



PATIENT

Mila Theriault/Bond

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

13 years

WEIGHT

34 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mueller

HOSPITAL NAME

Cold Lake VC

REFERRING VET

Dr. Mueller

INVOICE

72025

DATE

2/27/26

PRESENTING CLINICAL SIGNS

- Colleague had assessed dog for annual check up. Presenting complaint was that she is having issues losing weight. Low normal T4 in the past. Otherwise normal at the time. Dog is quite nervous in clinic and post sedation a heart murmur was auscultated and upon questioning the dog has occasional coughing (not daily).
- Last dental was in 2022 and has moderate dental disease
- ALKP 434 U/L CHOL 8.93 mmol/L UREA 11.9 mmol/L TT4 22 nmol/L

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 4.9 cm, right measured 5.3 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

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.46 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and 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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.3 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Focal nodule/small mass in the parenchyma of the cranial aspect of the left lobe measuring 0.8 x 2.1 cm in size. No additional nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



PATIENT

Mila Theriault/Bond

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

13 years

WEIGHT

34 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mueller

HOSPITAL NAME

Cold Lake VC

REFERRING VET

Dr. Mueller

INVOICE

72025

DATE

2/27/26

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. A moderate amount of ingesta is present in the stomach compatible with a recent meal.

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

- Hepatic nodule/small mass.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatic nodules/small mass would be nodular hyperplasia, hepatoma with emerging primary hepatocellular carcinoma a less likely differential diagnosis.

The gallbladder sediment can be considered an incidental finding.

Although the liver appears ultrasonographically normal with the elevated ALP activity an underlying hepatopathy such as reactive hyperplasia, vacuolar and metabolic should still be considered.

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

Symptomatic management that can be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity as well as ultrasound monitoring of the hepatic nodule/small mass.



PATIENT

Mila Theriault/Bond

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

13 years

WEIGHT

34 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mueller

HOSPITAL NAME

Cold Lake VC

REFERRING VET

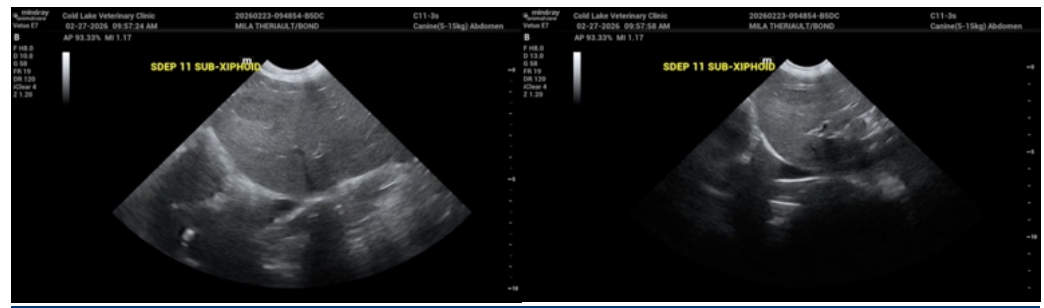
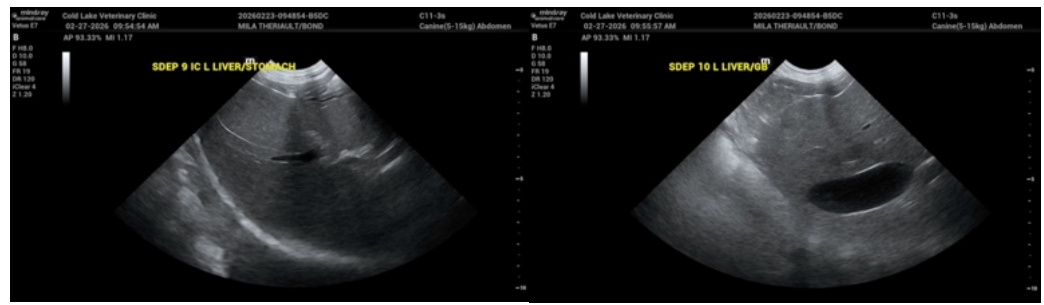
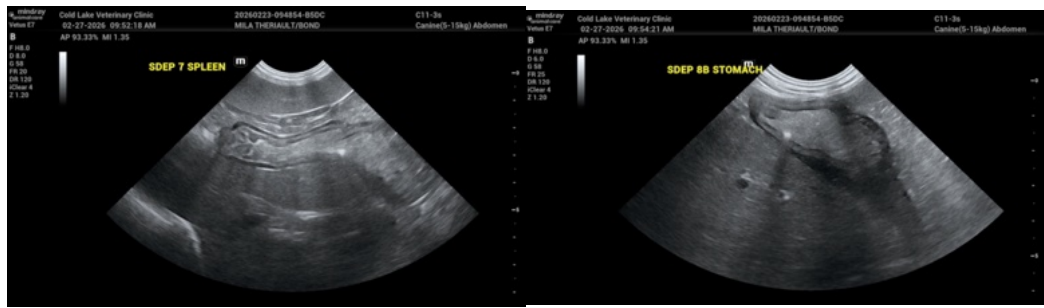
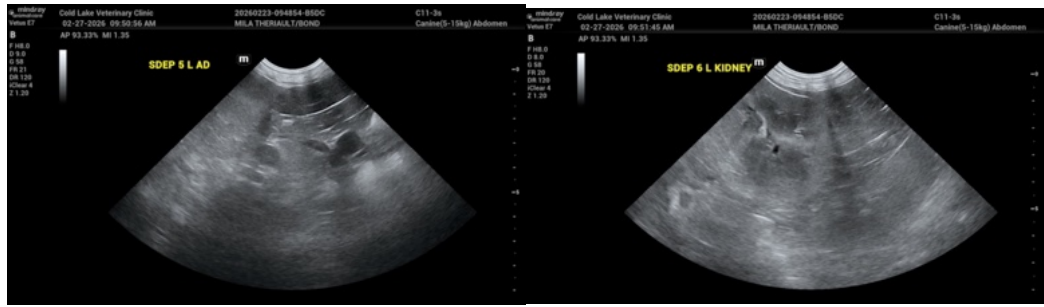
Dr. Mueller

INVOICE

72025

DATE

2/27/26





PATIENT

Mila Theriault/Bond

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

13 years

WEIGHT

34 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mueller

HOSPITAL NAME

Cold Lake VC

REFERRING VET

Dr. Mueller

INVOICE

72025

DATE

2/27/26



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