



PATIENT

Roscoe Solesbee

SPECIES

Canine

BREED

Beagle

SEX

Male

AGE

6 ½ years

WEIGHT

36.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Hovis

INVOICE

74522

DATE

4/16/26

PRESENTING CLINICAL SIGNS

History: Last ultrasound, there was a liver Age related abdominal changes.
nodule, likely hyperplasia.

History of AGASACA.

P is going to the oncologist for further chemotherapy on 4/20/26.

MCV- 59.9 MCH- 19.0 MCHC- 31.7 WBC- 3.54 NEUTROPHILS- 1.99 PDW- 37.7 MPV- 13.7

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 5.3 cm, right measured 5.3 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.

The prostate is small and hypoechogenic measuring 0.6 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.72 cm and 0.6 cm in width. The right adrenal gland measured 0.56 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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.9 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Small, focal, hypoechogenic parenchymal nodule is noted in the cranial aspect of the left lobe measuring 0.7 x 1.1 cm in size. Larger, hyperechogenic nodule/small mass is noted in the cranial aspect of the left lobe measuring 2.6 x 3.0 cm in size. No additional nodules or 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 nodule and an additional hepatic nodule/small mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the smaller nodule is similar to that as reported on the previous ultrasound.

The larger nodule/small mass is a new finding

The most likely etiology for the small nodule would be incidental nodular hyperplasia.

Etiologies for the larger nodule/small mass would be nodular hyperplasia, granuloma, organized hematoma and either primary or metastatic neoplasia.

Further assessment would be three view thoracic radiographs and FNA cytology of the larger nodule/small mass. A tru cut or wedge biopsy may be required for a final etiological diagnosis.

If surgery is being contemplated for the larger nodule/small mass, a CT scan would be recommended.

Specific therapy would be dependent on an etiological diagnosis and guided by the upcoming oncology consultation.



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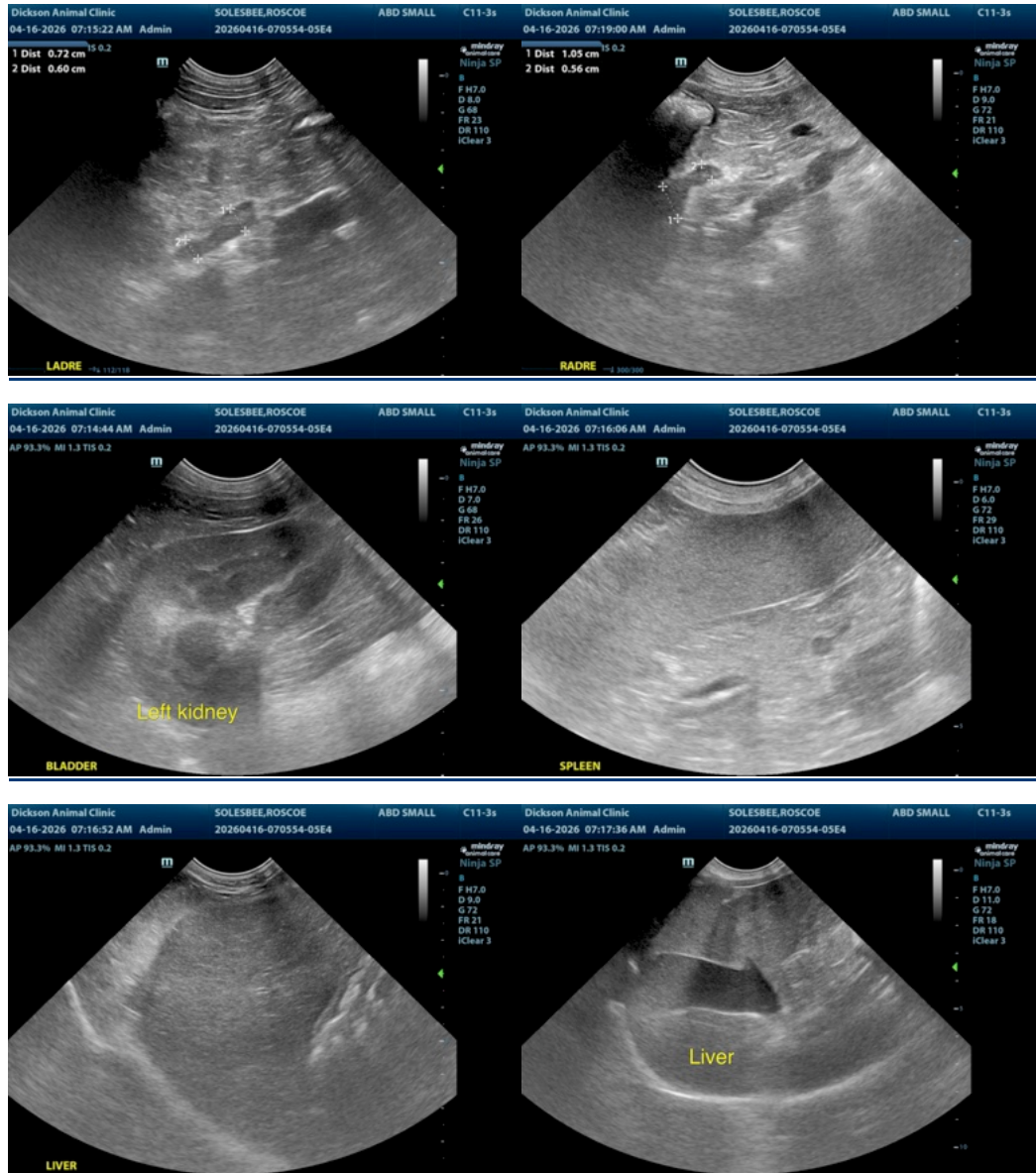
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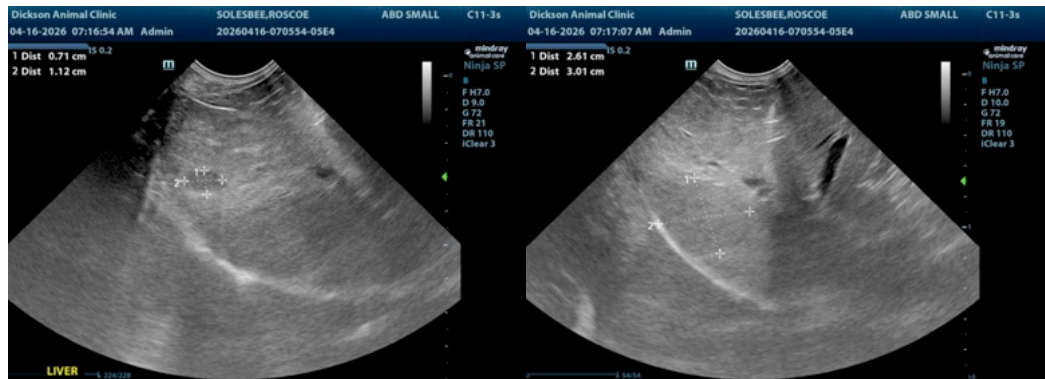
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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