



## PATIENT

Scout Lockerby

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Neutered Male

## AGE

12 Years 3 Months

## WEIGHT

66 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Warner

## HOSPITAL NAME

VT-NH Veterinary  
Clinic

## REFERRING VET

Dr. Torzewski

## INVOICE

12605

## DATE

12/05/25

## PRESENTING CLINICAL SIGNS

DJD shoulders bilaterally, thoracolumbar spondylosis History allergies - cytopoint has been very helpful to prevent recurrent OE per O History anapl pos Ursodiol and Denamarin daily

Abnormal PE/Chem/CBC/UA Results: GLC 55 Elevated liver enzymes: ALT 97/AST76/ALP758/GGT87. With repeat fasted bldwrk, ALT 294/ALP1189/GGT71. leptosnap pos. leptos PCR 1:200/neg, rads WNL Thin, BCS 3/9 Hind end weakness Many small skin masses

## 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.

Small hypoechogenic prostate.

Normal renal size with increased echogenic appearance and some loss of cortico-medullary differentiation. Normal pelvis and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 6.1 cm in length. The right kidney measured 5.9 cm in length.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 2.83 cm length x 0.84 cm and 0.71 cm in width. The right adrenal gland measured 0.57 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 2.4 cm in width.

### *Liver*

Normal size with a diffuse mottled echogenic and coarse appearance. Normal portal markings and s regular curvilinear capsule. Small well circumscribed hypoechogenic mass in the left lobe measuring approximately 2.1 cm x 2.7 cm in size. Small hyperechogenic parenchymal nodule in the cranial aspect of the right lobe measuring approximately 1.5 cm x 1.7 cm in size. No additional nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

### *Gallbladder*

Small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

### *Gastrointestinal*



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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.

## SPECIES

Canine

## *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.

## BREED

Golden Retriever

## *Free Abdomen*

Normal mesenteric lymph nodes.

## SEX

Neutered Male

No ascites evident.

## AGE

12 Years 3 Months

## ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Hepatic mass.
- Hepatic nodule.
- Age-related renal changes versus early chronic kidney disease.

## WEIGHT

66 pounds

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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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 most likely etiology for the hepatic mass would be a hepatoma with emerging prominent hepatocellular carcinoma a less likely differential diagnosis. The hyperechogenic parenchymal hepatic nodule can be considered an incidental finding.

Further assessment would be FNA cytology of the liver and hepatic mass, however, a tru-cut or wedge biopsy may be required for a final etiological diagnosis.

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Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be to continue with the current therapy.

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**PATIENT**

Scout Lockerby

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Neutered Male

**AGE**

12 Years 3 Months

**WEIGHT**

66 pounds

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**IMAGING  
PERFORMED BY**

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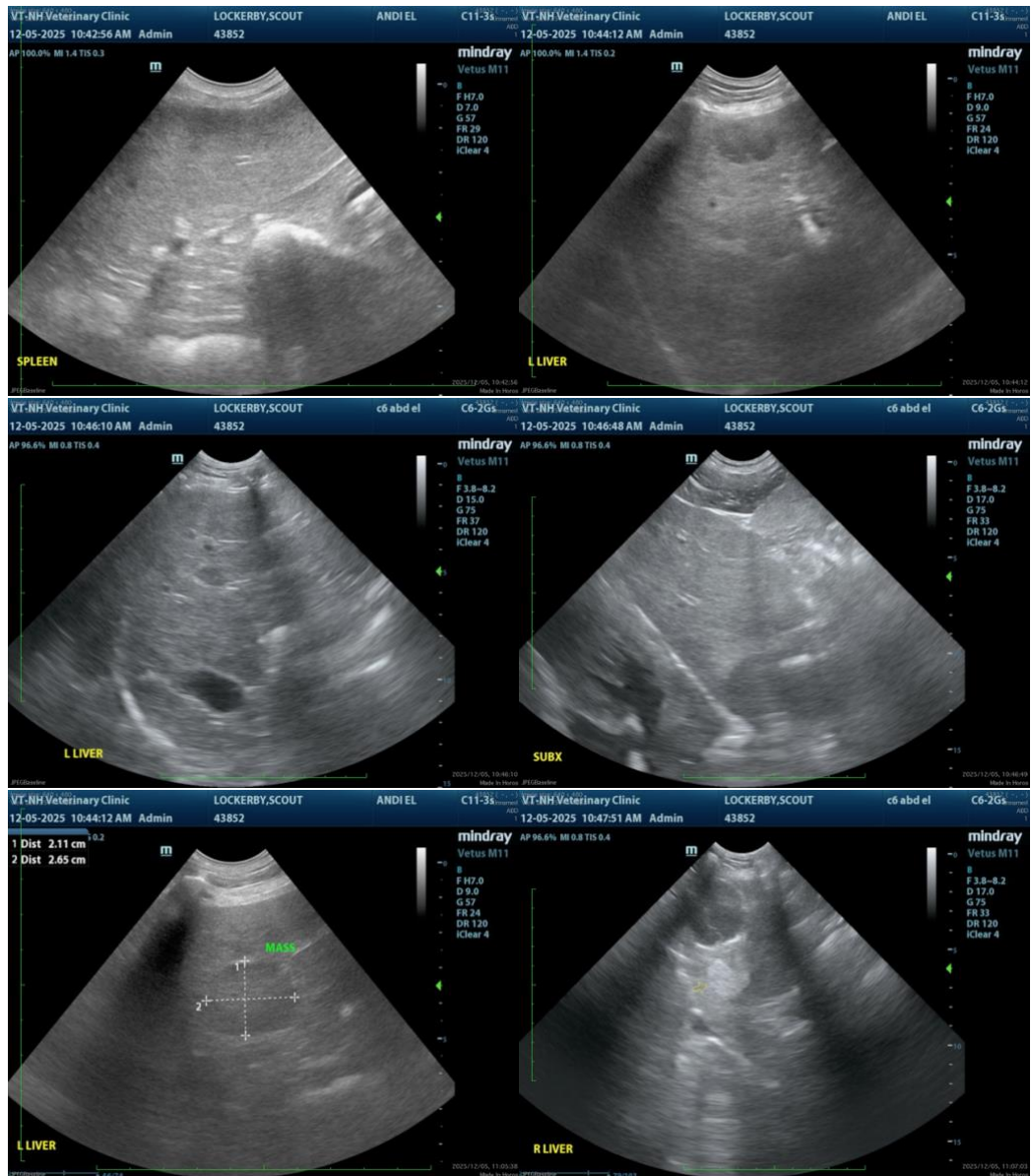
Dr. Torzewski

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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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