



PATIENT

Kennah Schnepf

SPECIES

Canine

BREED

German Shepherd Blue
Heeler

SEX

Spayed female

AGE

10 years

WEIGHT

48.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gagne

HOSPITAL NAME

Hart Family VC

REFERRING VET

Dr. Gagne

INVOICE

74365

DATE

4/9/26

PRESENTING CLINICAL SIGNS

History: Had mammary adenocarcinoma removed in September 2025.
mild elevation ALT at that time (137) repeated in March 234 n 10-118
Abnormal PE/Chem/CBC/UA Results: BW done in March 2026: CBC RBC 8.90 5.5-8.5 10¹²/l
HIGH HGB 21.9 12-18 g/dl HIGH HCT 57.69 37-55 % CHEM: Alanine Aminotransferase 234 * 10-118
U/L (previously at time of sx 137) SDMA / T4 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 6.7 cm, right measured 7.3 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.

Adrenal Glands

The adrenal glands are not visualized.

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 2.0 cm in width.

Liver

Normal size with a diffuse, mottled echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. A focal, well circumscribed, hypoechoic mass is noted in the cranial aspect of the left lobe measuring 2.9 x 3.0 cm in size. No nodules or additional masses are 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.



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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 pancreas is not visualized.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Hepatic mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar, metabolic and possible chronic active hepatitis.

Etiologies for the hepatic mass would be nodular hyperplasia, hepatoma, possible emerging primary hepatocellular carcinoma with infiltrative neoplasia a less likely differential diagnosis.

Further assessment would be FNA cytology of the liver and if possible the hepatic mass. However, a tru cut or wedge biopsy 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, as well as ultrasound monitoring of the hepatic mass.

If there is progressive enlargement of the hepatic mass, then surgery should be considered. However, pre-surgical CT scan would be recommended.



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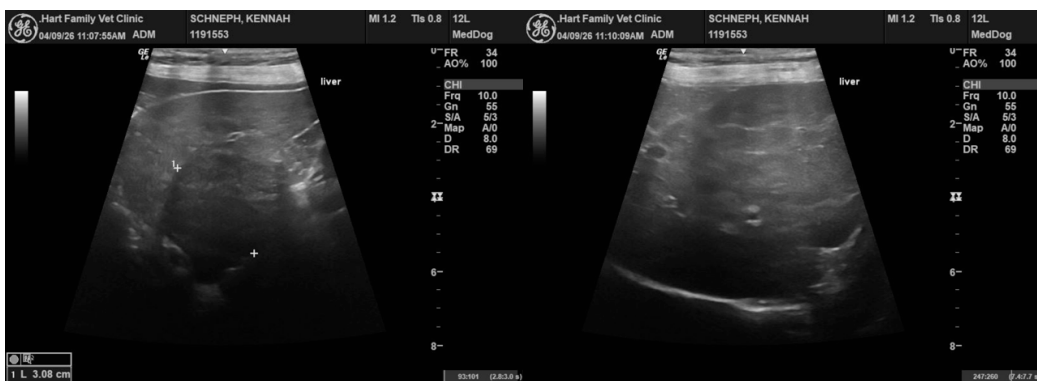
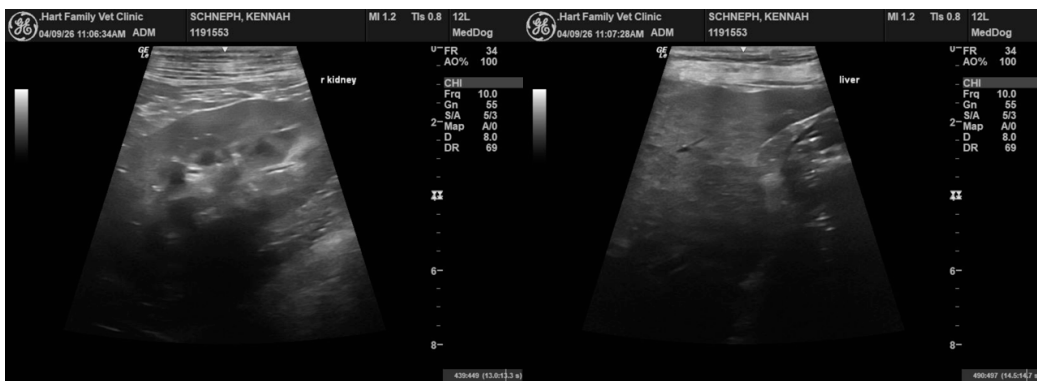
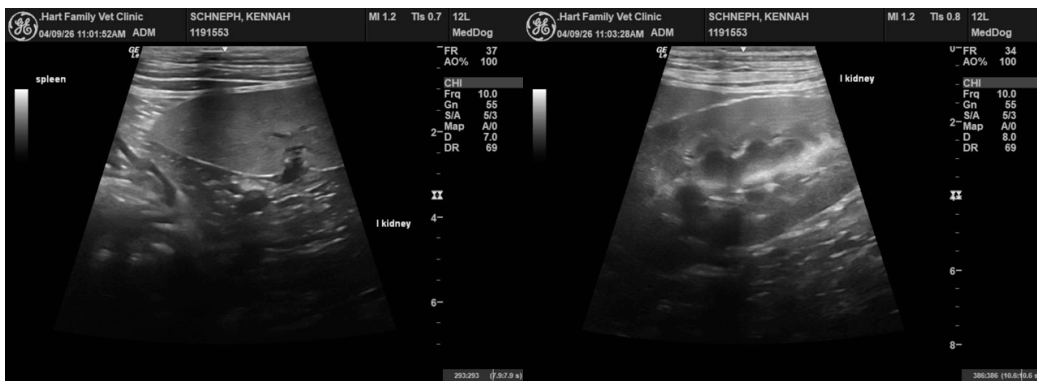
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com