



PATIENT

Mylee Richards

SPECIES

Canine

BREED

Golden Doodle

SEX

Spayed female

AGE

11 years

WEIGHT

60.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meier Gast

HOSPITAL NAME

Meier VC

REFERRING VET

Dr. Ross

INVOICE

73459

DATE

3/12/26

PRESENTING CLINICAL SIGNS

- Presented as a referral from Dr. Ross. Owner said that Mylee was not eating well and having loose stools. Went to Dr. Ross and did bloodwork. Liver enzymes were significantly off and Dr. Ross was worried about a possible bile duct obstruction.

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 6.9 cm, right measured 6.7 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, and normal 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 0.45 cm and 0.32 cm in width. The right adrenal gland measured 0.34 cm and 0.35 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. Incidental myelolipoma was present.

Liver

Normal size with a diffuse, mottled echogenic, coarse and nodular appearance, normal portal markings, and regular curvilinear capsule. Nodules are parenchymal, hypoechoic and measure up to 1.7 x 2.4 cm in size. Focal, mottled echogenic, mass measuring 5.0 x 7.0 cm was noted on the caudal aspect of the right lobe. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing normal anechoic bile. Thickened and hyperechogenic appearance of the wall. The wall measured 0.5 cm. Dilated cystic bile duct was noted with no obvious obstruction evident. Normal appearance of the common bile duct.

Gastrointestinal

Focal, gas pockets are noted within the wall of the stomach. The gastric wall had a normal thickness (0.38 cm) showing no loss of layering and maintaining a 1:3 muscularis to mucosa ratio. A moderate amount of ingesta was present within the stomach compatible with a recent meal. Normal appearance of the 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 was present within the colon.

Pancreas

Normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. The left pancreas measured 1.2 cm in width. The right pancreas measured 0.8 cm in width. The visible pancreatic duct measured 0.4 cm in diameter.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Nodular hepatopathy.
- Hepatic mass.
- Previous cholecystitis.
- Gastric ulceration.
- Age related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Etiologies for the hepatic mass would be extension of a nodular hyperplasia, hepatoma and possibly emerging primary hepatocellular carcinoma.

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



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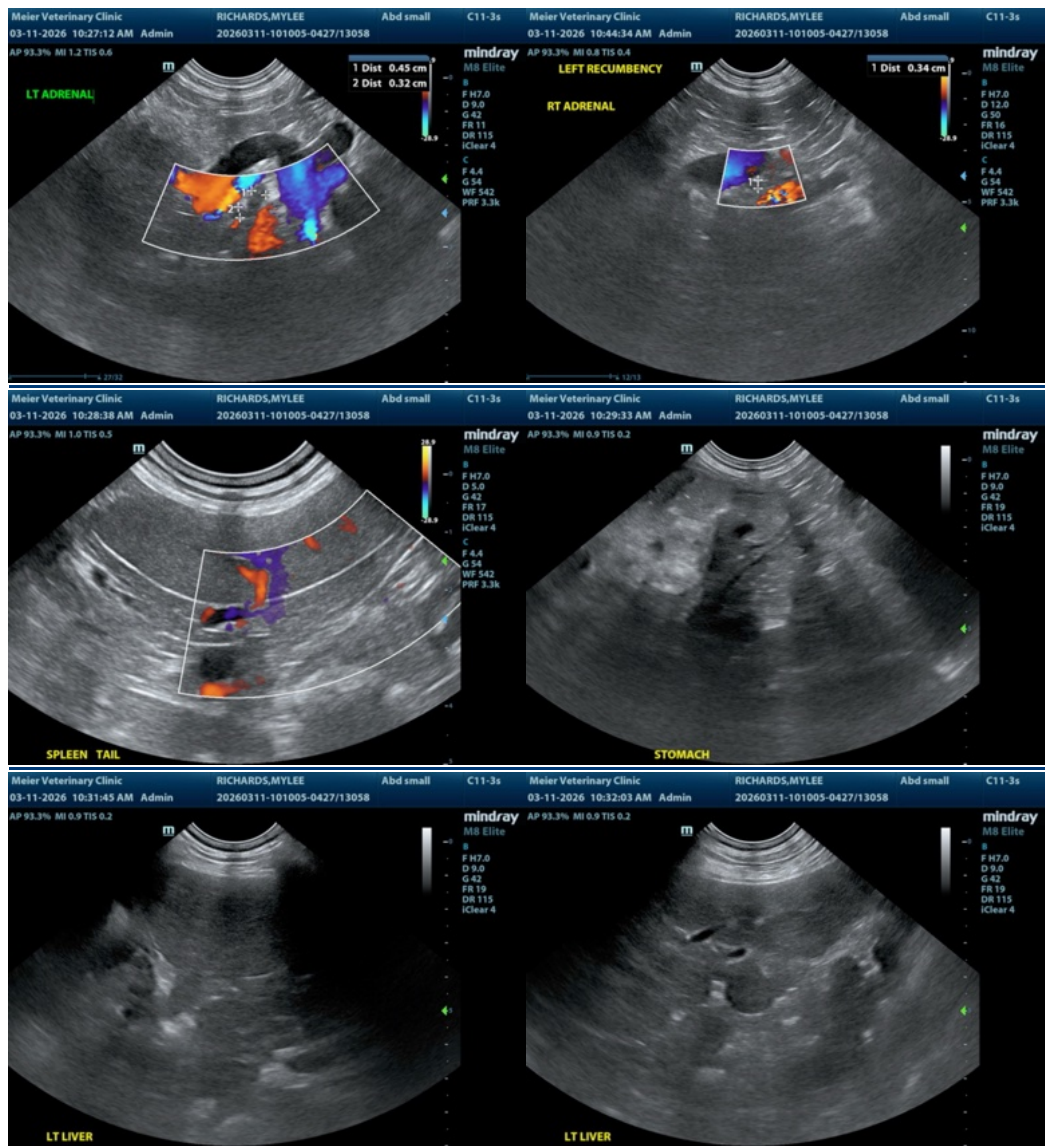
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Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered would be gastric protectants (Sucralfate, Omeprazole) and Ursodiol with regular monitoring of liver enzyme activity.





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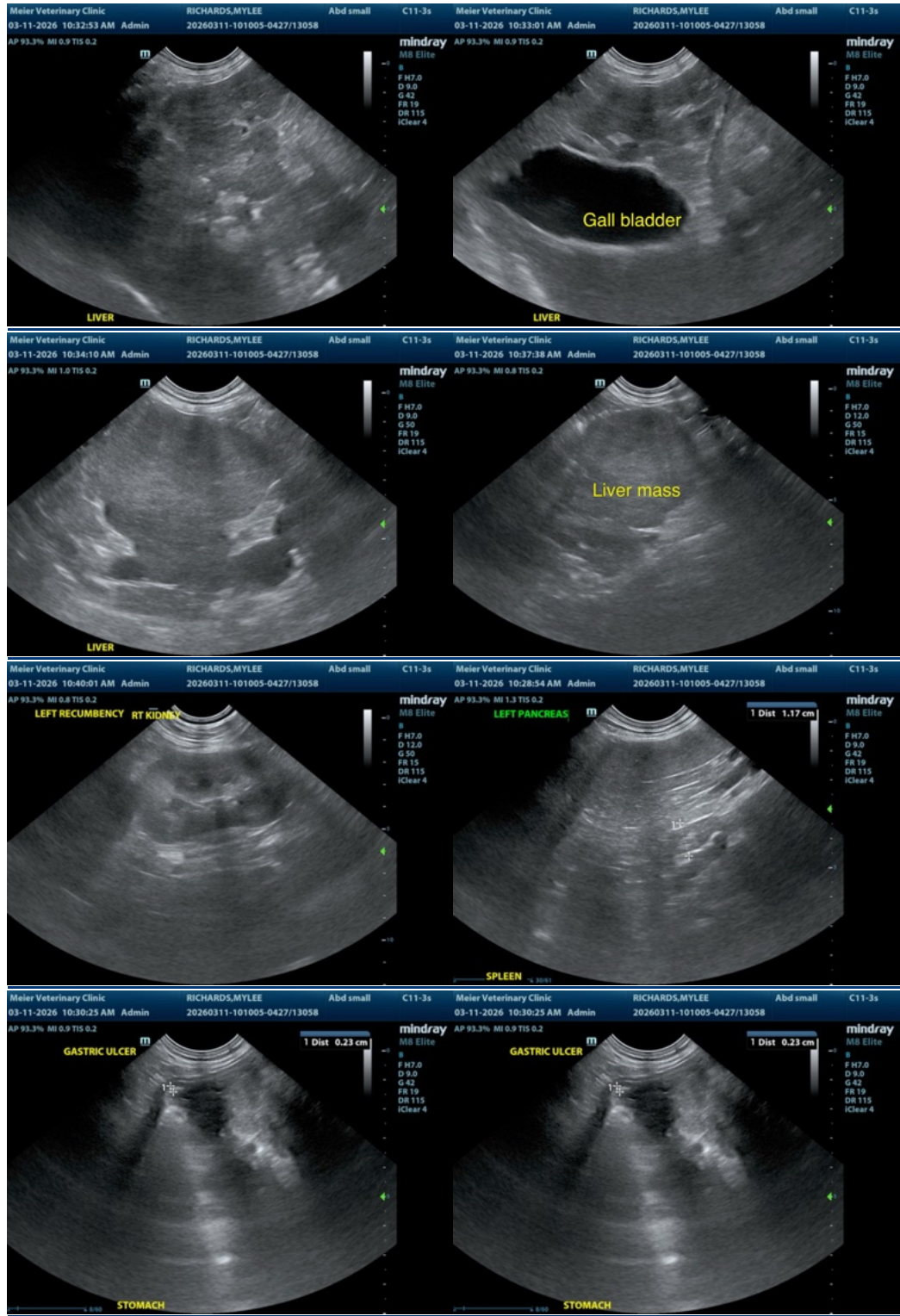
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The information and recommendations provided are based on the images presented by the



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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