



PATIENT

Jarvis Jividen

SPECIES

Canine

BREED

Husky

SEX

Male

AGE

11 ½ years

WEIGHT

62 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Service

REFERRING VET

Dr. Lefler

INVOICE

71950

DATE

2/25/26

PRESENTING CLINICAL SIGNS

- Reason for referral: Patient presented for a seizure-like episode the day before. Patient was anorexic that day but normal on the day of the physical exam.
- No significant findings on physical exam. The owner reported a seizure-like episode (non-responsive outside, refused carrots) the day prior to the appointment. History includes weight loss, occasional weaker urine stream (UTI not checked), and bad breath for a year. A recent 4Dx test was negative. Jarvis is an 11-year-old rescue mix of White Shepherd, Husky, and Chow.
- Patient received 200 mg of Gabapentin last night and 200 mg this morning, plus 150 mg of Trazodone this morning, and is on Bravecto and Sentinel.
- Abnormal Lab Work: - RBC: 5.34 M/uL - Hematocrit: 34% - Hemoglobin: 12.2 g/dL - Neutrophils: 12.2 K/uL (high) - ALT: 888 U/L (high) - AST: 499 U/L (high) - ALP: 1471 U/L (high)

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 6.8 cm, right measured 7.1 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 measuring 1.2 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.2 cm in length x 0.66 cm and 0.43 cm in width. The right adrenal gland measured 2.41 cm in length x 0.6 cm and 0.61 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 1.9 cm in width.



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Liver

Normal size with a diffuse increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. Irregular, mottled echogenic cavitory mass is present in the right lobe measuring 4.5 x 5.5 cm in size. Hyperechogenic appearance of the mesentery surrounding the mass. No nodules or additional masses evident. Normal appearance of the hepatic and portal vasculature. A small cyst is noted in the left lobe measuring 1.5 cm in size. FNA was taken of the hepatic mass.

Gallbladder

The gallbladder is full 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.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Hepatic mass.
- Hepatopathy.
- Hepatic cyst.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

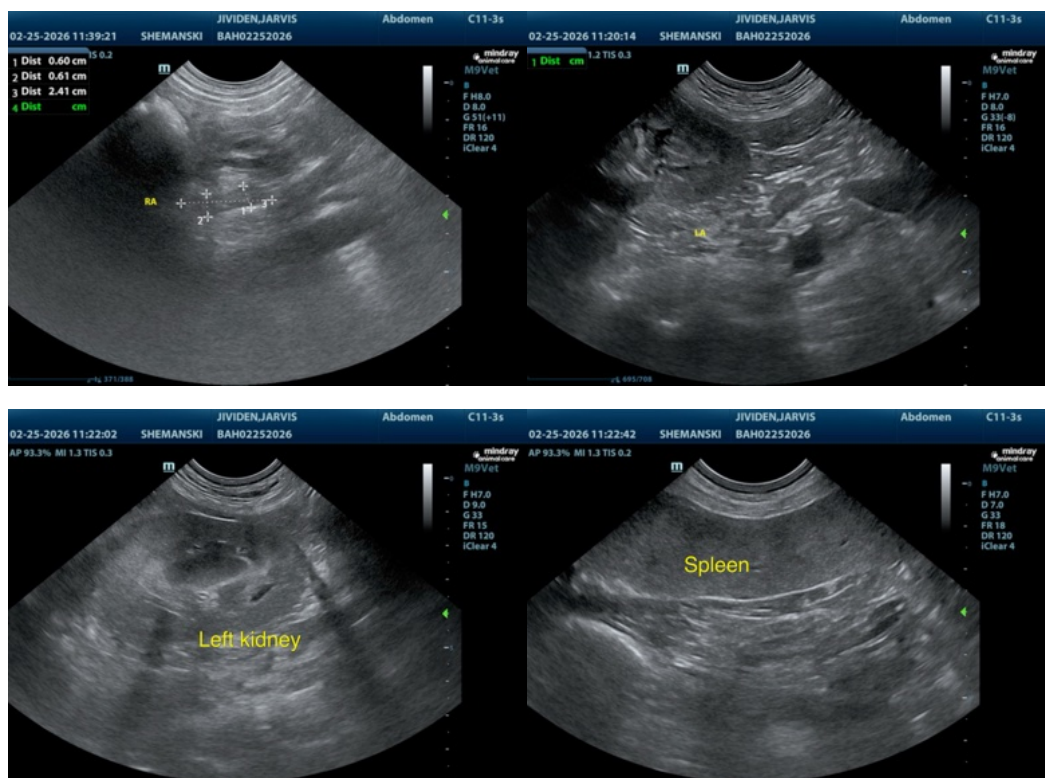
The most likely etiology for the hepatic mass would be neoplasia with granuloma a less likely differential diagnosis.

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

The hepatic cysts can be considered an incidental finding.

Further assessment would be based on the pending cytology results.

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





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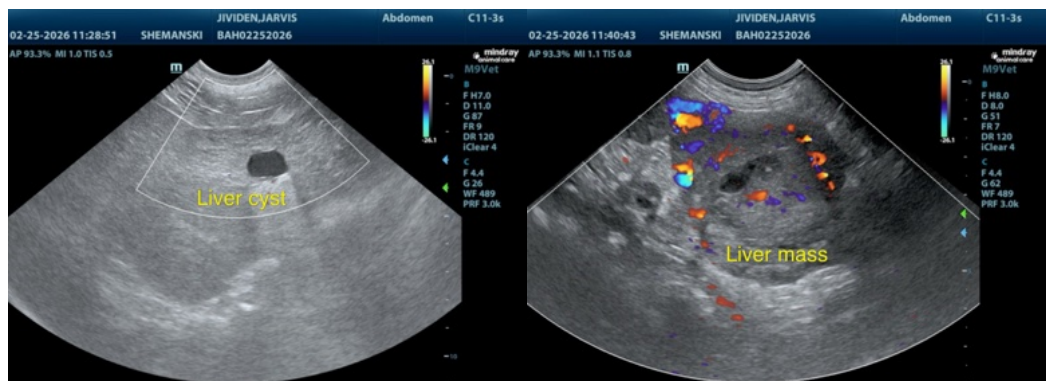
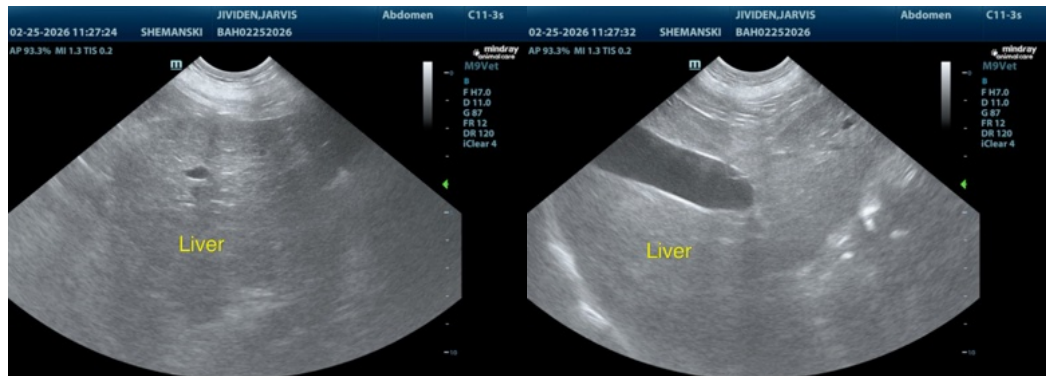
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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