



PATIENT

Kai Frederking

SPECIES

Canine

BREED

Labrador

SEX

Spayed female

AGE

12 years

WEIGHT

63.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Milligan, DVM

HOSPITAL NAME

Dockside Veterinary
Imaging

REFERRING VET

Dr. Morgan-Winter

INVOICE

75373

DATE

5/12/26

PRESENTING CLINICAL SIGNS

History: Possible mass palpated during exam, stomach distended. Unintentional weight loss.
Abnormal PE/Chem/CBC/UA Results: No records attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment.

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 6.2 cm, right measured 6.7 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 was evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.67 cm in width. The right adrenal gland measured 1.1 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 2.1 cm in width.

Liver

The liver revealed an enlarged, irregular, ill-defined, mottled echogenic, poorly vascularized mass that measured >10.0 cm in size and appears to be associated with the left lobe. The rest of the liver is of normal size, maintaining a normal echogenic appearance, portal markings and a 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 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. Fecal material was noted within the colon.

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.

Enlarged hepatic lymph node measuring 1.4 x 3.0 cm in size maintaining a normal shape with a hypoechoic appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatic mass.
- Hepatic lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatic mass would be neoplasia as granuloma and hematoma would be unlikely differential diagnosis.

Etiologies for the hepatic lymphadenomegaly would be reactive hyperplasia and possibly infiltrative neoplasia.

Further assessment would be three view thoracic radiographs and FNA cytology of the liver mass and the hepatic lymph node.

A tru cut or wedge biopsy of the liver mass may be required for a final etiological diagnosis.

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



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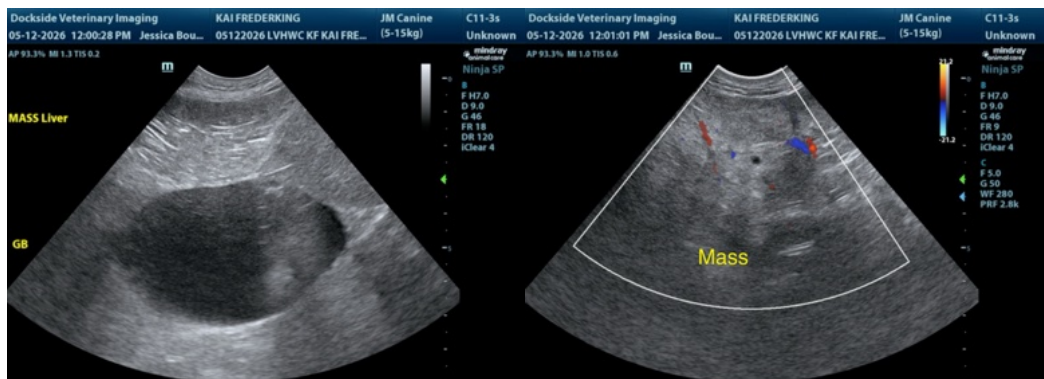
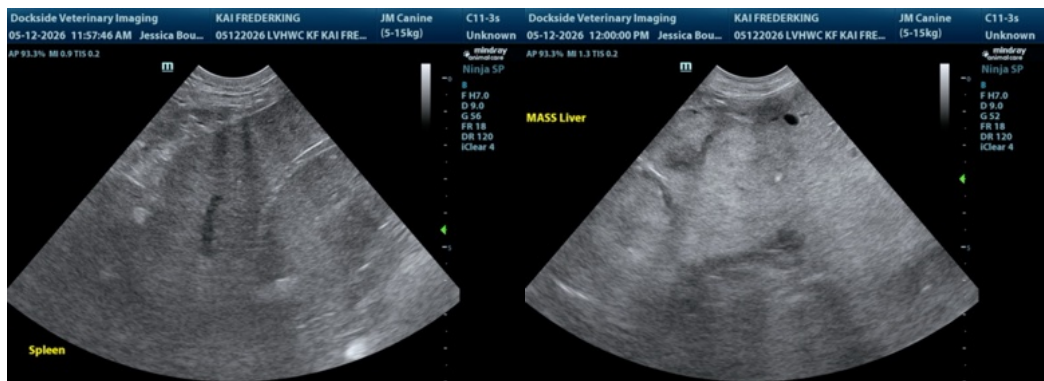
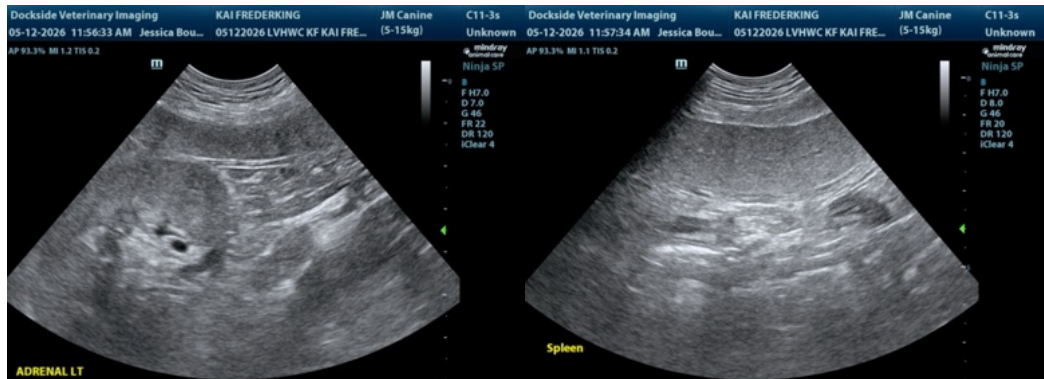
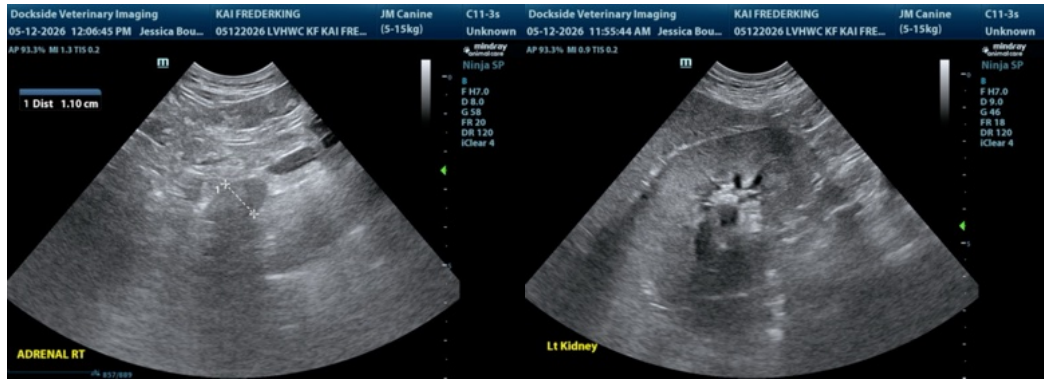
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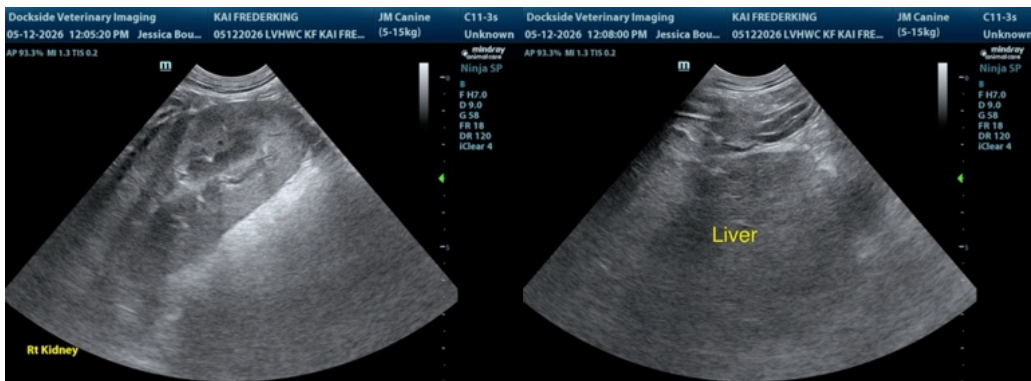
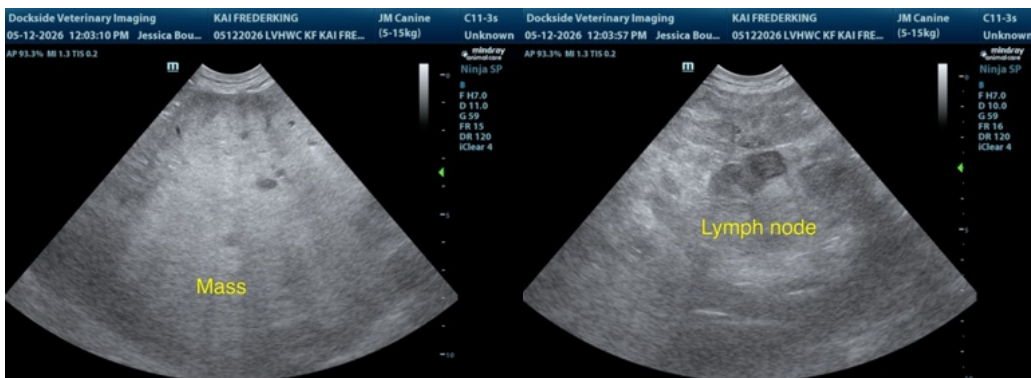
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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