



## PATIENT

Joey Martin

## SPECIES

Canine

## BREED

Australian Cattle Dog

## SEX

Neutered male

## AGE

12 years

## WEIGHT

34 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Casita

## HOSPITAL NAME

Companion AC

## REFERRING VET

Dr. Casita

## INVOICE

69606

## DATE

12/24/25

## PRESENTING CLINICAL SIGNS

History: Decreased appetite and energy since early Dec Significant weight loss since April  
Abnormal PE/Chem/CBC/UA Results: Dehydration, lethargy, gen muscle atrophy, sensitive cranial  
abd 12/8//25: Chem: ALT 369, ALP 764, GGT 15 (T bili 0.2), rest WNL CBC: plate 531, Neutrophilia  
12,710, no bands UA: USG 1.020, pH 7.5, Pro 1+, blood trace, struvite 4-10

## 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 6.5 cm, right measured 6.0 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.

The prostate is small and hypoechogenic.

### *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 0.55 cm and 0.63 cm in width. The right adrenal gland was not visualized.

### *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 1.4 cm in width.

### *Liver*

The liver is large, irregular and mottled echogenic, poorly vascularized infiltrative mass in the left lobe measuring 5.0 x 6.0 cm in size. The rest of the liver is of normal size, maintaining a normal echogenic appearance, portal markings and a 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 moderate amount of fluid is present in the stomach.

## ***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.

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

The most likely etiology for the hepatic mass would be primary hepatocellular carcinoma with granulomatous disease a less likely differential diagnosis.

Further assessment would be three view thoracic radiographs and FNA cytology of the mass, a tru cut or wedge biopsy of the mass may be required for a final etiological diagnosis.

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



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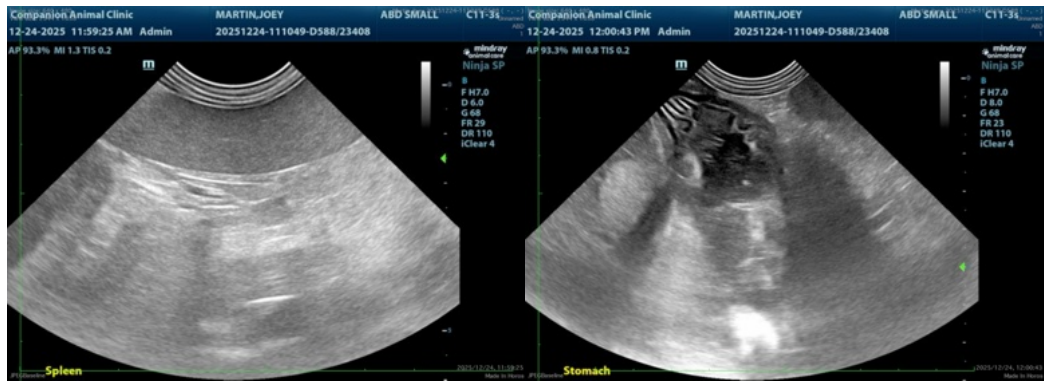
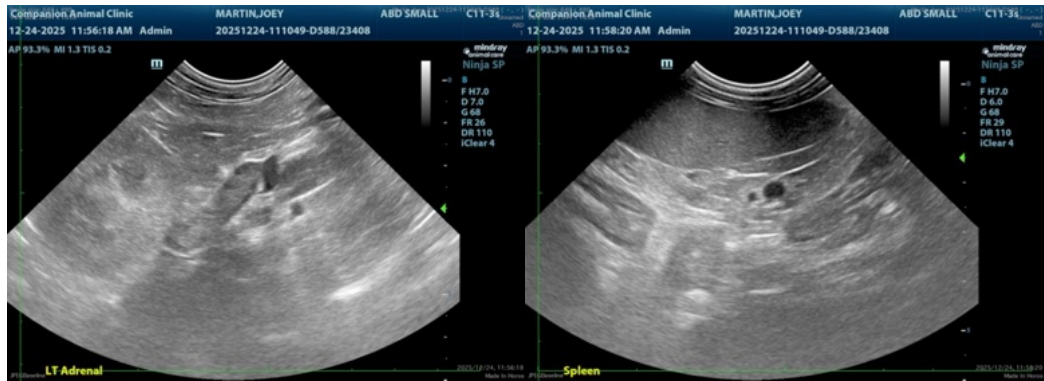
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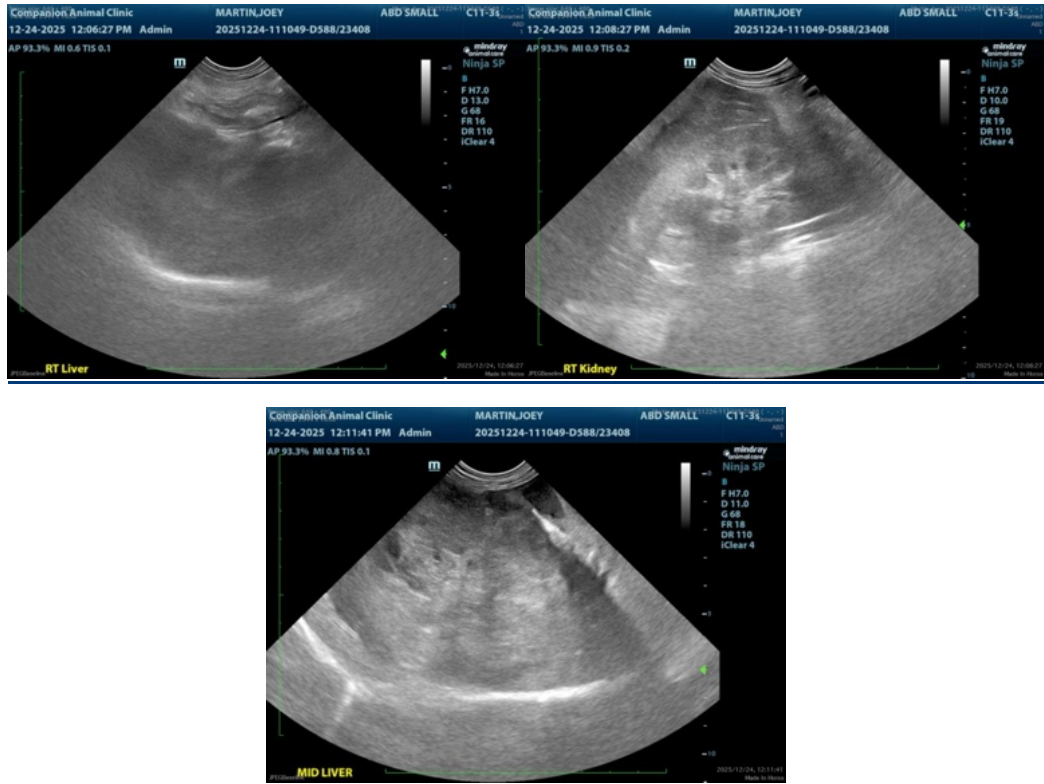
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)