



PATIENT

Tank Giovannone

SPECIES

Canine

BREED

Siberian Husky

SEX

Neutered male

AGE

12 years

WEIGHT

26.81 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Ryan Bergner, LVT

HOSPITAL NAME

Waterville VC

REFERRING VET

Dr. Gilchrist

INVOICE

72178

DATE

3/3/26

PRESENTING CLINICAL SIGNS

- Worsening clinical signs of pain, including increased falling and difficulty with stairs.
- New onset of significant behavioral anxiety, likely multifactorial (pain, loss of housemate).
- History of PLN
- Differential diagnoses for worsening mobility include progression of osteoarthritis, degenerative myelopathy, or intervertebral disc disease.
- Differential diagnoses for behavioral changes include separation anxiety, cognitive dysfunction, or pain-related anxiety.
- Elevated liver enzymes ALT 630, AST 58, ALP 1278, GGT 21

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 5.0 cm, right 6.0 cm), normal 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.

The prostate is small and hypoechogenic.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.43 cm and 0.45 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 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 1.6 cm in width.



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Liver

Normal size with diffuse, mottled echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. Hyperechogenic, well circumscribed parenchymal nodule/small mass measuring 2.7 x 3.5 cm in size in the caudal aspect of the left lobe. No nodules or additional masses 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. The small intestine measured up to 0.42 cm.

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.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Hepatic nodule/small mass.
- Age related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Etiologies for the hepatic nodule/small mass would be extension of nodular hyperplasia, organized hematoma or granuloma and possibly neoplasia.



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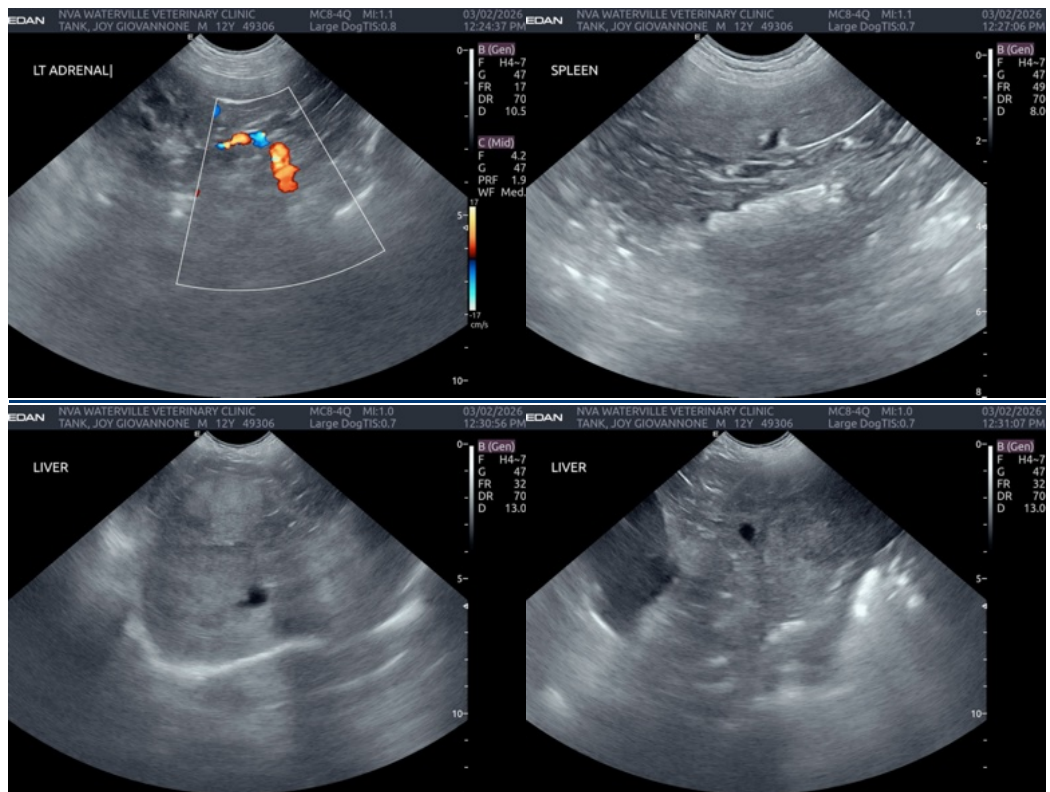
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Further assessment would be FNA cytology of the liver and hepatic nodule/small mass. However, a true cut or wedge biopsy of both may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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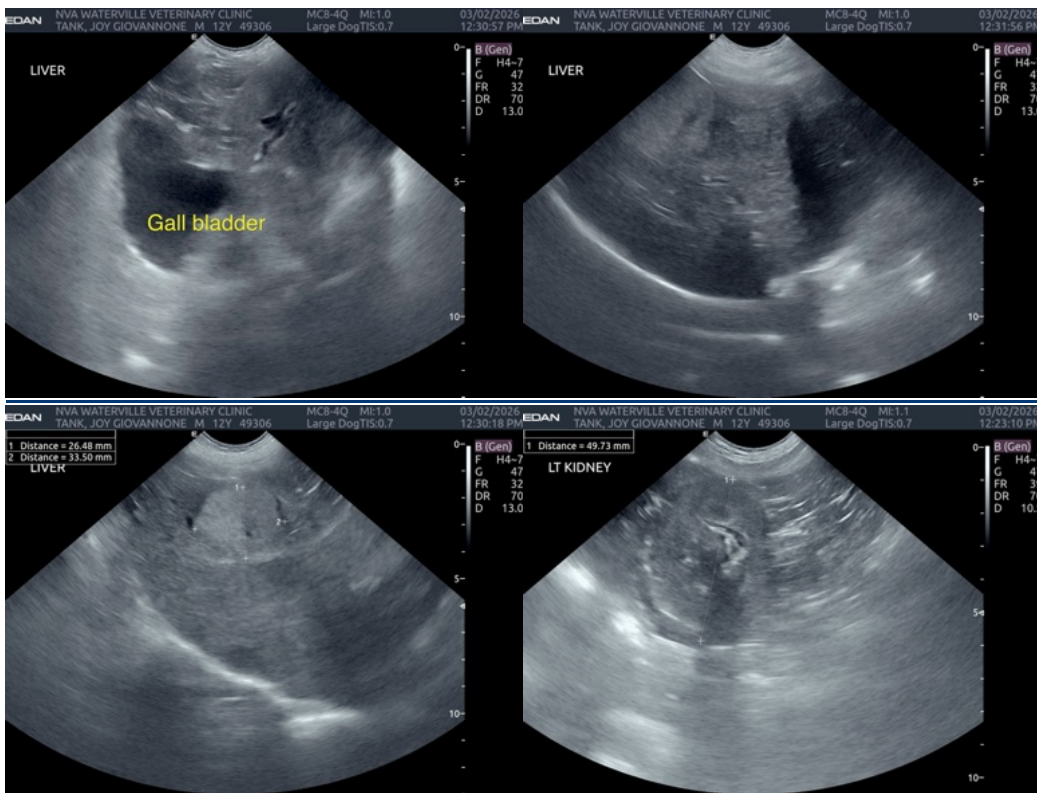
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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