



PATIENT

Emma Bannerman

SPECIES

Canine

BREED

Labrador Cross

SEX

Spayed female

AGE

14 years

WEIGHT

27 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Oakbank AH

REFERRING VET

Dr. Mayo

INVOICE

72072

DATE

3/2/26

PRESENTING CLINICAL SIGNS

- Geriatric patient with ongoing DJD.
- Has been on chronic NSAID therapy (metacam daily), joint supplements and cartrophen injections for arthritis.
- The owner has noticed she has been panting for the past several months.
- Eating well, normal defecation and urination. No PU/PD. Weight stable.
- CBC: HGB 12.5 (13.1-20.5 g/dL) RETIC 142.2 (10.0-110.0 K/ μ L) LYM 0.91 (1.05-5.10 $\times 10^9$ /L) PLT 111 (148-484 K/ μ L) CHEM: ALT 137 (10-125 U/L) ALKP 698 (23-212 U/L) USG = 1.054 (normal - not suspicious for Cushing's disease), 1+ proteinuria. Chest radiograph did not reveal any overt abnormalities (i.e. neoplasia, other)

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 6.7 cm, right measured 7.2 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.

Adrenal Glands

The adrenal glands are not clearly visualized, but appear to be of normal shape, echogenic appearance and size.

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 with a diffuse increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. Two hepatic masses are present. One measured 3.0 x 3.1 cm in size with a mottled echogenic appearance and situated within the right lobe. The other mass measured 3.1 x 6.1 cm



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in size with a mottled echogenic and cystic appearance in the left lobe. Both masses appear not to be vascularized. No nodules are evident. Normal appearance of the hepatic and portal vasculature.

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.

A moderate amount of acellular ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatic masses.
- Hepatopathy.
- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatic masses would be granulomas, hematomas and neoplasia.

Etiologies for the hepatopathy would be reactive hyperplasia, vacuolar, metabolic, breed specific hepatopathy, drug induced hepatopathy and possibly chronic active hepatitis.

The ascites can be ascribed as secondary to the hepatic masses.

Further assessment would be analysis of the ascitic fluid and FNA cytology of the liver and hepatic masses.

A tru cut or wedge biopsy of the masses and liver may be required for a final etiological diagnosis.



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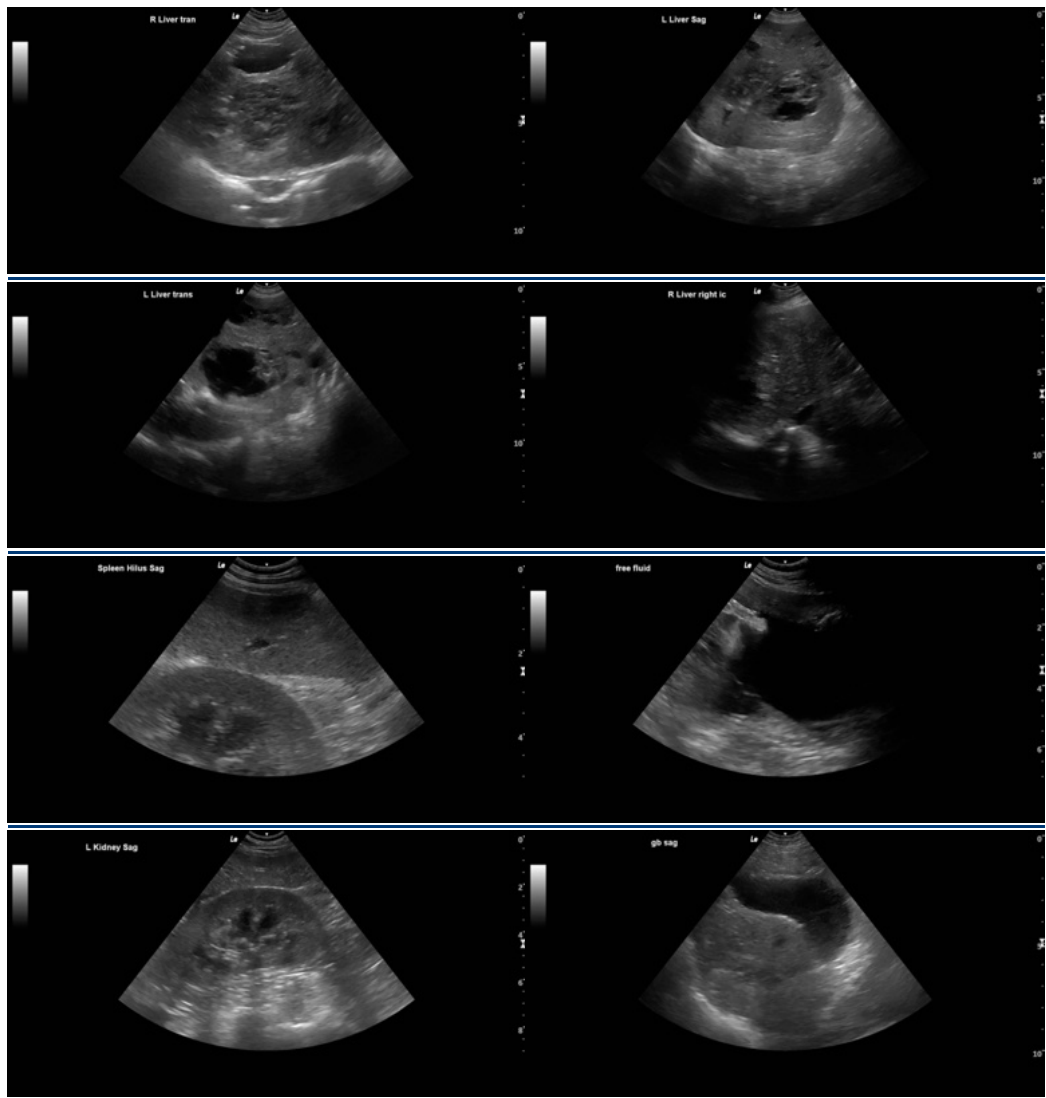
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Specific therapy would be dependent on an etiological diagnosis.

If surgery is being contemplated for the hepatic masses then a CT scan would be recommended.

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



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