



## PATIENT

Sadie Graham

## SPECIES

Canine

## BREED

Husky Labrador Cross

## SEX

Spayed female

## AGE

12 years

## WEIGHT

71.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Danielle Shemanski,  
DVM, MA

## HOSPITAL NAME

Western New York  
Veterinary Service

## REFERRING VET

Dr. Kaye Morgan

## INVOICE

72151

## DATE

3/3/26

## PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: Elevated ALT and lost sibling due to gallbladder issues.
- CLINICAL SIGNS: Patient seen on 2026-01-24 for vomiting with blood. Had high pancreatic enzymes and high cPL, which resolved. Patient had a high ALT of 179 a month later on 2026-02-20. Owner is concerned as patient's brother had complications from gallbladder issues.
- Two months ago, after eating puppy chow, Sadie was lethargic, panting, and vomited pink bile, leading to a suspected pancreatitis visit. Since then, her appetite has increased, and she's gained about 5 lbs (from ~65 lbs to over 70 lbs). Her worsening arthritis has reduced walks from 2-3 miles to about 1 mile; she is stiffer and slower to rise. Currently, she is not vomiting, and urination/stool is normal.
- Owner reports a littermate brother passed away last year from gallbladder issues (gallbladder mucocele).
- MEDICATIONS: Metronidazole 250 mg PO q24h.
- Review of rDVM Bloodwork (2026-02-20): - ALT: Elevated at 179 U/L - ALP: Elevated at 670 U/L - TBili: Elevated at 1.6 mg/dL - Albumin: 3.8 g/dL (high normal, likely from dehydration) - CBC: Suspected nucleated red blood cells. - Neutrophils: 4.8 K/uL (WNL) - Lymphocytes: 1.79 K/uL (WNL) - Monocytes: 0.4 K/uL (WNL) - Eosinophils: 0.3 K/uL (WNL)

## 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 6.8 cm, right measured 7.0 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. Few, small incidental cortical cysts are present in both kidneys.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 3.36 cm in length x 0.47 cm and 0.56 cm in width. The right adrenal gland measured 3.32 cm in length x 0.7 cm and 0.7 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. Incidental myelolipomas are present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.2 cm in width.



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## *Liver*

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules evident. Irregular, hyperechogenic mass is noted in the right lobe adjacent to the gallbladder measuring 3.5 x 4.0 cm in size. No additional masses are evident. Normal appearance of the hepatic and portal vasculature. FNA was taken of the hepatic mass.

## *Gallbladder*

The gallbladder is full containing a small amount of non-adhered, hyperechogenic 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*

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.

No ascites evident.

## *Thorax*

Normal appearance of the heart. No pericardial or pleural effusion evident.

## ULTRASONOGRAPHIC FINDINGS

- Hepatic mass.
- Urinary bladder sediment.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatic mass would be organized hematoma or granuloma, hepatoma and primary hepatocellular carcinoma.



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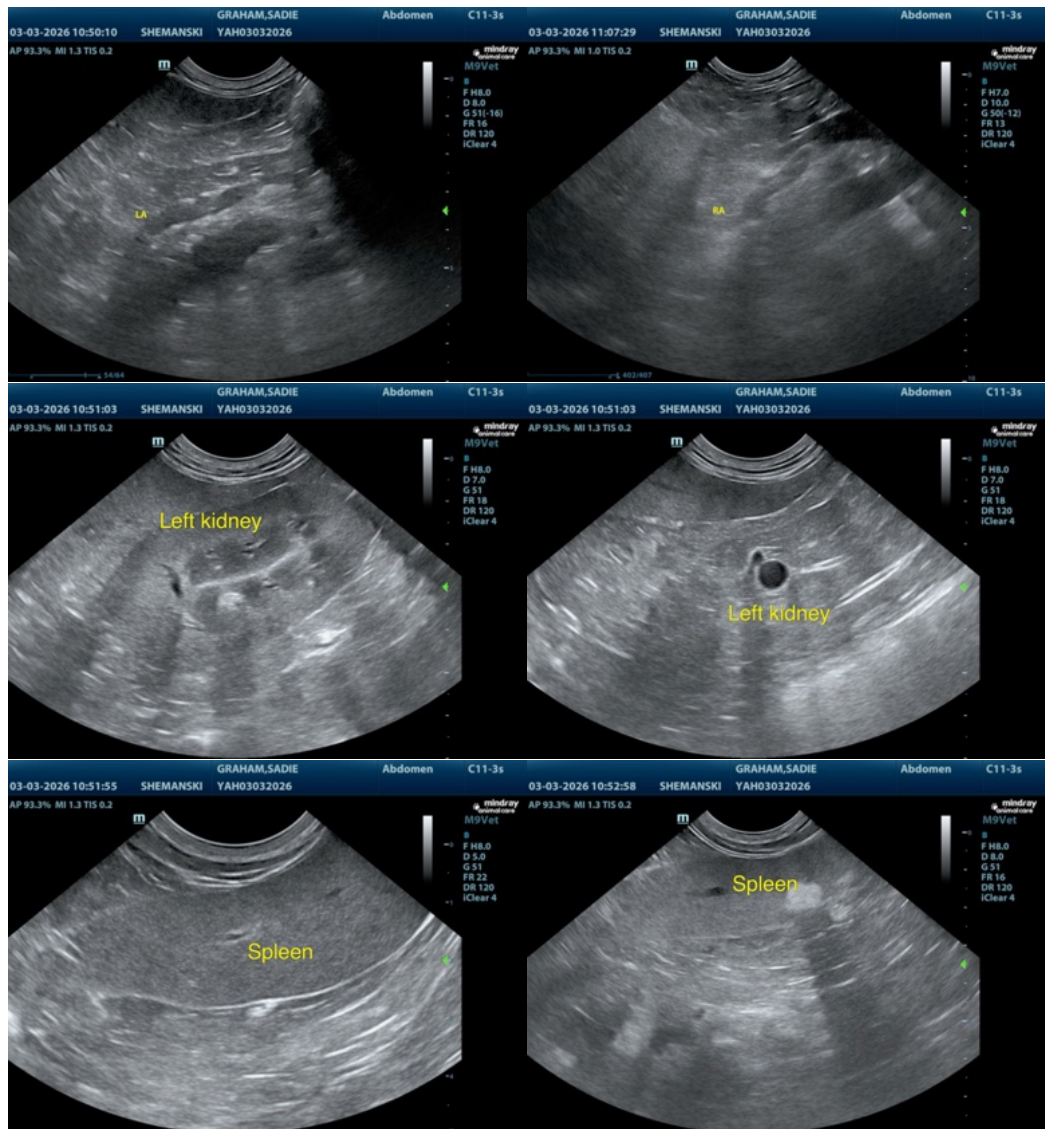
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The gallbladder sediment can be considered an incidental finding.

Further assessment would be based on the pending cytology results, but may require a true cut or wedge biopsy of the mass for a final etiological diagnosis.

If surgery is being contemplated for the mass, then a CT scan would be recommended.





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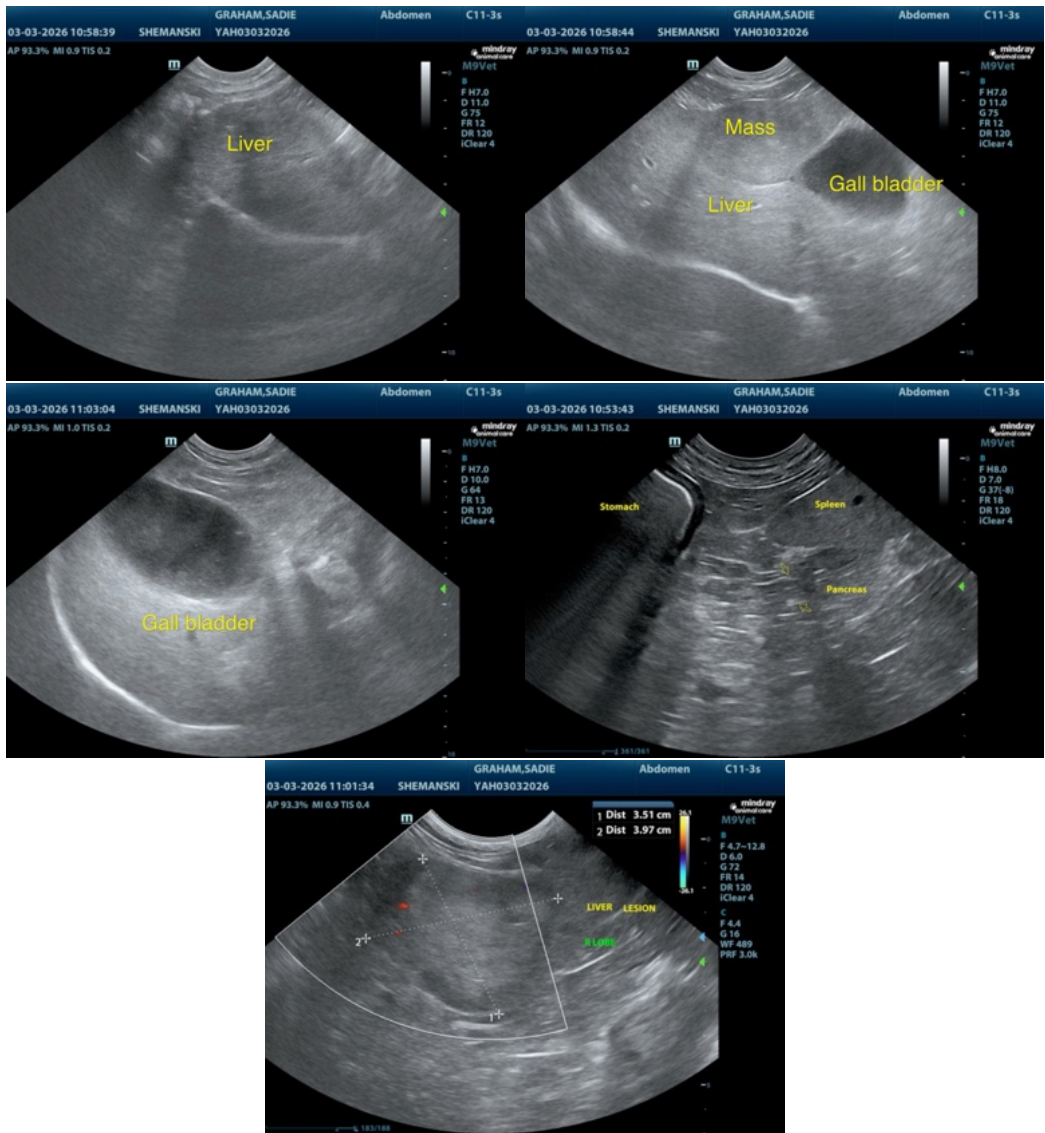
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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