



PATIENT

Kinna Schlegel

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Spayed female

AGE

13 years

WEIGHT

58 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tavella

HOSPITAL NAME

Williamsburg VC

REFERRING VET

Dr. Tavella

INVOICE

74540

DATE

4/16/26

PRESENTING CLINICAL SIGNS

Previous ultrasound Findings: Large hepatic swelling/mass at the caudal aspect, causing cranial displacement of the gallbladder. Left adrenomegaly with macronodules/masses at the cranial and caudal pole. Minor bilateral age-related renal changes. Gallbladder debris/sand, non-mucocele. Owner has elected not to pursue additional diagnostics/treatment for hepatic/adrenal changes, but elects for a recheck AUS.
PE: Overweight: BCS 8/9 Chem/CBC/UA pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 6.3 cm, right measured 6.4 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

The left adrenal gland was enlarged and irregular with a mottled echogenic mass with areas of parenchymal mineralization. The left adrenal gland measured 1.5 x 3.8 cm in size maintaining its normal position and appearance of the visible peri-adrenal vasculature. The right adrenal gland was poorly 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.

Liver

A large, irregular, mottled echogenic and partially cystic mass is situated in the mid liver with cranial displacement of the gallbladder present. The mass measured approximately 6.9 cm in size. The rest of the liver is of normal size, maintaining a normal echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or additional masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing a scant 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.

ULTRASONOGRAPHIC FINDINGS

- Left adrenal mass.
- Hepatic mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In comparison with the previous ultrasound the left adrenal nodules present on the previous ultrasound has now coalesced to form a large mass.

In comparison with the previous ultrasound, the hepatic mass has remained fairly static in size, but its echogenic appearance has changed.

The most likely etiology for the left adrenal mass would be a non-functional carcinoma with a pheochromocytoma a less likely differential diagnosis.

The most likely etiology for the hepatic mass would be primary hepatocellular carcinoma.

Although declined by the owner, further assess would be three view thoracic radiographs, FNA cytology of the hepatic and adrenal mass, and possible serial blood pressure determination as well as urine/plasma catecholamine assay.



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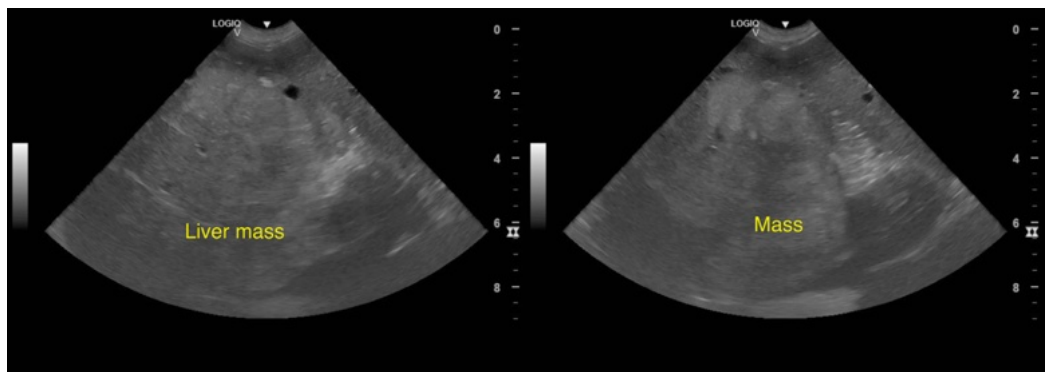
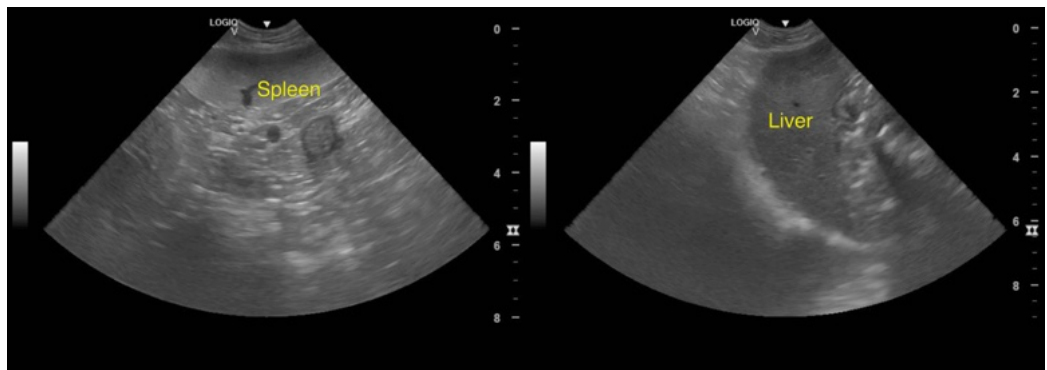
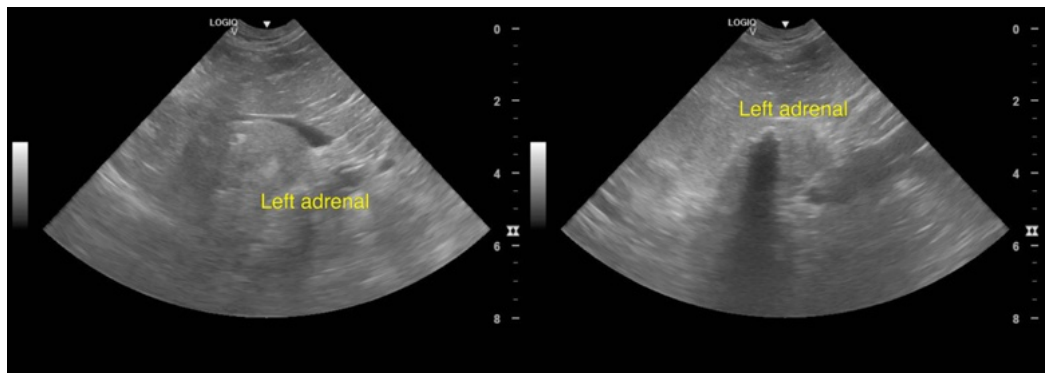
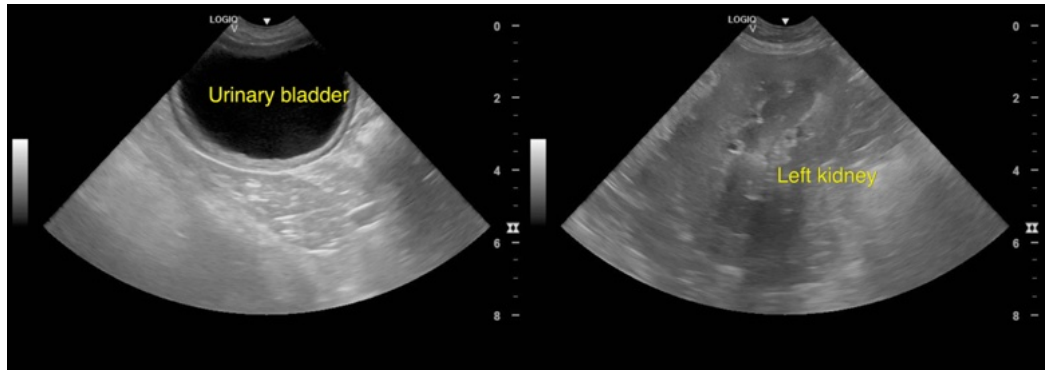
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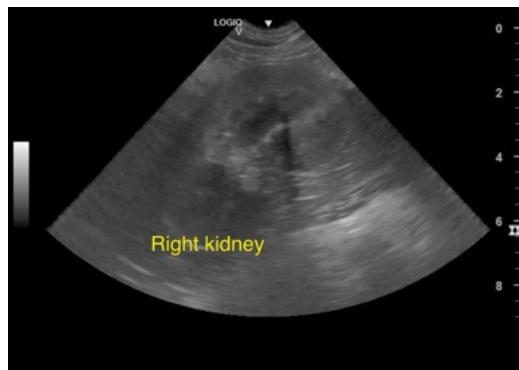
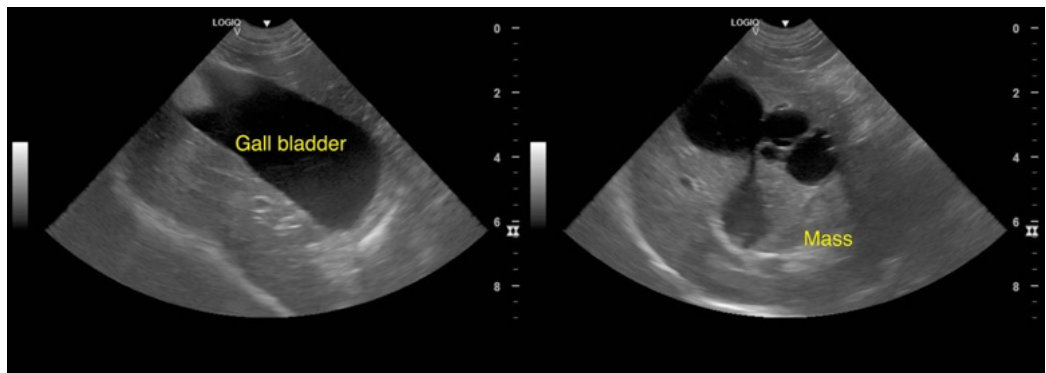
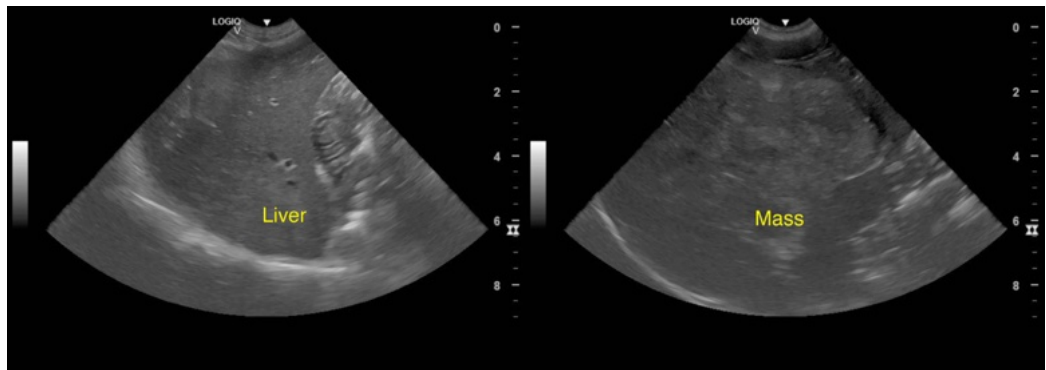
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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