



PATIENT

Alaska Singer

SPECIES

Canine

BREED

Bichon Mix

SEX

Spayed Female

AGE

10

WEIGHT

12.6

INTERPRETED BY

Remo Lobetti BVSc,
MMedVet, PhD,
DECVIM

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

36242

DATE

3/16/26

PRESENTING CLINICAL SIGNS

- Recheck prev u/s 10/11/25 Hepatic nodule/mass age related renal changes O reports no concerns, doing well.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full 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 (left kidney 3.4 cm/right kidney 4.4 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

The left adrenal gland was normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.79 cm in length x 0.32 cm and 0.31 cm in width.

The right adrenal gland was not clearly visualized but appears to be of normal shape, echogenic appearance, and size.

Spleen

Normal size (1.1 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. A focal hypoechoic parenchymal nodule was noted in the body of the spleen, measuring approximately 1.2 cm x 1.2 cm in size.

Liver

Normal size, echogenic appearance, portal markings, and a regular curvilinear capsule. A focal hypoechoic parenchymal nodule was noted in the caudal aspect of the right lobe, measuring approximately 1.4 cm x 2.5 cm in size. A hyperechoic mass was noted in the cranial aspect of the right lobe, measuring approximately 2.6 cm x 3.6 cm in size. No nodules or additional masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full gallbladder, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

A small amount of ingesta was noted in the **stomach**. 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.



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Pancreas

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
- Splenic nodule
- Age-related renal changes versus early chronic kidney disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In comparison with the previous ultrasound, the hypoechoic nodule/small mass in the caudal aspect of the right liver lobe is of a similar size and appearance. The hyperechoic mass and the splenic nodule are new findings.

The most likely etiology for hypoechoic hepatic nodule/small mass would be nodular hyperplasia, with hepatoma a possible differential diagnosis. Etiologies for the hyperechoic mass would be organized hematoma, granuloma, nodular hyperplasia, and possibly emerging primary hepatocellular carcinoma.

Etiologies for the splenic nodule would be reactive hyperplasia/extramedullary hematopoiesis, hematoma, granuloma, and possibly emerging neoplasia.

Further assessment that could be considered would be FNA cytology of the hyperechoic hepatic mass. However, a tru-cut or wedge biopsy may be required for a final etiological diagnosis. Ultrasound monitoring of the splenic nodule would be recommended, and if there's any progressive enlargement or bulging of the overlying capsule noted, then splenectomy should be considered.



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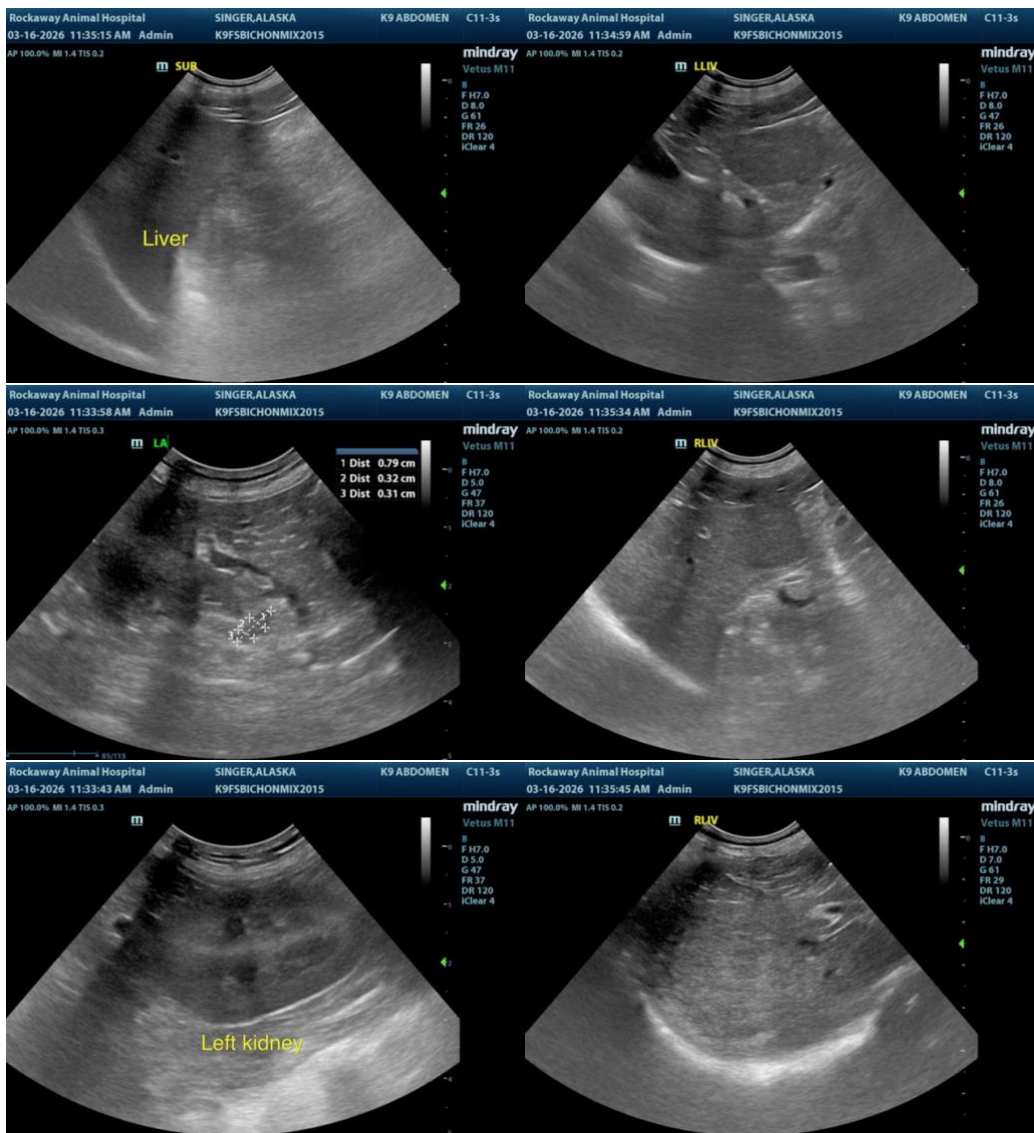
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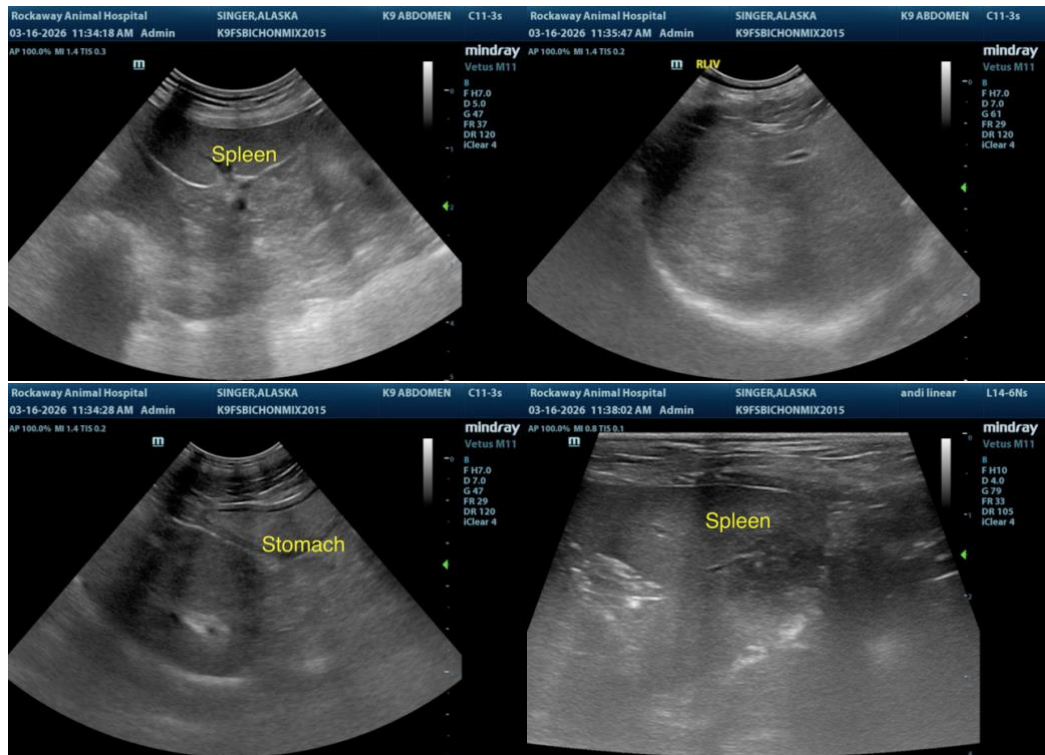
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com