



PATIENT

Olivia Crochunis

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Spayed Female

AGE

12 Years 6 Months

WEIGHT

75.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Celia Galanti DVM

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Dr. Wylie Cooper DVM

INVOICE

12604

DATE

12/05/25

PRESENTING CLINICAL SIGNS

Bleeding Sq mass on Right hindlimb. Cancer screening

Abnormal PE/Chem/CBC/UA Results: ALP 354 (high, reference range 0-144), remainder within normal limits

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small 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, 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 left kidney measured 7.0 cm in length. The right kidney measured 7.4 cm in length.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.44 cm and 0.42 cm in width. The right adrenal gland measured 0.45 cm and 0.53 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 1.5 cm in width.

Liver

Normal size with a diffuse increased echogenic and coarse appearance. Normal portal markings and a regular curvilinear capsule. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full containing a small amount of nonadhered 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.

Pancreas

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.



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Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

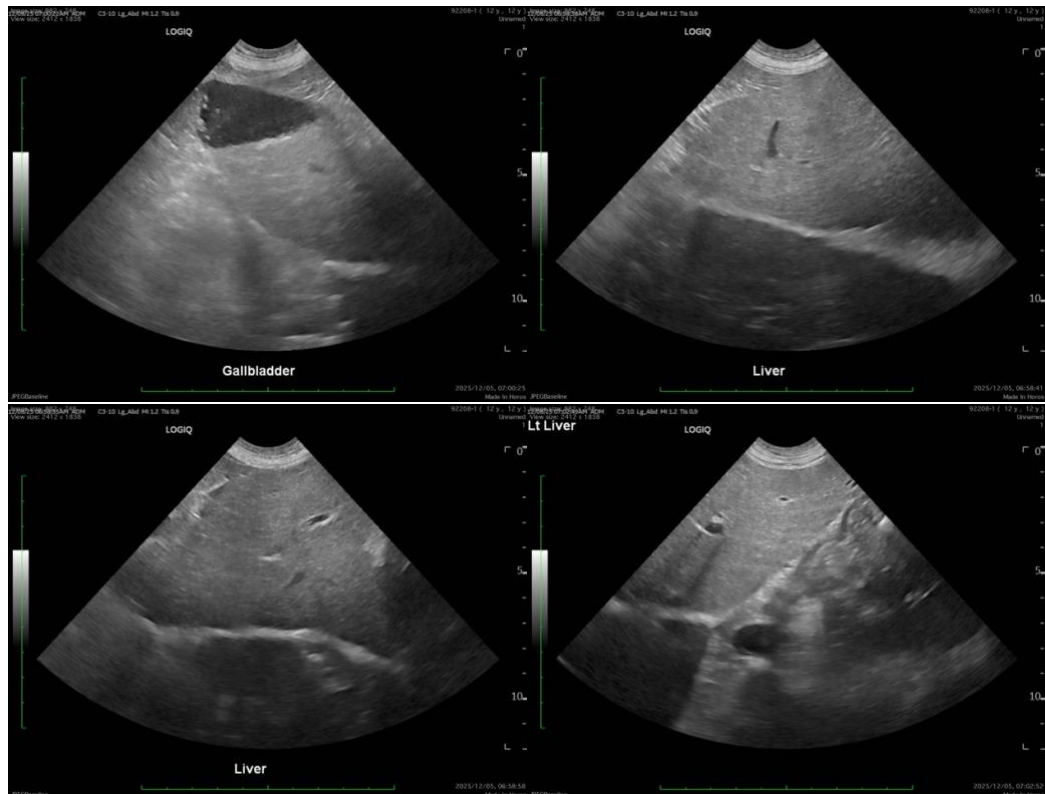
- Hepatopathy.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatopathy would be age-related reactive hyperplasia with early nodular hyperplasia, vacuolar and metabolic differential diagnoses. Hepatitis and infiltrative neoplasia would be highly unlikely differential diagnoses. The gallbladder sediment can be considered an incidental finding. On this ultrasound, there is no obvious evidence of metastatic disease.

Further assessment of the hepatopathy that could be considered would be FNA cytology, 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 could be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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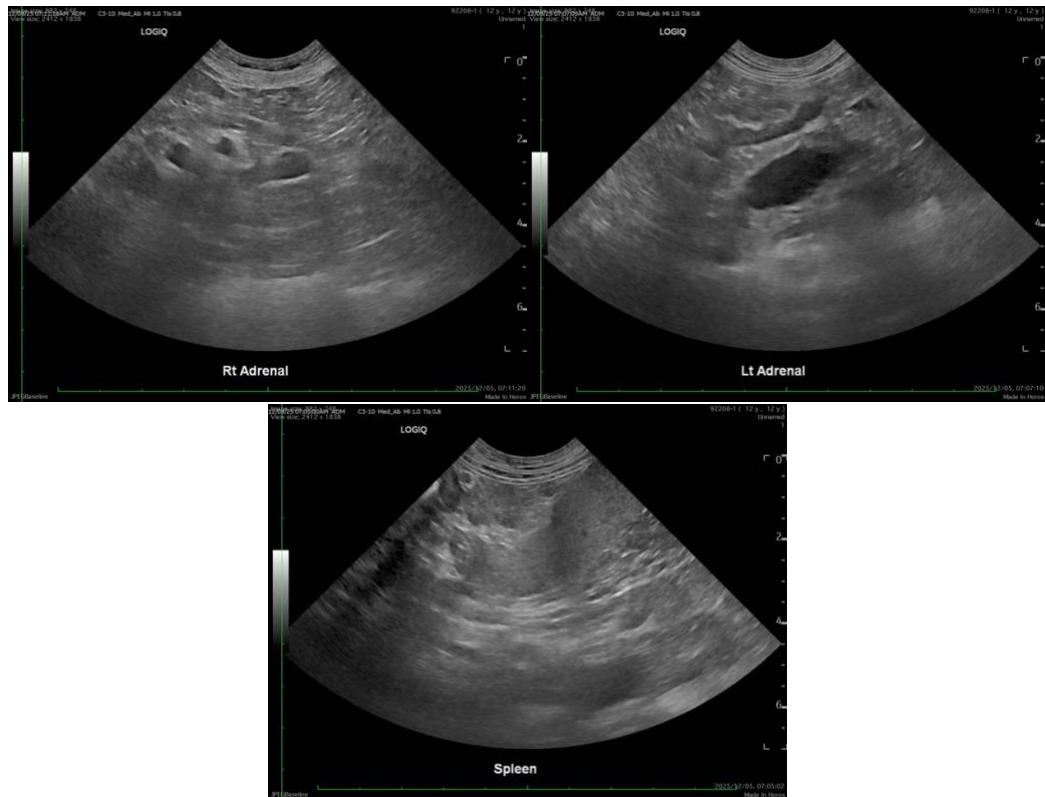
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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