



## PATIENT

Banner Glaser

## SPECIES

Canine

## BREED

Spaniel

## SEX

Neutered male

## AGE

9 years

## WEIGHT

42.2 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Ryan Moreno

## HOSPITAL NAME

Seven Fields VH

## REFERRING VET

Dr. Moreno

## INVOICE

72022

## DATE

2/27/26

## PRESENTING CLINICAL SIGNS

- Presented for recheck abdominal ultrasound for liver mass.
- Has been having chronic diarrhea/soft stools for a few months.
- Was on a short pred taper back 1/29/26 for flair of back pain. Diagnosed with LS disease and still present today.
- Performed Chest Rads after previous ultrasound: There were small radiopaque nodules vs. pulmonary osteomas. Repeat chest rads on 2/27/26 showed more consistent with pulmonary osteomas NSAID Panel: 2/27/26 ALT (348) AST (64) ALP (233) 12/20/25 ALT (692) AST (108) ALP (245)

## 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 5.8 cm, right measured 5.1 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.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.44 cm and 0.41 cm in width. The right adrenal gland measured 0.5 cm and 0.38 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 1.5 cm in width.



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## Liver

Normal size with a diffuse, mottled echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. No nodules evident. Circumscribed, hyperechogenic, vascularized mass in the right lobe measuring 4.3 x 5.9 cm in size. 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.

## 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

- Hepatopathy.
- Hepatic mass.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both the appearance of the liver and the hepatic mass is similar to that of the previous ultrasound.

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

Etiologies for the hepatic mass would be hepatoma, extensive, nodular hyperplasia and possibly low-grade emerging primary hepatocellular carcinoma.

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



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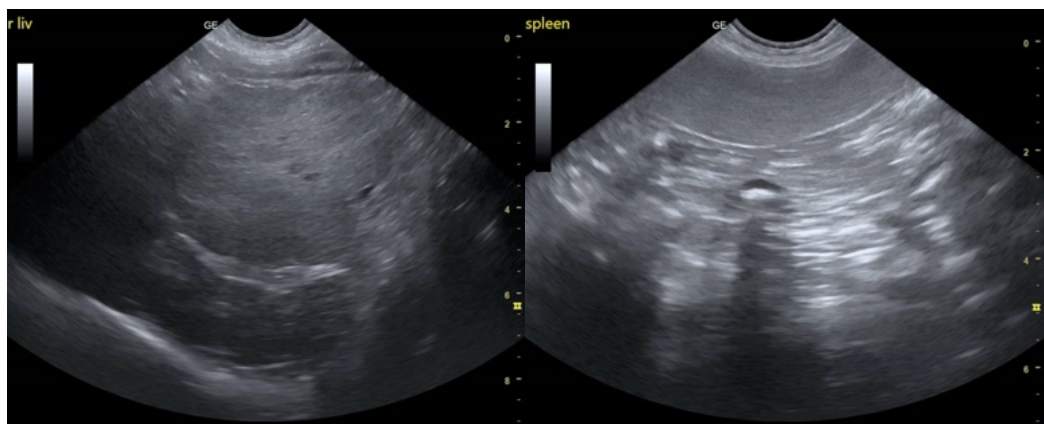
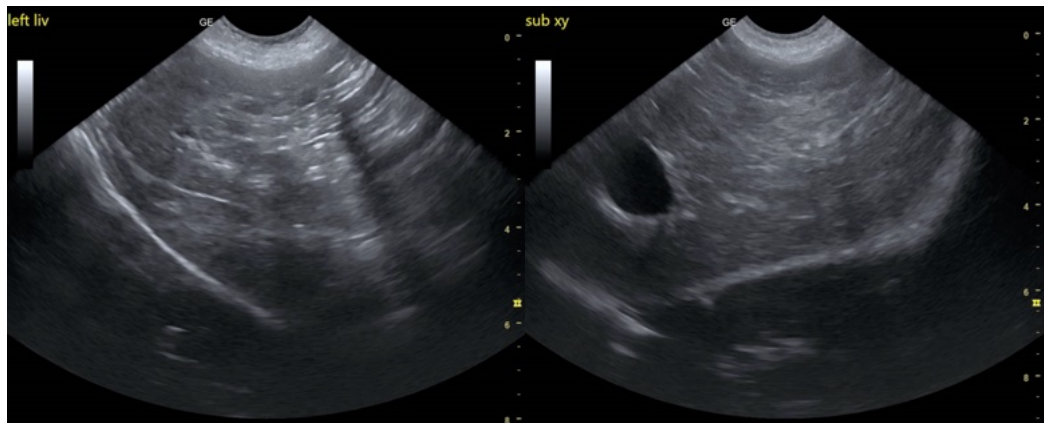
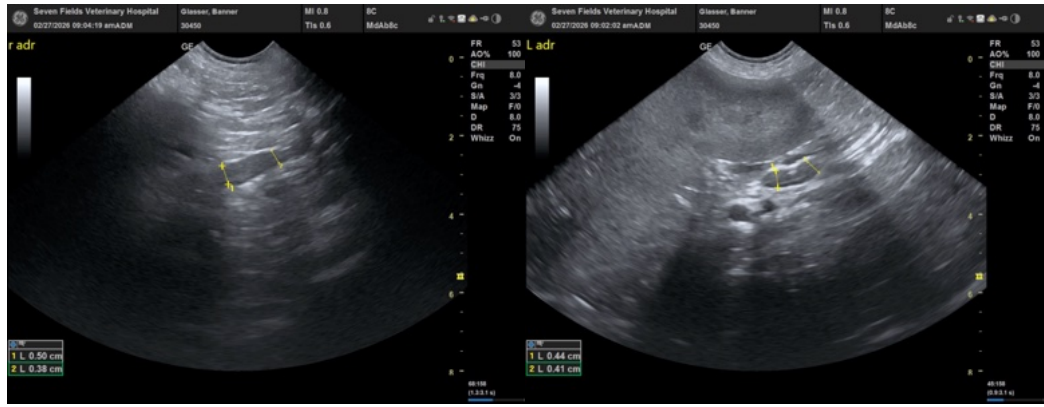
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Specific therapy would be dependent on an etiological diagnosis.

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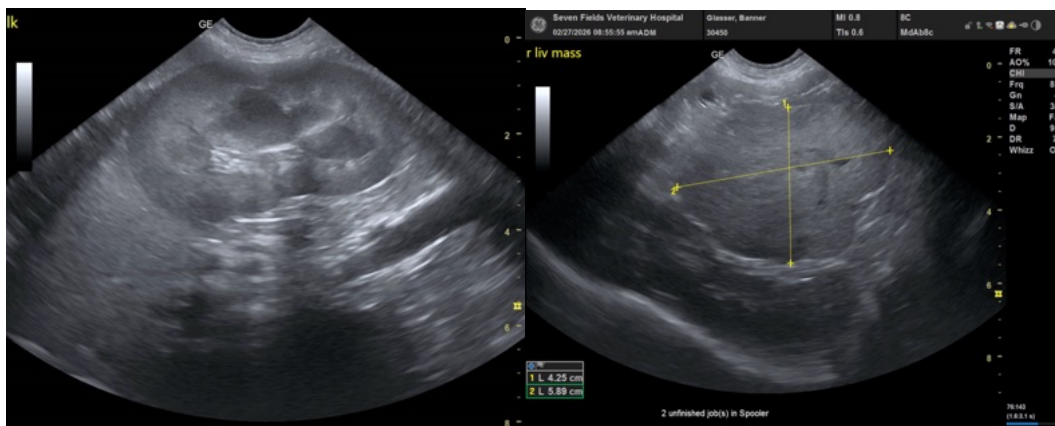
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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