



PATIENT

Molly Crilly

SPECIES

Canine

BREED

Labrador

SEX

Spayed female

AGE

12 ½ years

WEIGHT

28.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle RVT

HOSPITAL NAME

Orchard VC

REFERRING VET

Dr. Gudelot

INVOICE

74388

DATE

4/9/26

PRESENTING CLINICAL SIGNS

History: **Patient is missing Right Kidney from a nephrectomy - complication from spay at young age. Referral AUS. ADR, decreased appetite, weight loss, diarrhea. Owner has noted a decline over the past couple weeks. Been on gabapentin, mirtaz and cerenia Also recently started Pimo and Furosemide for increased RR, heart murmur.

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.

Enlarged left kidney measuring 8.7 cm in size with normal 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.

The right kidney is absent (previous nephrectomy).

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.28 cm in length x 0.68 cm and 0.75 cm in width. The right adrenal gland measured 2.27 cm in length x 0.72 cm and 0.78 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 1.3 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules evident. Normal appearance of the hepatic and portal vasculature. A focal mottled echogenic, cystic mass in the cranial aspect of the left lobe measuring 3.5 x 5.5 cm in size. 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

A moderate amount of ingesta was present in the stomach possibly compatible with a recent meal. 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. Normal thickness and appearance of the small intestine with no loss of layering, maintaining a 1:3 muscularis to mucosa ratio, but showing ileus and fluid filled intestinal loops

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.
- Distended gallbladder.
- Left renomegaly.
- Intestinal ileus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left adrenomegaly can be ascribed as compensatory hypertrophy secondary to the loss of the right kidney.

Etiologies for the hepatic mass would be hepatoma, hematoma and primary hepatocellular carcinoma.

The distended gallbladder can be considered an incidental finding associated with the gastrointestinal ileus.

Etiologies for the ileus would be underlying electrolyte anomalies or an enteropathy such as dietary hypersensitivity, parasitic enteritis, and inflammatory bowel disease.

Further assessment would be serum biochemistry and electrolytes (if not already done), fecal analysis, cobalamin and folate assay and FNA cytology of the hepatic mass.



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Endoscopy of the upper GI tract could also be considered.

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Specific therapy would be dependent on an etiological diagnosis.

SPECIES

Symptomatic management would be to correct any electrolyte anomalies, cobalamin and folate assay, course of Fenbendazole, and feeding small frequent meals of a novel protein/hypoallergenic diet.

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If there is not a satisfactory improvement then a course of Prednisolone would then be indicated.

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If surgery is being contemplated for the hepatic mass then a CT scan would be recommended.

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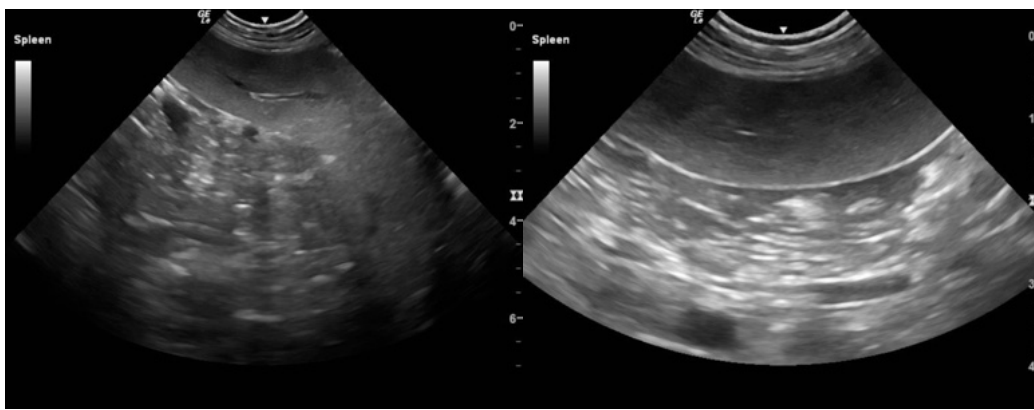
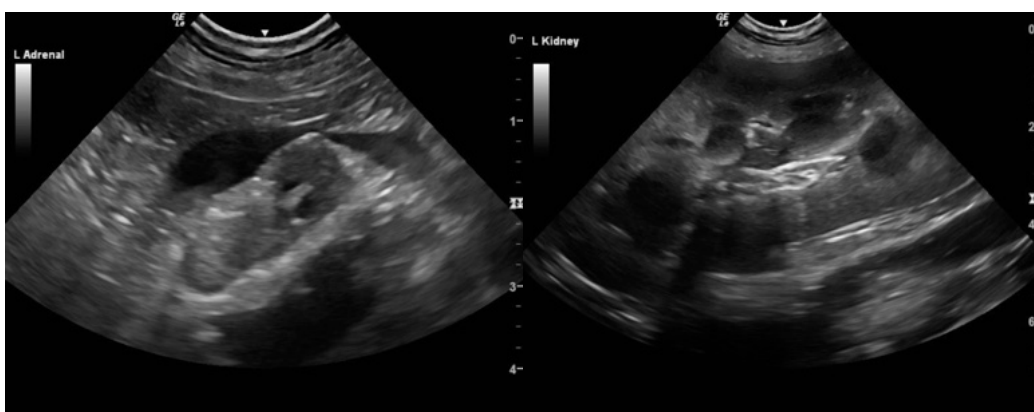
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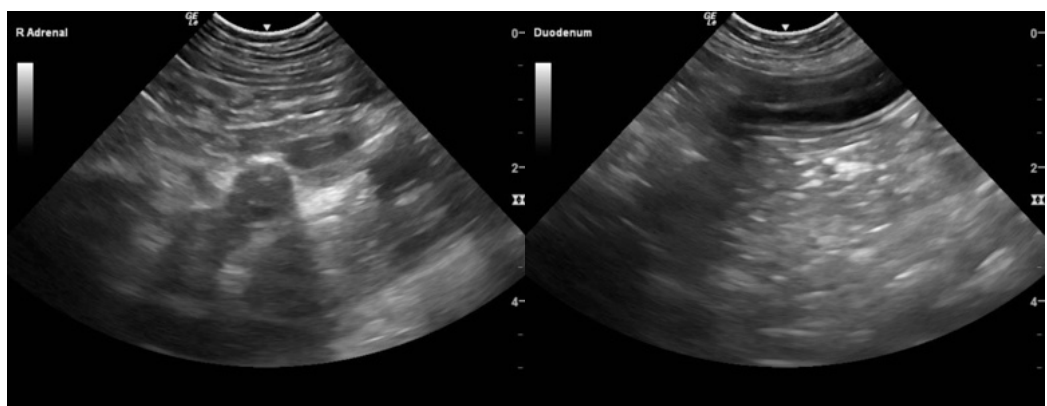
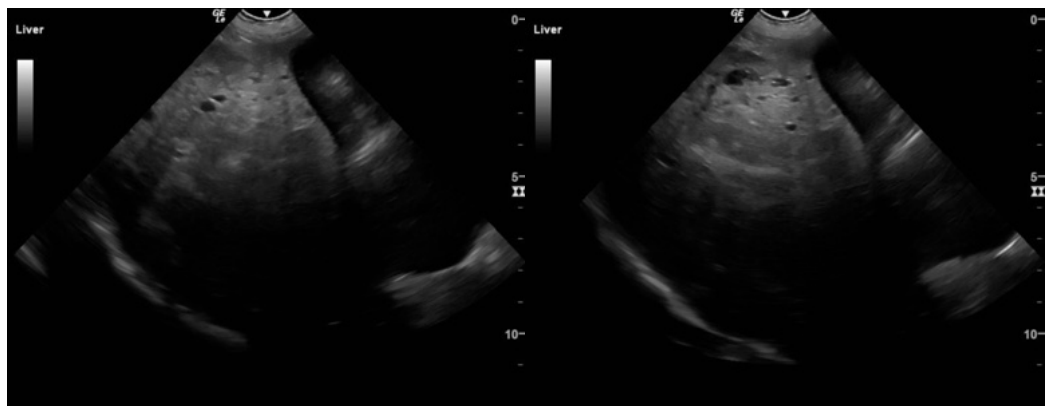
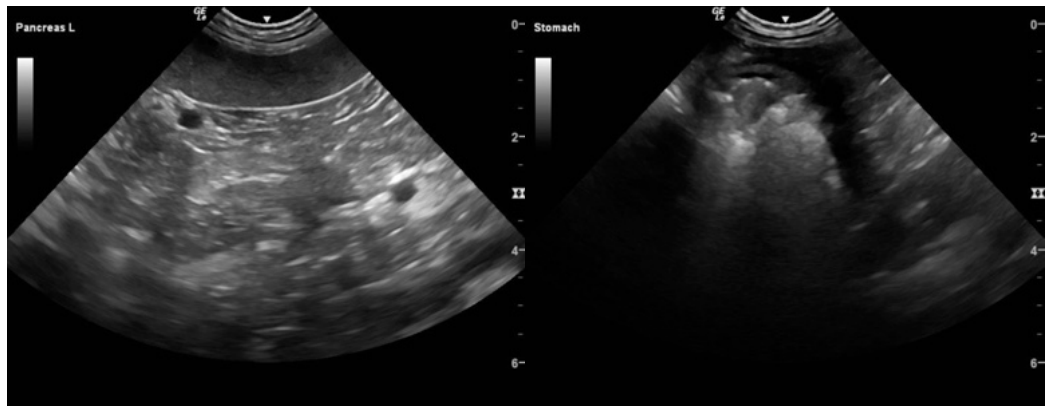
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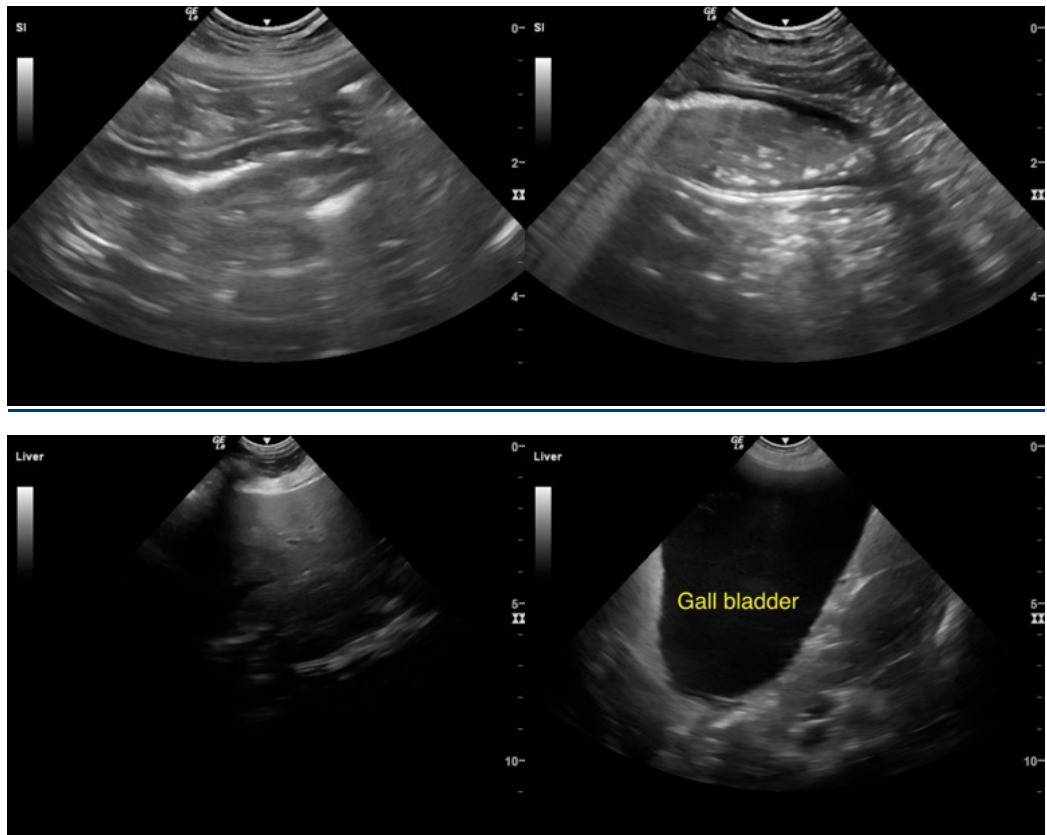
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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