



## PATIENT

Cora Lessard

## SPECIES

Canine

## BREED

Goldendoodle

## SEX

Spayed female

## AGE

11 ½ years

## WEIGHT

44 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. McFarlen

## HOSPITAL NAME

Westview VH

## REFERRING VET

Dr. Field

## INVOICE

71788

## DATE

2/23/26

## PRESENTING CLINICAL SIGNS

- Diffuse severe gingivitis with oral petechiae/ecchymoses
- Rectal Mucocutaneous junctional inflammation not fully explained by anal gland issues.
- Gingival/lip mass (cytology pending)- mass lower lip and kissing lesion or another mass on opposing lip/foul breath
- No peripheral petechiae
- Abdomen soft, non-painful; no palpable organomegaly or effusion
- Peripheral lymph nodes normal
- CBC: WNL (platelet count adequate) PT/PTT: WNL MBT Normal Chemistry: ALT 775 (markedly increased; previously mild elevation in 2024) TT4: WNL Cytology of lesion in mouth: pending

## 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.

Enlarged iliac lymph node measuring 0.8 x 2.5 cm in size maintaining a normal shape and echogenic appearance. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 6.5 cm, right measured 6.7 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 0.48 cm and 0.39 cm in width. The right adrenal gland measured 0.61 cm and 0.9 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 3.5 cm in width.



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## *Liver*

Normal size with an increased echogenic and coarse appearance, prominent portal markings, and regular curvilinear capsule. Few, hypoechoic, parenchymal nodules measuring up to 1.6 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.

## *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. The small intestine measured 0.28 cm.

## *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.

## *Thorax*

Normal appearance of the heart. No pericardial or pleural effusion evident.

## ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Hepatic nodules.
- Iliac lymphadenomegaly.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, nodular hyperplasia, vacuolar and metabolic with chronic hepatitis and infiltrative neoplasia a less likely differential diagnosis.



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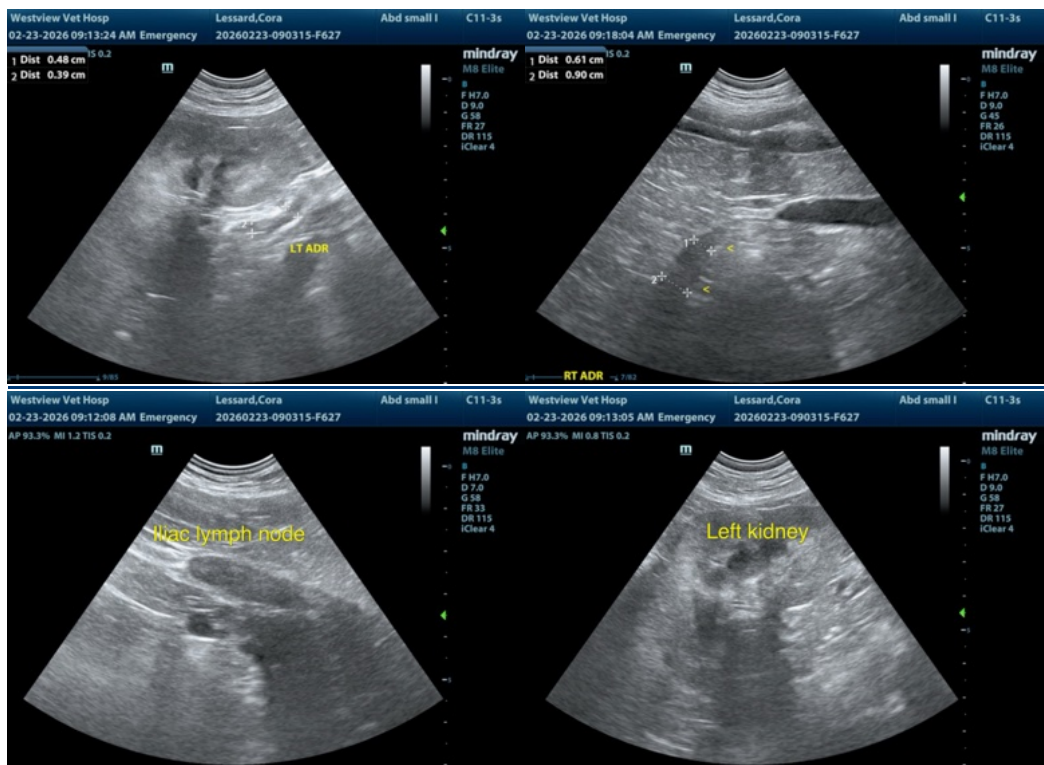
Etiologies for the hepatic nodules would be nodular hyperplasia, granulomas and possibly infiltrative neoplasia.

The most likely etiology for the iliac lymphadenomegaly would be reactive hyperplasia with lymphadenitis and infiltrative neoplasia a less likely differential diagnosis.

Further assessment would be FNA cytology of the liver, hepatic nodules and iliac lymph node. However, a tru cut biopsy of the liver and the hepatic nodules may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

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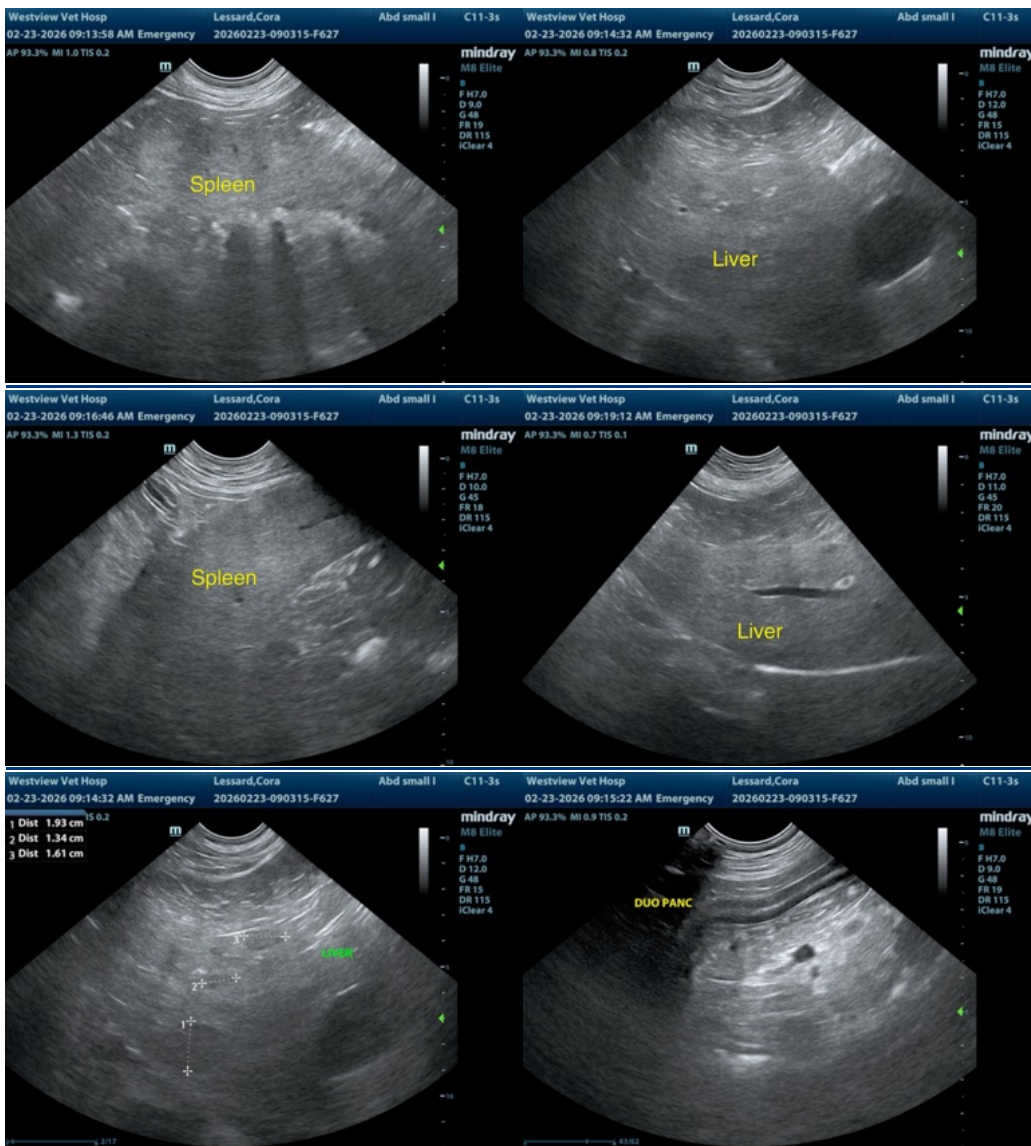
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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