



PATIENT

Belle Seibel

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

12 Years 8 Months

WEIGHT

72.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside Animal
Medical Center

REFERRING VET

Katie Buchanan, VMD

INVOICE

73654

DATE

3/13/26

PRESENTING CLINICAL SIGNS

hx of persistently elevated LFTs. Recent bought of v+/diarrhea/decreased appetite. r/o neoplasia vs chronic old age change vs evidence of cushings vs other. Fasted for US scan. No sedation needed.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 7.5 cm. Right kidney measures 7.7 cm. Incidental cortical cyst present in the left kidney.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.73 cm and 0.69 cm in width. Right measures 0.76 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. Small, focal, hypoechoic parenchymal nodule noted in the tail of the spleen, measuring approximately 0.50 cm x 1.2 cm in size, with bulging of the overlying capsule noted. Incidental myelolipoma present. The spleen measures 1.8 cm in width.

Liver

Normal size, with a diffuse mottled echogenic and nodular appearance, portal markings, and regular curvilinear capsule. Nodules are hypoechoic, parenchymal, and measure up to approximately 1.0 cm in size. A well circumscribed, hypoechoic mass is noted in the parenchyma of the caudal aspect of the left lobe, measuring approximately 3.0 cm x 3.5 cm in size. Normal appearance of the hepatic and portal vasculature.

Gallbladder

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. Small intestinal wall measures 0.46 cm. Fecal material present within the colon.



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Pancreas

Visible sections present normal size and echogenic appearance. 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.
- Hepatic mass.
- Splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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

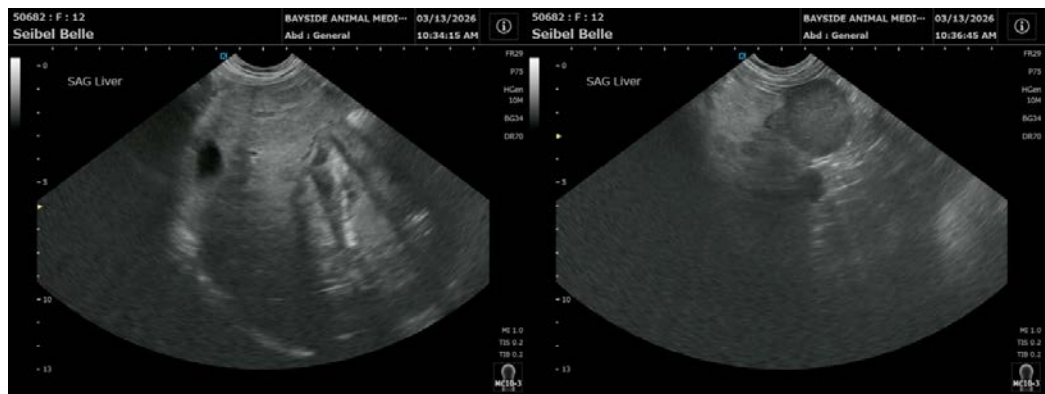
Etiologies for the splenic nodule would be hematoma, granuloma, and emerging neoplasia, with reactive hyperplasia/extramedullary hematopoiesis being a less likely differential diagnosis, as there is bulging of the overlying capsule.

Further assessment would be 3-view thoracic radiographs and FNA cytology of the liver and the hepatic mass. A tru-cut or wedge biopsy of both may however be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

As there is bulging of the overlying capsule associated with the splenic nodule, splenectomy could be considered.

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





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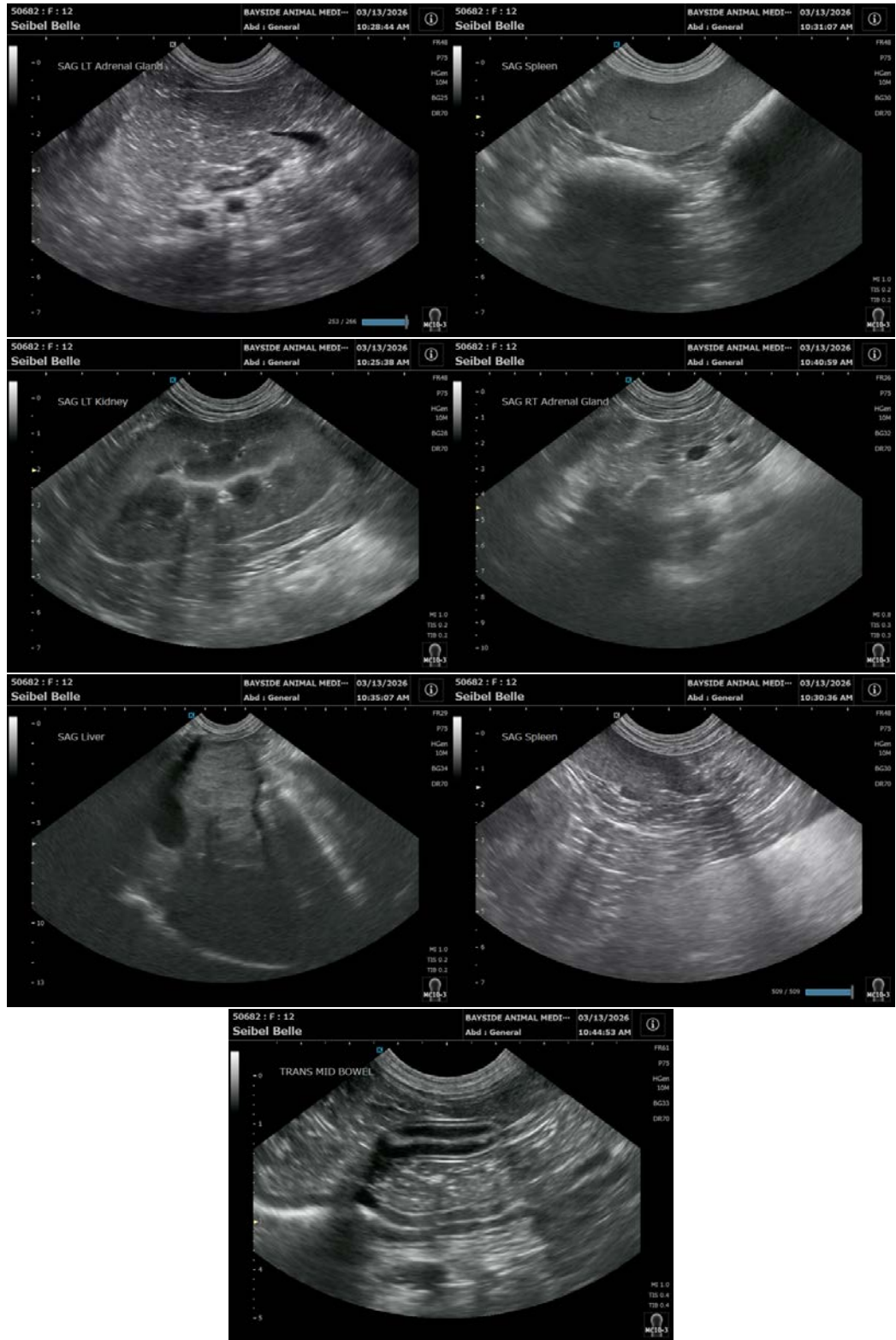
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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