



PATIENT

Charlie Parks

SPECIES

Canine

BREED

Terrier Mix

SEX

FS

AGE

14 years

WEIGHT

16.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Celine Ward

HOSPITAL NAME

Kenora Veterinary
Clinic

REFERRING VET

Dr. Celine Ward

INVOICE

11489

DATE

3/13/2026

PRESENTING CLINICAL SIGNS

- Sx Dec 2025 for abdominal lumpectomy and liver biopsy.
- Biopsy results:
 1. Hepatic nodular hyperplasia with areas of hepatic lipidosis, foci of haemorrhages and areas of fibrosis and pigment granulomas – A
 2. Hepatitis with nodular hyperplasia with peliosis hepatis, areas of hemangioma formation, focal extensive bone formation, fibrosis and extra medullary haematopoiesis (EMH), chronic – B
- Comments from report: There were couple of processes observed in this mass, namely: hepatitis, nodular hyperplasia, evidence of peliosis hepatis, areas of hemangioma formations, focal extensive bone formation, fibrosis and areas of extra medullary haematopoiesis. The etiology of the changes is not readily obvious; however, a localised trauma to the liver is high on the list of differentials.
- Ultrasound performed today as owner concerned, he could 'feel' another mass and concerned re: abdominal distension. Patient otherwise doing well.
- Patient has had a Circumanal gland tumour for 2+ years, slowly growing.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder containing a small amount of floating hyperechogenic sediment with a normal thickness and smooth appearance of the wall. No 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 5.4 cm and the right kidney measures 5.6 cm.

Adrenal Glands

Left adrenal gland contains a mottled echogenic mass, measuring approximately 1.4 cm x 2.0 cm in size, with a mottled echogenic appearance, maintaining normal position and appearance of the peri-adrenal vasculature.

Right adrenal gland was not visualized.

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 measures 2.0 cm in width. Incidental myelolipomas present.

Liver



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Enlarged with rounded edges, a diffuse mottled echogenic and nodular appearance, normal portal markings, and irregular capsule. Nodules are hypoechoic, parenchymal and measure up to 1.0 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full containing moderate amount of non-adhered hyperechoic 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.

Pancreas

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.
- Left adrenal mass.
- Urinary bladder sediment.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver would be consistent with a chronic hepatopathy as per the patient's previous biopsy results.

The most likely etiology for the left adrenal mass would be a non-functional carcinoma with pheochromocytoma a possible differential diagnosis.

The gallbladder sediment can be considered an incidental finding.

Etiologies for the urinary bladder sediment would be incidental debris, crystalluria, and possibly bacterial cystitis.

Further assessment would be urinalysis, possibly urine culture, blood pressure, and possibly urine/plasma catecholamine assay. FNA cytology of the left adrenal gland could also be considered.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the chronic hepatopathy would be the use of ursodiol with regular monitoring of liver enzyme activity. Prednisolone could also be considered as fibrosis was evident in the previous biopsy results.



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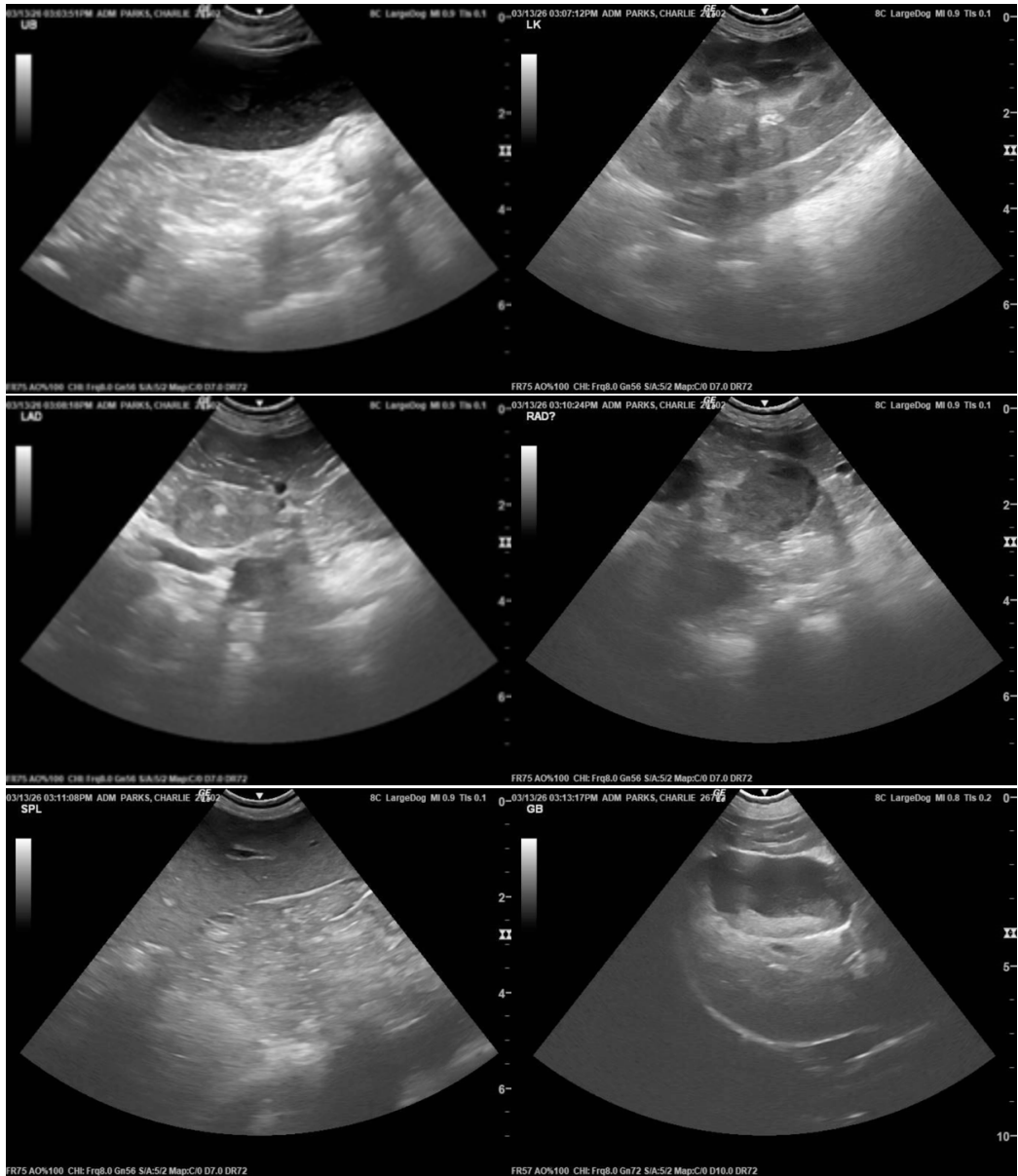
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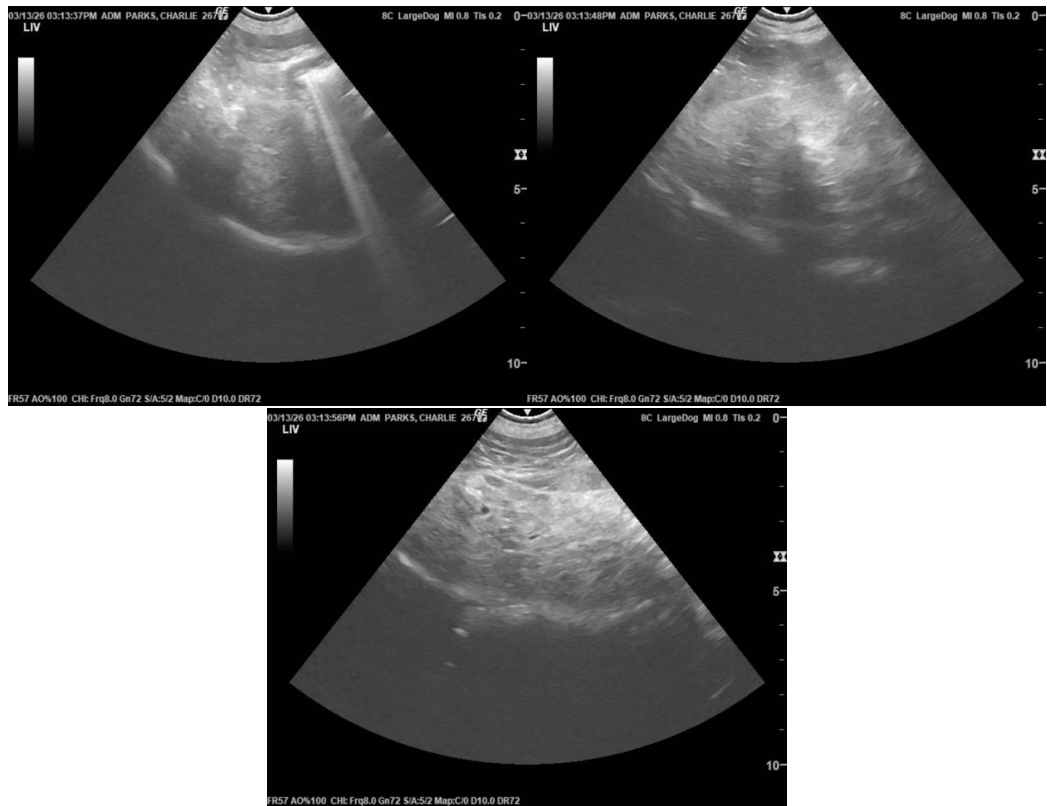
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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