



PATIENT

Bethany Fischer

SPECIES

Canine

BREED

Australian Shepherd
Mix

SEX

Spayed Female

AGE

10 years

WEIGHT

37 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Shotts

HOSPITAL NAME

Riverbend Veterinary
PetCare Hospital

REFERRING VET

Dr. Shotts

INVOICE

69674

DATE

12/30/25

PRESENTING CLINICAL SIGNS

History: Patient presented for annual and pruritus on 9/23/2025. Routine bloodwork revealed ALP of 223, albumin 4.2 and UPC of 0.7. FAST scan showed what appeared to be hyperechoic nodules in the liver and irregular margins of one liver lobe. Blood pressure avg systolic 183 on 10/7, however patient is very nervous in clinic. Repeat UA on 11/12/2025 showed UPC 0.3 and cystatin B elevated at 124. Another repeat UA on 12/15/2025 showed UPC 0.8 and cystatin B 474. Following the 12/15 UA, patient was reported to have one short bout of lethargy, but otherwise has been clinically normal. Blood pressure avg today is 120. Repeat labwork today shows ALP 659, ALT 203. Patient is not receiving any medication outside of simparica trio. There is potential that patient has gotten into pecans, acorns, and berries from backyard.

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 5.9 cm, right measured 5.1 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

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.56 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 measured 1.2 cm in width.

Liver

Normal size with a diffuse, increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. Irregular, mottled echogenic region in the left lobe measuring 3.0 x 3.0 cm in size with some bulging of the overlying capsule noted. No nodules or obvious 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

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic.

Etiologies for the abnormality evident in the left lobe would be extension of nodular hepatopathy, previous lobar hepatitis, organized hematoma or granuloma and possibly emerging hepatocellular carcinoma.

Further assessment would be FNA cytology of the liver and the region of the left lobe; however, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.



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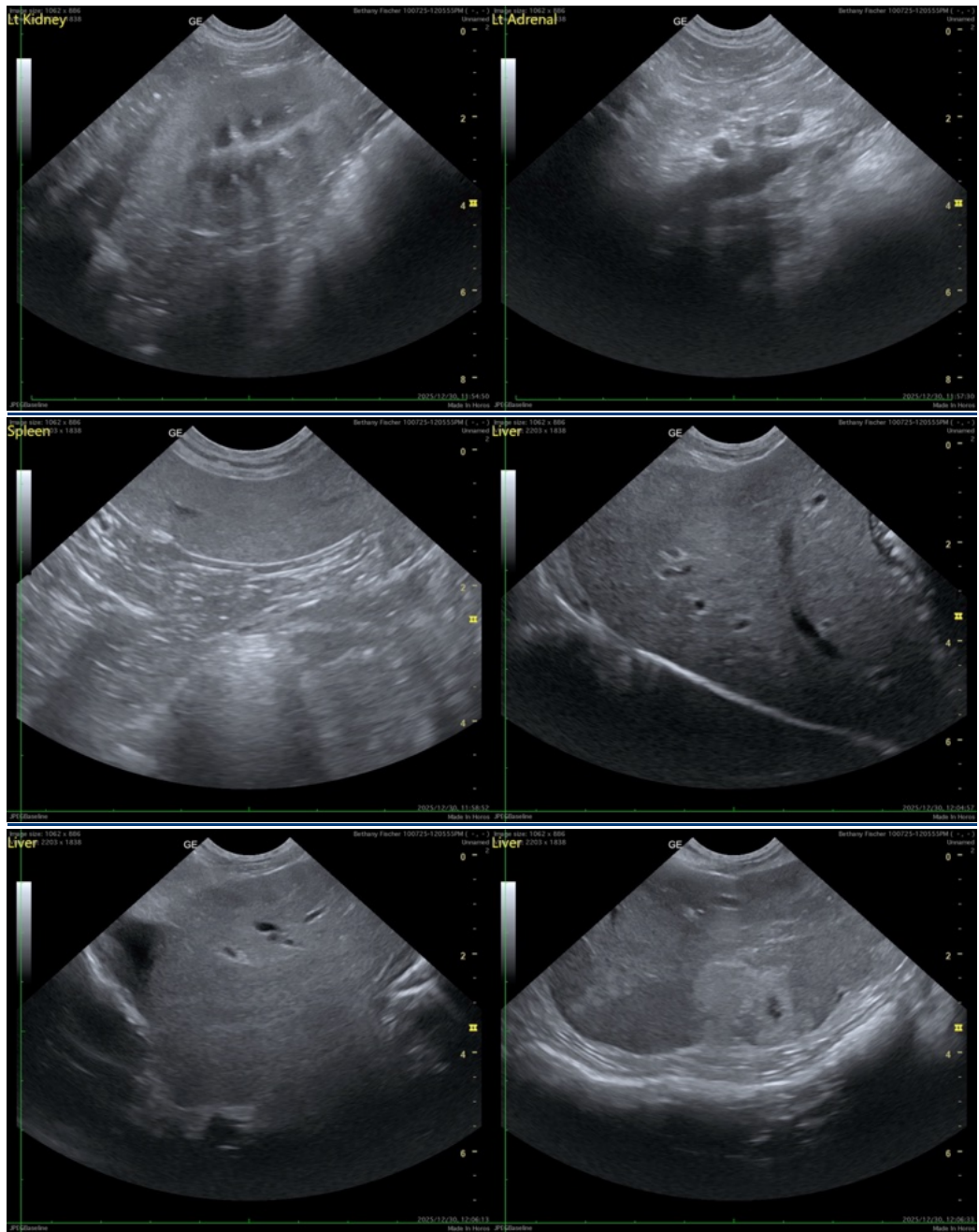
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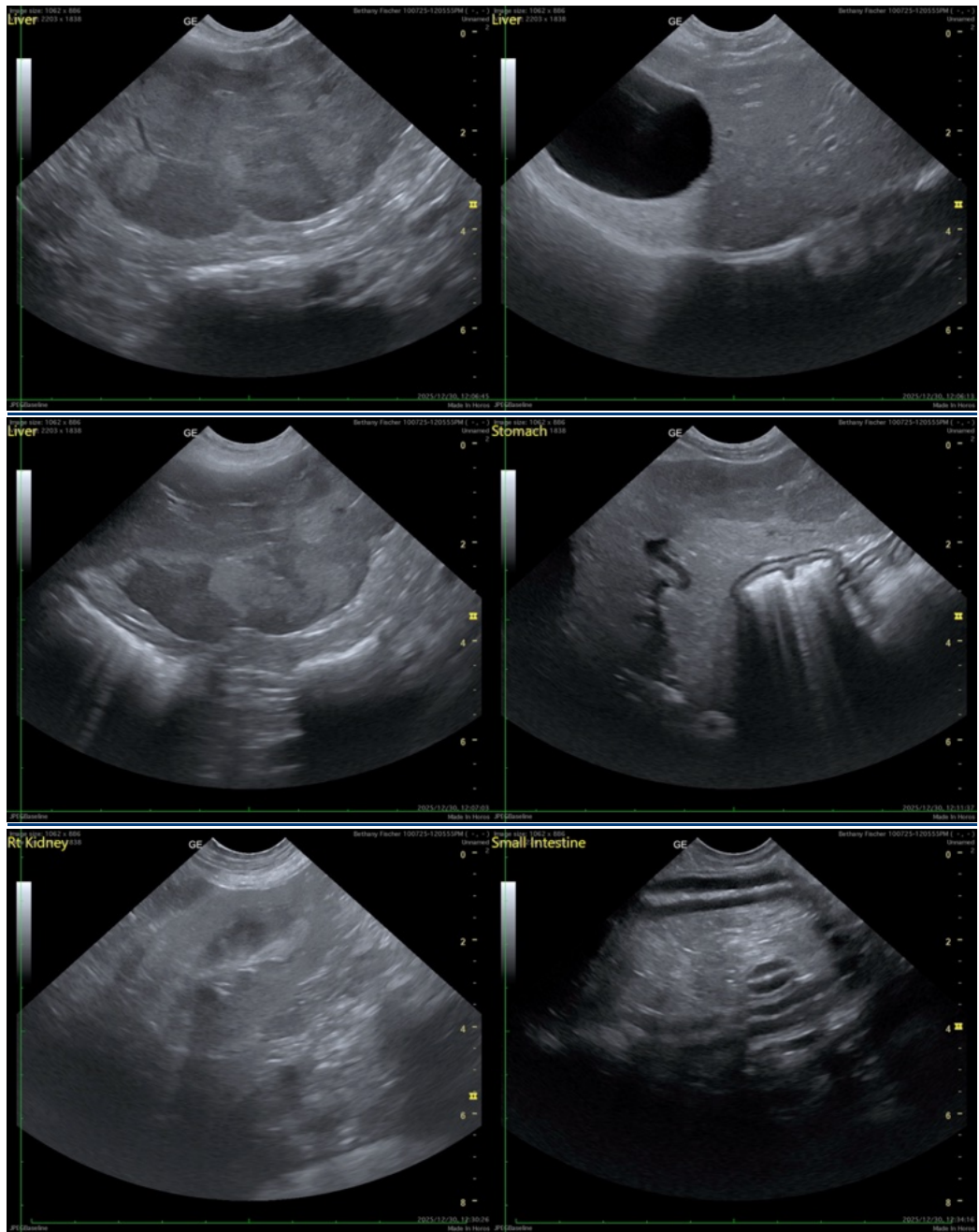
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



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info@sonopath.com

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