



PATIENT

Ruby Funk

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed female

AGE

12 years

WEIGHT

70.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chrissy Krell, DVM

HOSPITAL NAME

Town & Country AC

REFERRING VET

Dr. Bergin

INVOICE

71635

DATE

2/17/26

PRESENTING CLINICAL SIGNS

- Presented for annual exam/vax on 2/10; annual bloodwork revealed elevated liver values.
- No other concerns presently, small mammary mass noted on the 2nd caudal left nipple.
- History of pyometra 2 years ago, found small mammary masses that were removed, histopathology reported them as benign.
- Rule outs: cholestasis vs inflammatory vs neoplasia
- PE: several masses- top of head, L axilla, R hip, L mammary chain Lab: 2/11- ALP 1209 (5-160) GGT 195 (0-13)

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 7.5 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

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.77 cm in length x 0.6 cm and 0.5 cm in width. The right adrenal gland measured 2.84 cm in length x 0.94 cm and 0.43 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.

Liver

Normal size with a diffuse, mottled echogenic and coarse appearance, prominent portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is 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

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.

Mammary Glands

Small, non-vascularized, hypoechogenic nodule in the mammary gland measuring 0.6 x 1.2 cm in size.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Mammary gland nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar, metabolic, chronic hepatitis and breed associated hepatopathy. Infiltrative neoplasia would be a less likely differential diagnosis.

Etiologies for the mammary nodule would be granuloma and neoplasia (benign or malignant).

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

Specific therapy would be dependent on an etiological diagnosis.



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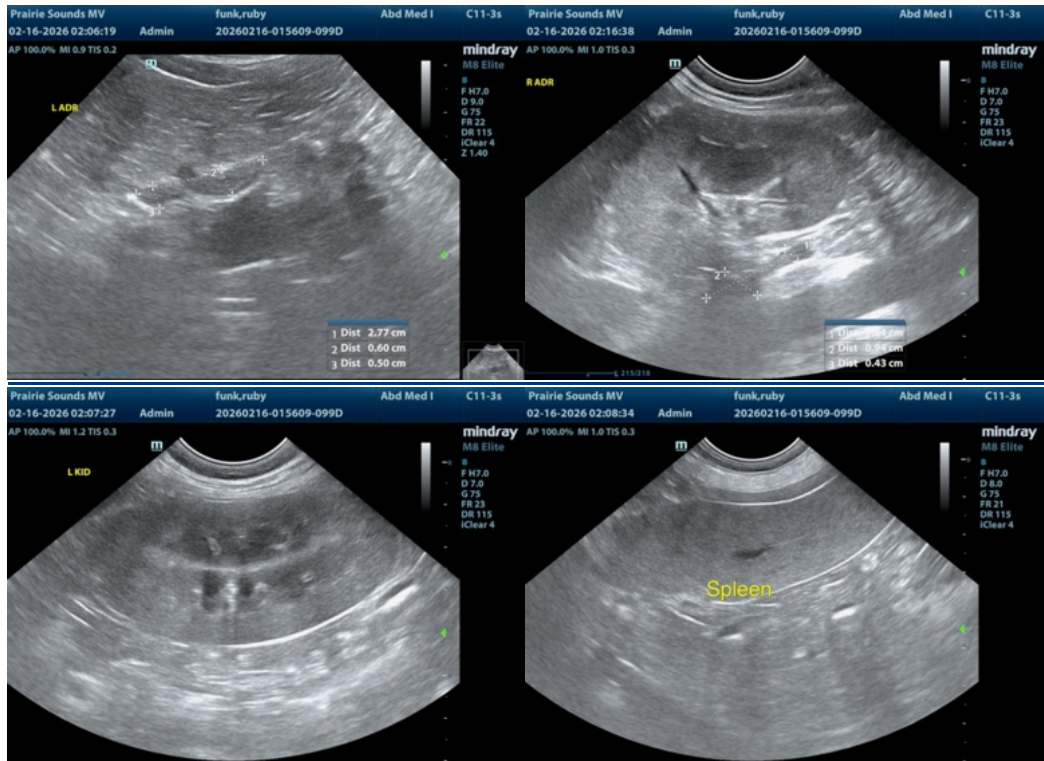
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Symptomatic management of the hepatopathy that can be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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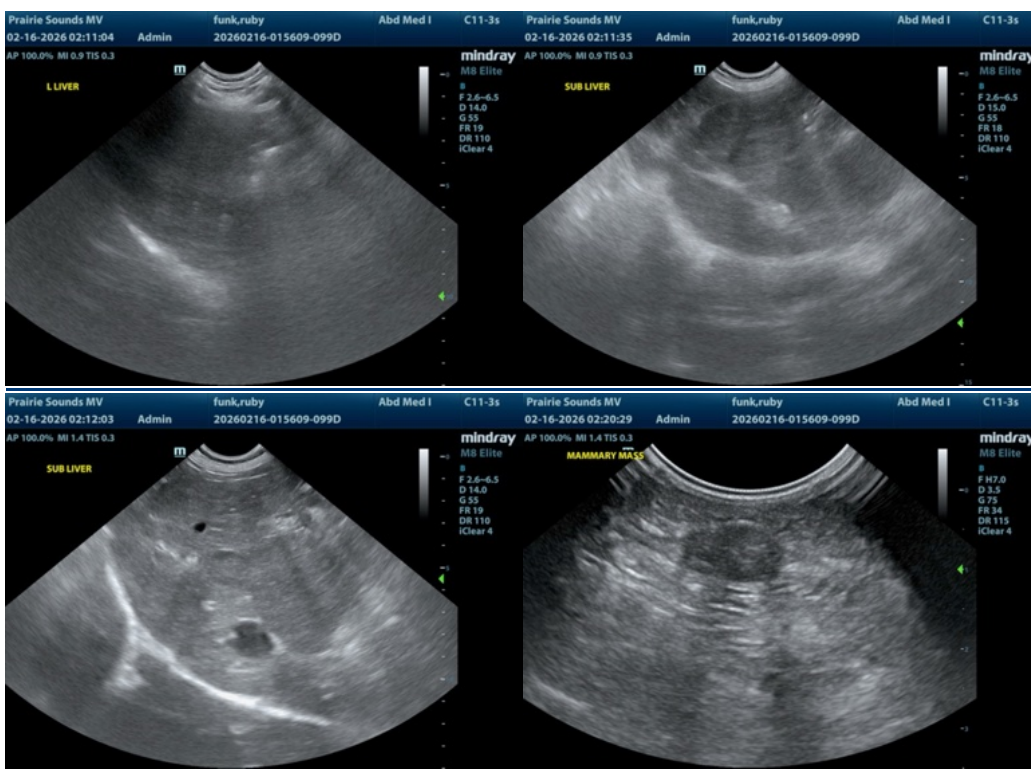
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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