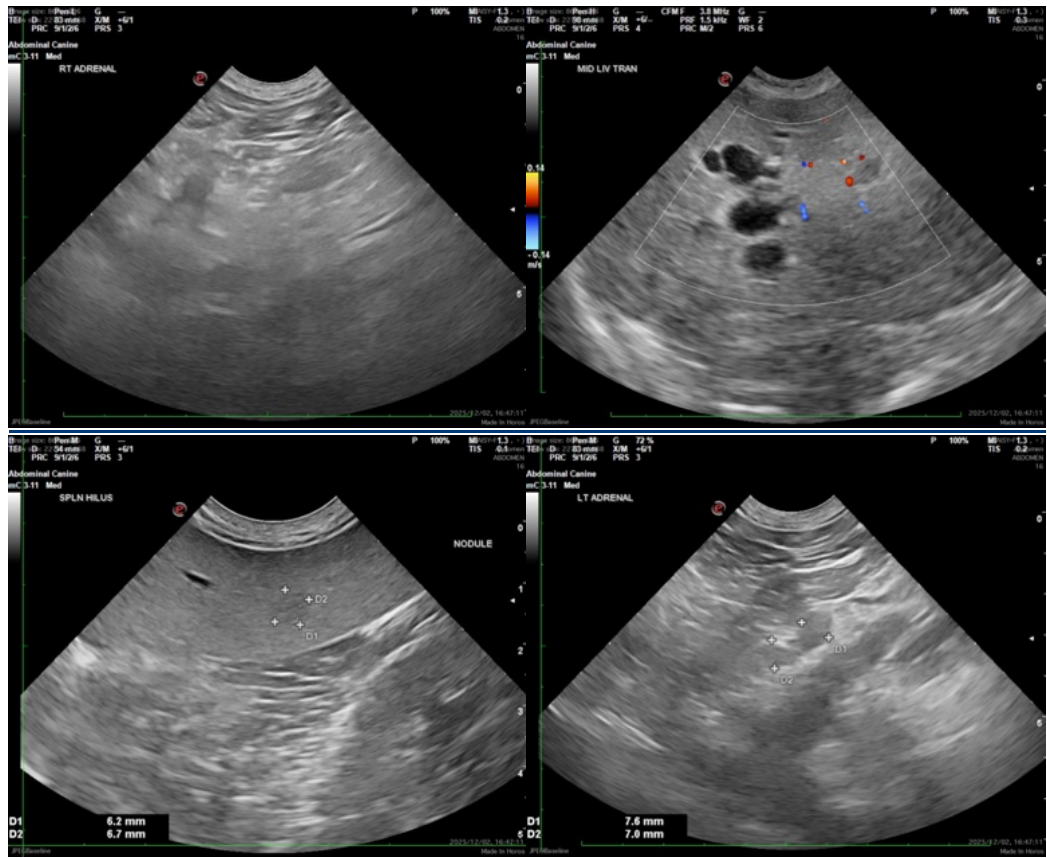
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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