



PATIENT

Payton Fidler

SPECIES

Canine

BREED

Mountain Cur Mix

SEX

Spayed female

AGE

14 years

WEIGHT

19.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Sinopoli

INVOICE

74368

DATE

4/9/26

PRESENTING CLINICAL SIGNS

History: V+/D+ start late Mon - then lethargic and continued D+ RDVM did BW which showed elevated LES

Historic Elevated LES that they have been monitoring but acute drastic increase

Abnormal PE/Chem/CBC/UA Results: 5% dehydrated on PE Mild abd discomfort on palpation

Otherwise NSF rDVM 4/9 ALT > 2,000 U/L ALP 1,776 U/L GGT 19 U/L CPL 202 Rads: hepatomegaly

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 5.7 cm, right measured 5.8 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. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.47 cm in length x 1.61 cm and 0.69 cm in width. The right adrenal gland measured 2.42 cm in length x 0.81 cm and 0.73 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. Focal, mottled echogenic, non-vascularized parenchymal nodule measuring 0.6 x 1.0 cm in size in the tail of the spleen. The spleen measures 1.4 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. A large, irregular, poorly defined, mottled echogenic, cystic like mass in the cranial aspect of the left lobe measuring 5.0 x 6.0 cm in size. No nodules or additional masses evident. Normal appearance of the hepatic and portal vasculature.



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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.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatic mass.
- Splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies of the hepatic mass would be granuloma, abscessation, focal lobar hepatitis and primary hepatocellular carcinoma.

Etiologies for the splenic nodule would be reactive hyperplasia/extramedullary hemopoiesis, hematoma and granuloma with emerging neoplasia a less likely differential diagnosis.

Further assessment would be three view thoracic radiographs and FNA cytology of the hepatic mass likely structure.

Specific therapy would be dependent on an etiological diagnosis. Initial management would be fluid therapy, opioid analgesics and possibly intravenous antibiotics.



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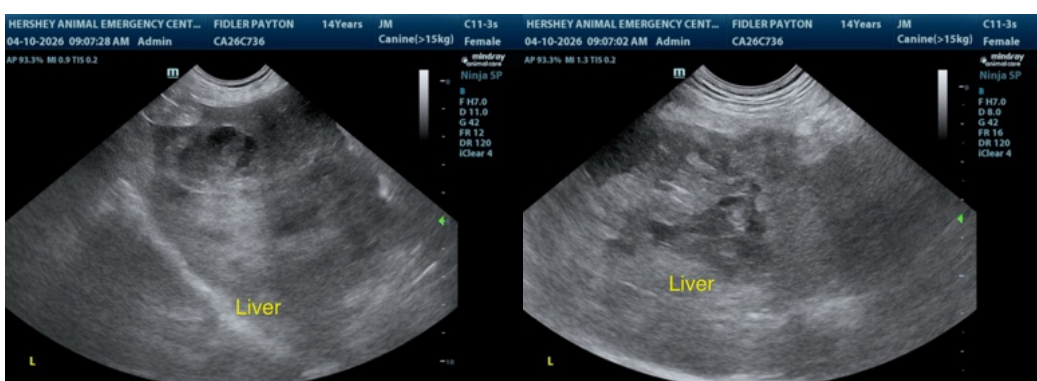
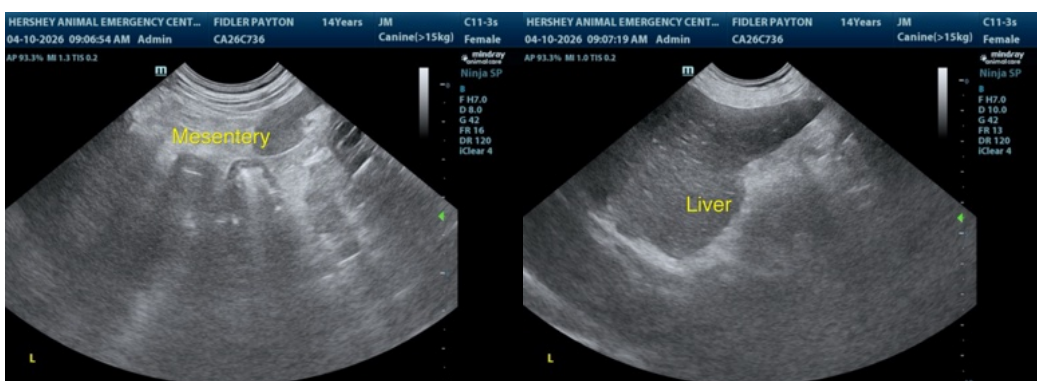
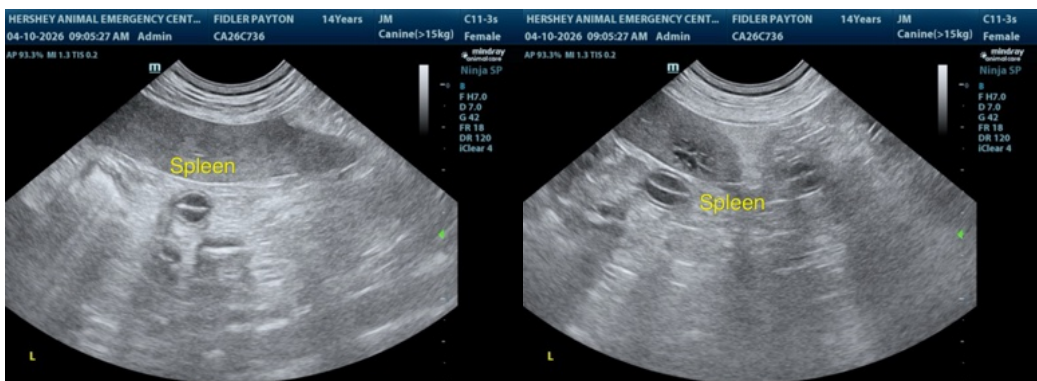
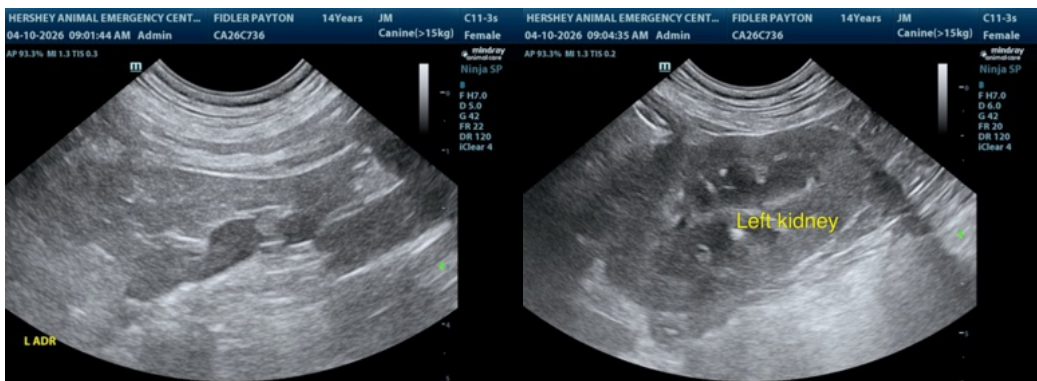
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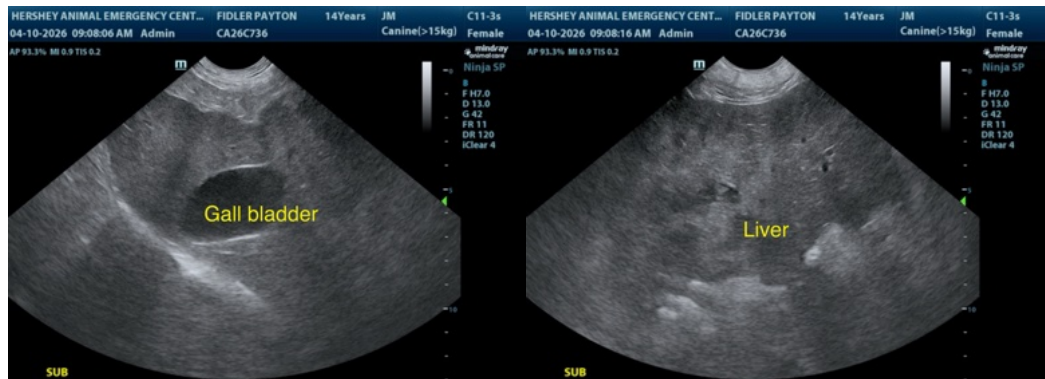
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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