



## PATIENT

Goldie Elder

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Spayed female

## AGE

7 years

## WEIGHT

26.3 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Gira

## HOSPITAL NAME

Resolution VU

## REFERRING VET

Dr. Gupta

## INVOICE

71348

## DATE

2/6/26

## PRESENTING CLINICAL SIGNS

- Goldie is on thyroid meds for hypothyroidism. She is lethargic and not eating properly. On recent blood work she has elevated AST, ALT, ALKP, and bilirubin Goldie is having PU PD as well

## 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 7.4 cm, right measured 7.0 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 0.59 cm and 0.68 cm in width. The right adrenal gland measured 0.86 cm and 0.82 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 1.8 cm in width.

### *Liver*

Normal size with a diffuse, increased echogenic, coarse and nodular appearance, prominent portal markings, and regular curvilinear capsule. Nodules are few in number, parenchymal, hypoechogenic and measure up to 0.8 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.

### *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.



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## *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. Fecal material is present in the colon.

## *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

- Nodular hepatopathy.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the nodular hepatopathy would be nodular hyperplasia, reactive hyperplasia, granulomatous disease, breed specific hepatopathy, chronic hepatitis and possibly infiltrative neoplasia.

On this ultrasound there is no obvious etiology for the hypercalcemia.

Further assessment would be ionized calcium and if elevated then PTH and PTHrP assay.

Further assessment of the hepatopathy would be FNA cytology. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management for the hepatopathy that can be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.

With the elevated T4 after dosing, reducing the dose of thyroid hormone would be recommended.



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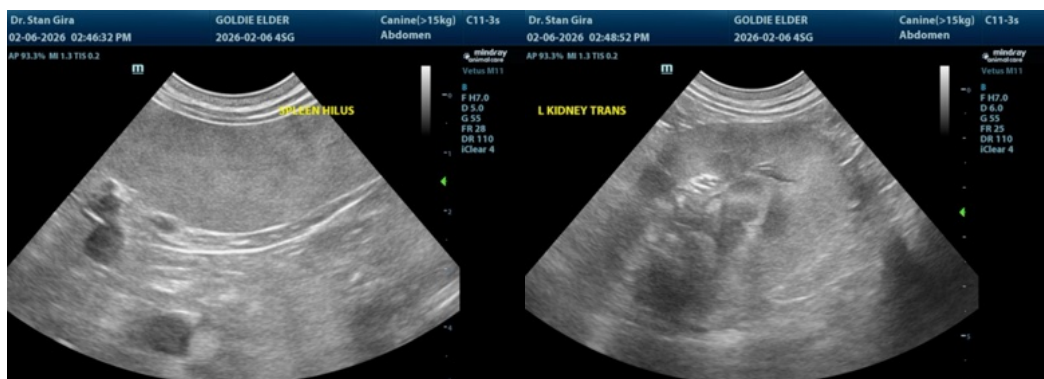
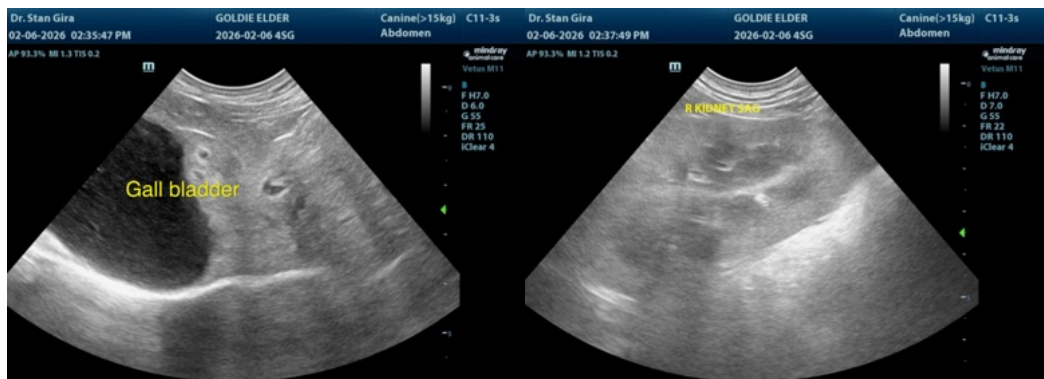
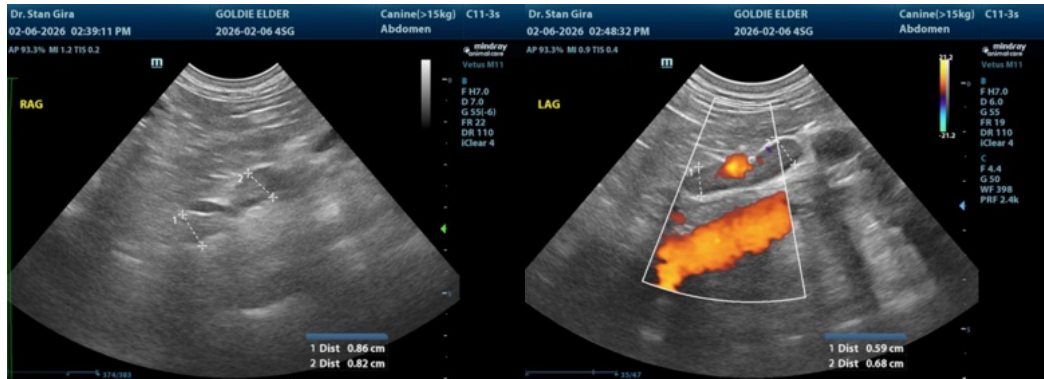
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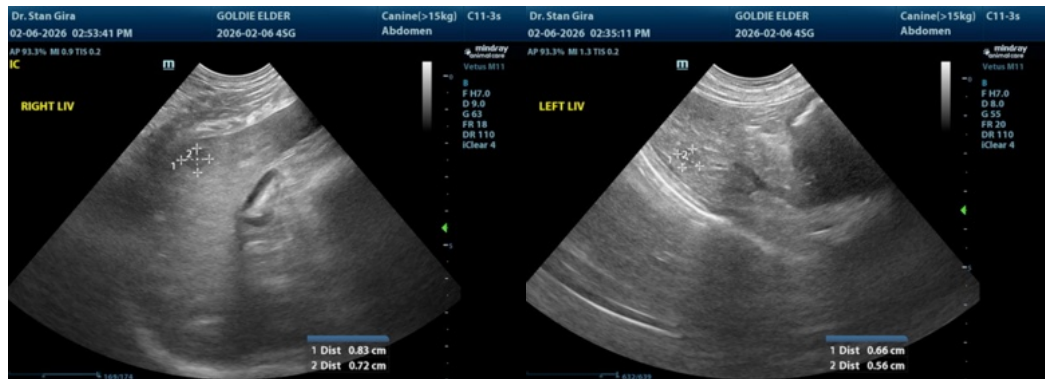
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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