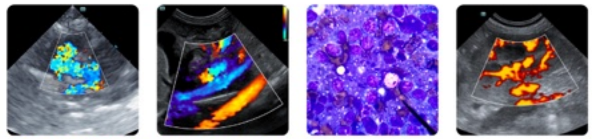


PATIENT

Folly Egeland

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Spayed female

AGE

10 years

WEIGHT

65 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Peter Langer

HOSPITAL NAME

North Hampton AH

REFERRING VET

Dr. Rocco

INVOICE

71486

DATE

2/11/26

PRESENTING CLINICAL SIGNS

- 9 year old FS lab ret. x presented for PU/PD, periuria and lethargy.
- Static weight, topline muscle atrophy with pendulous abd. No masses or fluid wave palpable. Hypertension 177/101 (125), 160/89 (119), 149/107 (128) Hx hypothyroidism - controlled UPC of 6.8 Albumin is trending down 2.6 1/29/26, 2.8 in April 2025. Hx of ALKphos elevations, ALT trending higher at 94 1/29/26 Current Medications: Thyrotabs BID Benazepril 10 mg SID Renal diet

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 7.3 cm, right measured 8.4 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

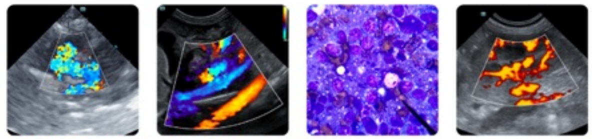
The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.73 cm and 0.71 cm in width. The right adrenal gland had a normal caudal pole measuring 0.91 cm, enlarged cranial pole as a result of a hyperechogenic parenchymal nodule measuring 1.4 x 2.1 cm in size. The right adrenal gland maintains its normal shape, echogenic appearance, position and appearance of the peri-adrenal vasculature.

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 2.3 cm in width.

Liver

Normal size with an increased echogenic appearance, normal portal markings, and regular curvilinear capsule. Mottled, echogenic, non-vascularized mass measuring 7.0 x 8.0 cm in the right lobe. No nodules or additional 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 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

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.
- Hepatic mass.
- Right adrenal nodule.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar, metabolic and breed specific hepatopathy with hepatitis a less likely differential diagnosis.

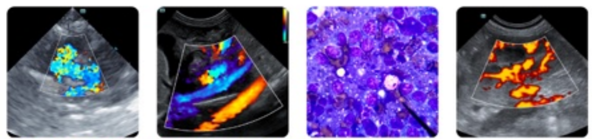
Etiologies for the hepatic mass would be hepatoma, organized hematoma, granuloma and possibly emerging primary hepatocellular carcinoma.

The most likely etiology for the right adrenal nodule would be non-functional adenoma with emerging carcinoma and pheochromocytoma a less likely differential diagnosis.

The gallbladder sediment can be considered an incidental finding.

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

Excluding a pheochromocytoma could be considered by running/plasma catecholamines.



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Further specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the hepatopathy and the gallbladder sediment would be the use of Ursodiol.

Additional therapy for the proteinuria would be the addition of an ace receptor blocker.

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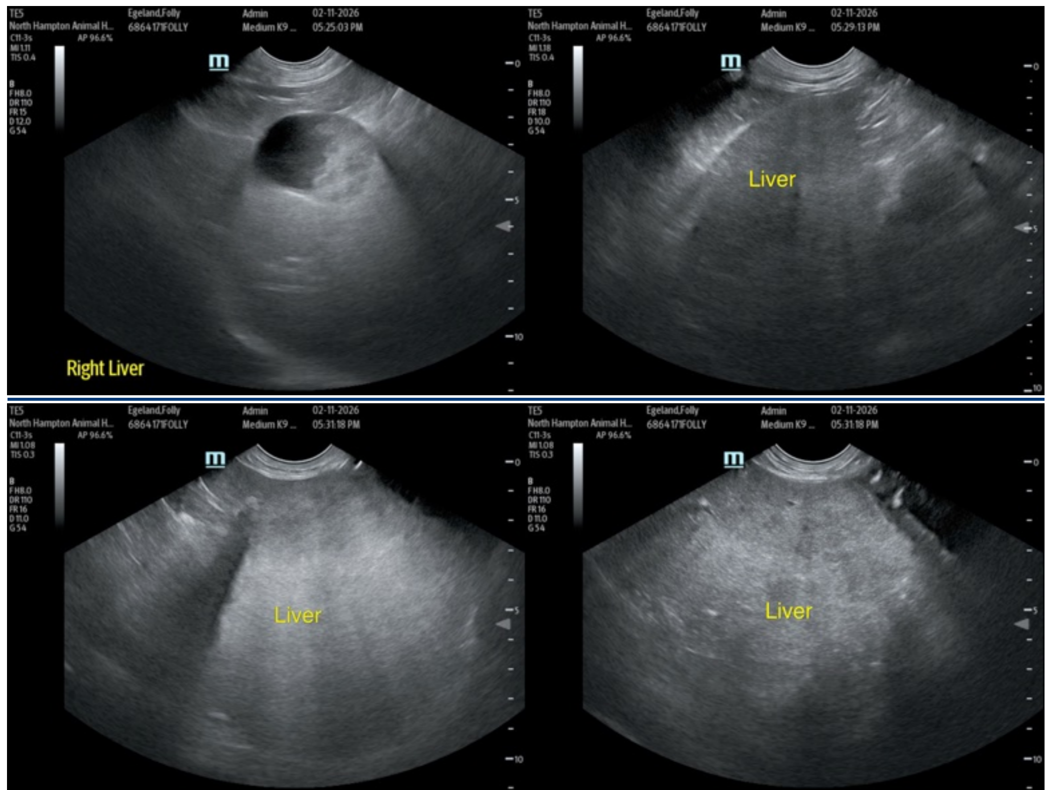

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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