



PATIENT

Steve Thompson

SPECIES

Canine

BREED

Miniature Aussie

SEX

Neutered male

AGE

13 years

WEIGHT

16 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield

HOSPITAL NAME

Smiling Dog VS

REFERRING VET

Dr. Kent

INVOICE

73421

DATE

3/11/26

PRESENTING CLINICAL SIGNS

- Chronic liver elevation for years with recently worsening ALT (247) and ALP (708) remaining liver values are WNL.
- P otherwise is doing well with no changes to appetite, energy, thirst or urination.
- Takes milk thistle and Ursodiol
- Mildly overweight. Moderate dental disease Grade II-III heart murmur Chem: ALT 247 (185, 147, 98, 158, 201), ALP 708 (494, 614, 479, 682, 540), GGT 0, TBIL 0.5, GLU 104, CRE 0.6, BUN 14, Phos 4.8, Ca 10.2, TP 7.5, ALB 3.4, GLOB 4.1, Chol 252

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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 5.6 cm, right measured 5.6 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 2.31 cm in length x 0.62 cm and 0.69 cm in width. The right adrenal gland measured 1.76 cm in length x 0.71 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, echogenic appearance, portal markings, and regular curvilinear capsule. Hypoechogenic, irregular mass is noted in the left lobe measuring 2.9 x 3.9 cm in size. Large, irregular, mottled echogenic poorly vascularized mass is noted in the right lobe measuring 7.7 x 8.0 cm in size. No nodules are evident. Normal appearance of the hepatic and portal vasculature.



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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.

ULTRASONOGRAPHIC FINDINGS

- Hepatic masses.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The smaller hepatic mass in the left lobe would be consistent with a hepatoma, whereas the larger mass in the right lobe would be more consistent with a primary hepatocellular carcinoma.

Further assessment would be three view thoracic radiographs and FNA cytology of both masses. A tru cut or wedge biopsy may be required for a final etiological diagnosis. If surgery is being contemplated for the masses, then a CT scan would be recommended.



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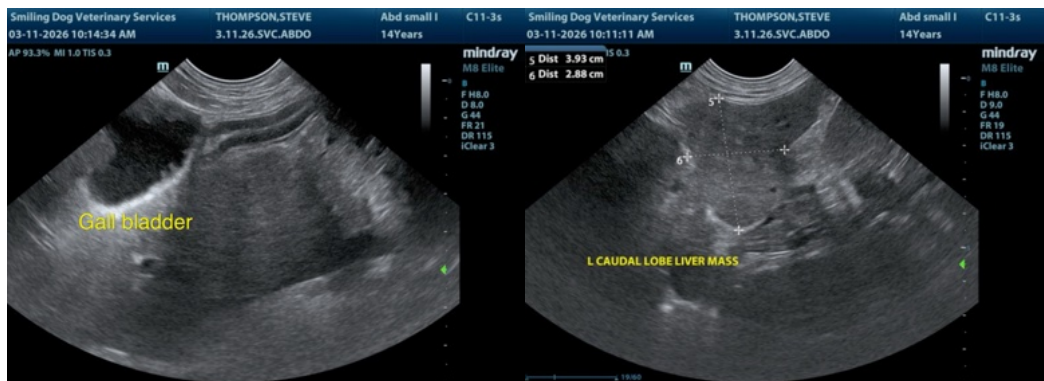
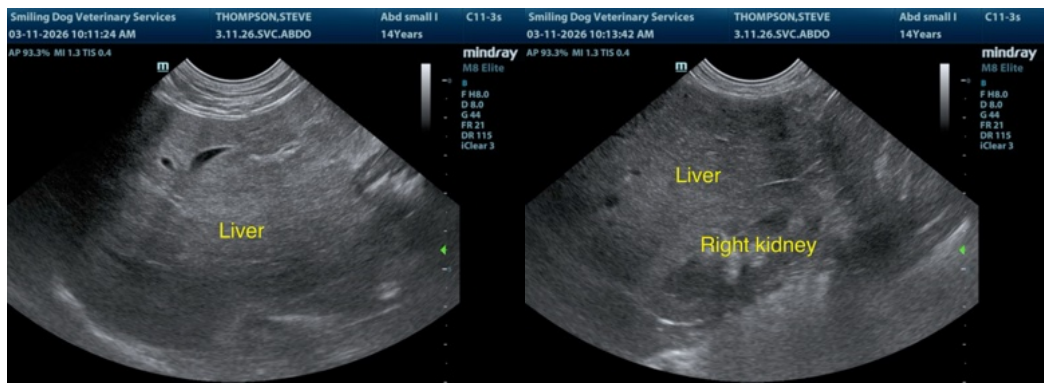
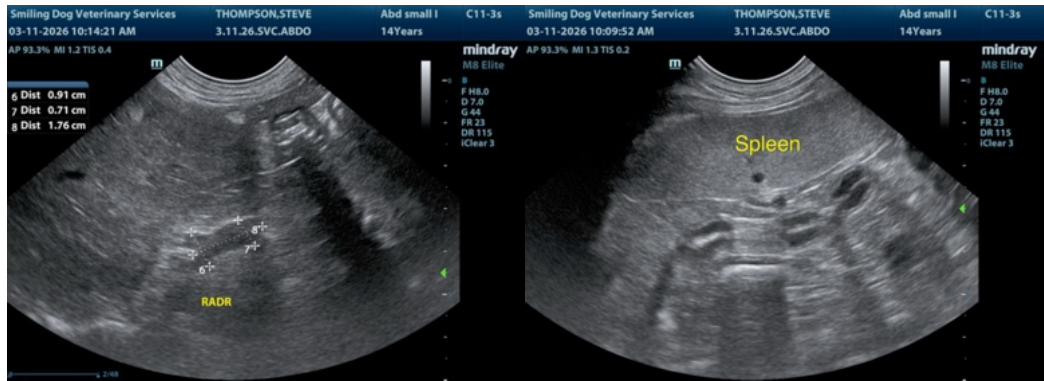
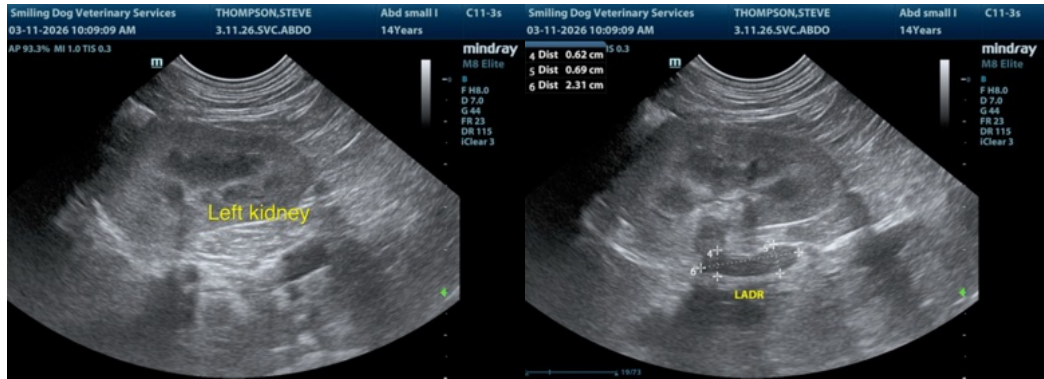
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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