



## PATIENT

Oliver Putnam

## SPECIES

Canine

## BREED

Shetland Sheepdog

## SEX

Neutered male

## AGE

11 years

## WEIGHT

27 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Beth Coe

## HOSPITAL NAME

Riverside Animal Clinic

## REFERRING VET

Dr. Coe

## INVOICE

71721

## DATE

2/19/26

## PRESENTING CLINICAL SIGNS

- Repeat ultrasound. Last scan in 12/2024, showed hepatopathy and GB debris and possible polyp vs mass. Mild adrenomegaly reported then. Scan was reported with SonoPath in 12/2024.
- Has mitral regurgitation diagnosed at cardiologist and deemed stable at last echo in 12/2025.
- Patient is on Dasuquin and Denamarin. He receives Librela monthly for OA pain.
- PE: Murmur stable (grade 2-3/6) systolic. Sinus arrhythmia. Rate WNL. Eupneic/lungs clear. NSF abdominal palpation. Good body condition. CBC: NSF Chemistry (fasted): Elevated ALT (303), ALKP (1870), GGT (31), and Chol (410). Rest WRI.

## 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 4.6 cm, right measured 4.9 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.

The prostate is small and hypoechogenic.

### *Adrenal Glands*

The adrenal glands are bilaterally enlarged, but maintain a normal shape, echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.75 cm in length x 0.88 cm and 1.03 cm in width. The right adrenal gland measured 1.99 cm in length x 0.78 cm and 0.75 cm in width. A poorly defined, mottled echogenic, parenchymal nodule in the caudal pole of the left adrenal measuring 1.2 cm in 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. Incidental myelolipomas were present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.3 cm in width.



## PATIENT

Oliver Putnam

## SPECIES

Canine

## BREED

Shetland Sheepdog

## SEX

Neutered male

## AGE

11 years

## WEIGHT

27 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Beth Coe

## HOSPITAL NAME

Riverside Animal Clinic

## REFERRING VET

Dr. Coe

## INVOICE

71721

## DATE

2/19/26

## *Liver*

The liver is enlarged with rounded edges, diffuse increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. Irregular, mottled echogenic mass in the cranial aspect of the left lobe measuring 4.0 x 5.0 cm in size. No additional masses or nodules are evident. Normal appearance of the hepatic and portal vasculature.

## *Gallbladder*

The gallbladder is full containing a small amount of non-adhered 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*

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

- Bilateral adrenomegaly.
- Left adrenal nodule.
- Hepatopathy.
- Hepatic mass.
- Gallbladder sediment.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the adrenal glands and left adrenal nodule is similar to that as reported from the previous ultrasound and can be considered both incidental static changes representing age related



**PATIENT**

Oliver Putnam

**SPECIES**

Canine

**BREED**

Shetland Sheepdog

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

27 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Beth Coe

**HOSPITAL NAME**

Riverside Animal Clinic

**REFERRING VET**

Dr. Coe

**INVOICE**

71721

**DATE**

2/19/26

reactive hyperplasia for the adrenomegaly and an incidental non-functional adenoma for the left adrenal nodule.

The appearance of the liver is similar to that of the previous reported ultrasound and most likely represents reactive hyperplasia, vacuolar, or metabolic hepatopathy.

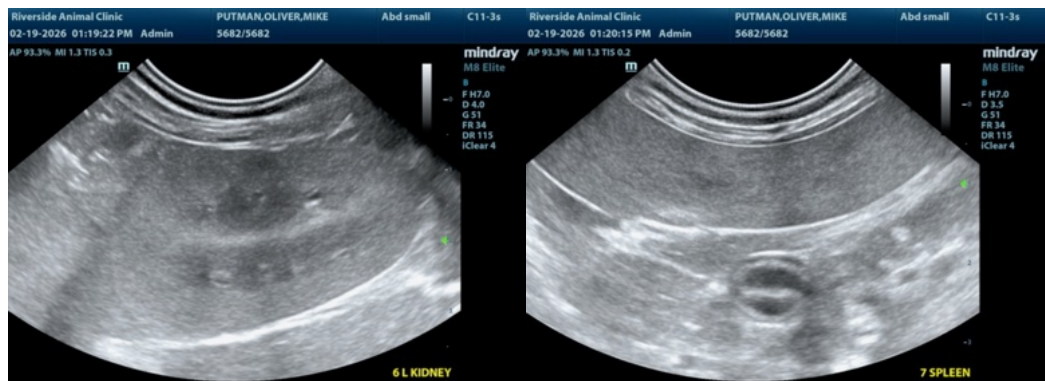
Etiologies for the hepatic mass would be organized hematoma or granuloma and emerging neoplasia.

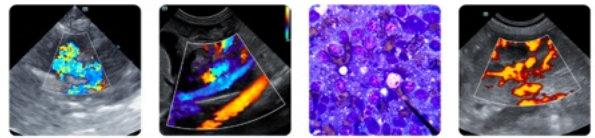
The gallbladder sediment is most likely an incidental finding.

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

Further specific therapy would be dependent on an etiological diagnosis.

If surgery is being contemplated for the hepatic mass then a CT scan would be recommended.





**PATIENT**

Oliver Putnam

**SPECIES**

Canine

**BREED**

Shetland Sheepdog

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

27 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Beth Coe

**HOSPITAL NAME**

Riverside Animal Clinic

**REFERRING VET**

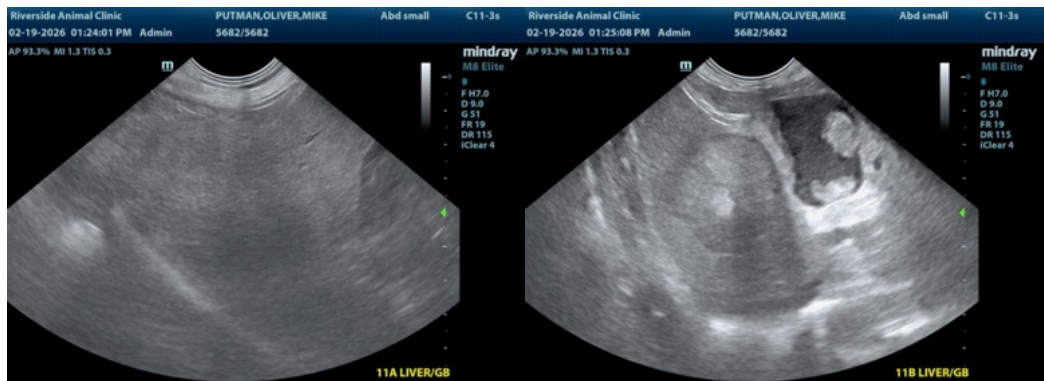
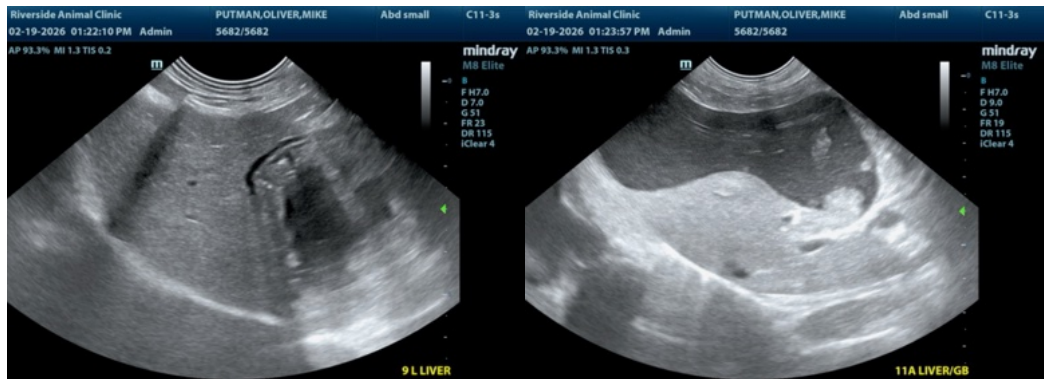
Dr. Coe

**INVOICE**

71721

**DATE**

2/19/26



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](mailto:info@sonopath.com)