

**PATIENT**

Sally Lorton

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Spayed Female

**AGE**

12 Years 9 Months

**WEIGHT**

9.1 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Scotts Creek AH

**REFERRING VET**

Dr. Randazzo

**INVOICE**

35897

**DATE**

2/20/26

**PRESENTING CLINICAL SIGNS**

P presented for US due to lethargy, vomiting, diarrhea, not eating as well. Bloodwork showed increased ALT, ALP, GGT, CPL 257. Idexx Fecal panel all negative. Treated supportively. P feeling better today.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Full 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 3.9 cm. The right kidney measured 3.8 cm. Normal colorflow pattern evident in both kidneys.

**Adrenal Glands**

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 1.48 cm in length x 0.41 cm and 0.52 cm in width. The right adrenal gland measured 1.27 cm in length x 0.42 cm and 0.44 cm in width.

**Spleen**

Normal size (0.8 cm in width) 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. Incidental myelolipoma was present.

**Liver**

Normal size with a diffuse echogenic coarse and nodular appearance, normal portal markings, and a regular curvilinear capsule. Nodules are faint, hypoechoic, parenchymal, and measure up to 0.3 cm in size. Focal hypoechoic parenchymal mass was noted in the caudal aspect of the right lobe, measuring approximately 2.3 cm x 2.5 cm in size. Normal appearance of the hepatic and portal vasculature.

**Gallbladder**

Full gallbladder, 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.



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***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.

***Free Abdomen***

Normal mesenteric lymph nodes.

No ascites evident.

**ULTRASONOGRAPHIC FINDINGS**

- Nodular hepatopathy
- Hepatic mass
- Gallbladder sediment

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the nodular hepatopathy would be nodular hyperplasia, chronic hepatitis, granulomatous disease, and possibly infiltrative neoplasia. Etiologies for the hepatic mass would be extension of nodular hyperplasia, hepatoma, and possibly emerging primary hepatocellular carcinoma.

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

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be considered for both the liver and the gallbladder sediment would be the use of ursodiol with regular monitor of liver enzyme activity.



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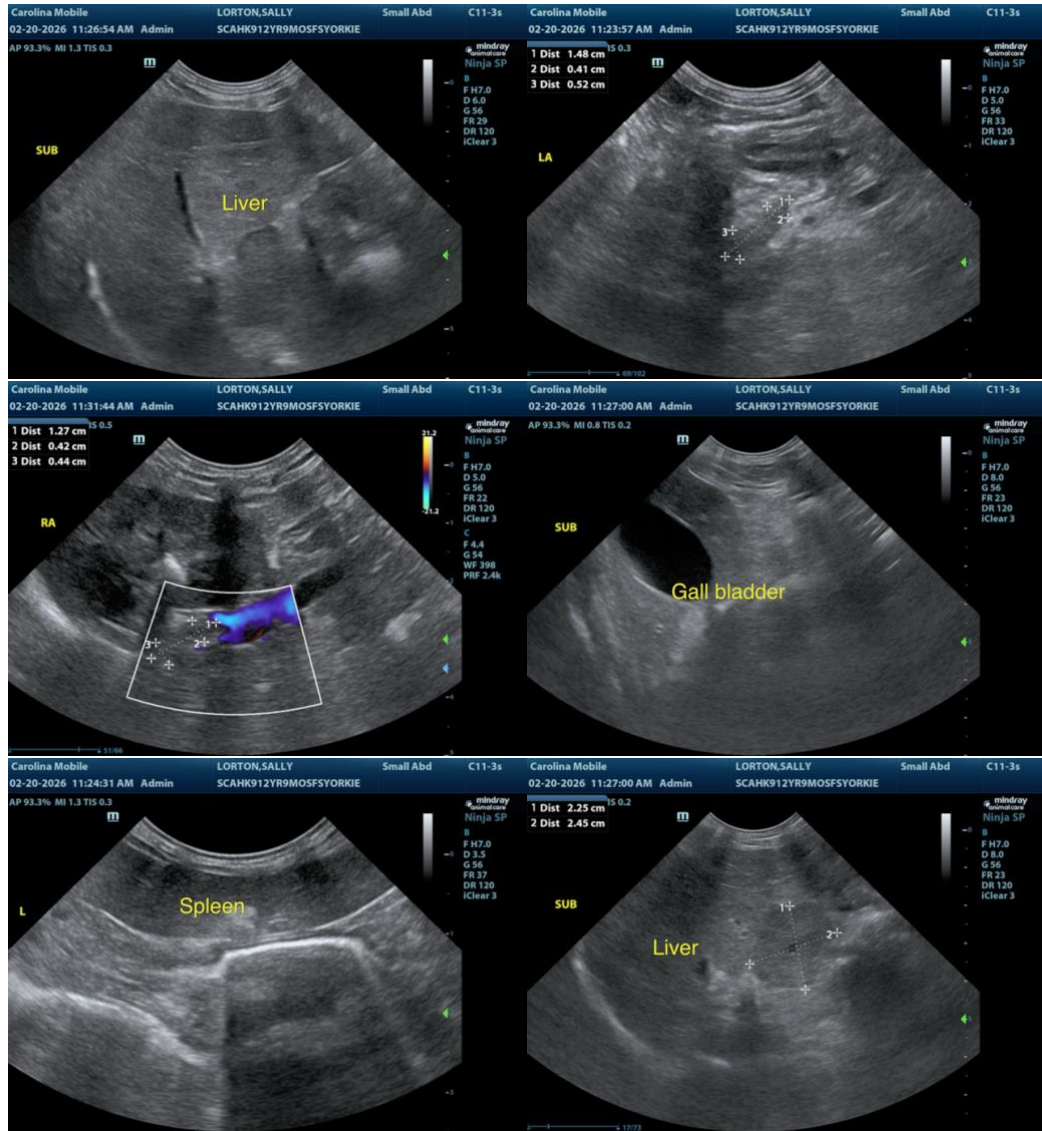
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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