



## PATIENT

Temper Knight

## SPECIES

Canine

## BREED

American Pit Bull Mix

## SEX

Spayed female

## AGE

9 years

## WEIGHT

79 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Rachel South

## HOSPITAL NAME

River Valley AH

## REFERRING VET

Dr. South

## INVOICE

75575

## DATE

5/15/26

## PRESENTING CLINICAL SIGNS

History: P presented as a new patient to our clinic in April for multiple masses as well as chemosis and periorbital swelling OD. FNA in clinic showed at least 2 of the masses were MCT's. P started on Prednisone, Famotidine, Diphenhydramine and NeoPolyDex Suspension. P responded well to medications and O elected abdominal ultrasound to check for systemic disease prior to exploring surgical options.

Pre-anesthetic bloodwork 5/15 CBC: unremarkable Chem: Elevated ALT, ALKP and GGT

## 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 6.8 cm, right measured 6.9 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*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.47 cm in width. The right adrenal gland measured 0.68 cm and 0.55 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 1.4 cm in width.

### *Liver*

Normal size with a diffuse, increased echogenic appearance, normal portal markings, and regular curvilinear capsule. A few, small, hypoechogenic parenchymal nodules were noted and measured up to 0.9 cm in size. No 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

- Hepatopathy.
- Hepatic nodules.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely etiologies for the hepatopathy would be reactive hyperplasia, vacuolar, metabolic and secondary to the recent cortisone therapy with hepatitis and infiltrative neoplasia a highly unlikely differential diagnosis.

The most likely etiology for the hepatic nodules would be incidental nodular hyperplasia.

Further assessment that can be considered would be FNA cytology of the liver as well as the spleen to complete a metastatic screen for mast cell neoplasia.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the hepatopathy would be the use of Ursodiol with regular monitoring of liver enzyme activity.



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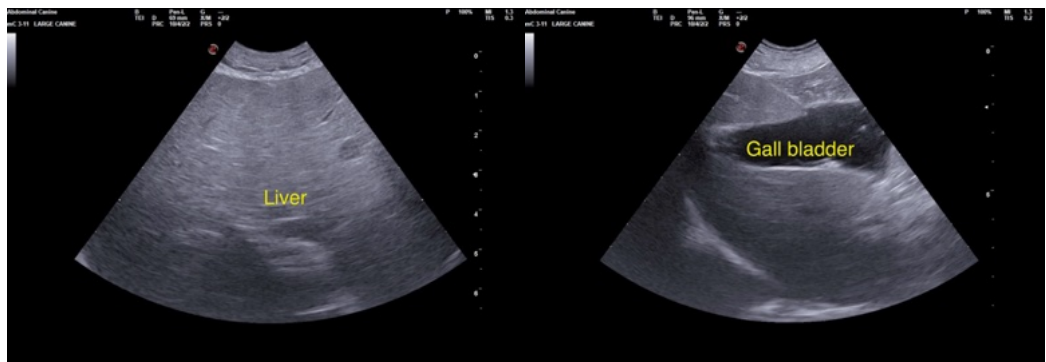
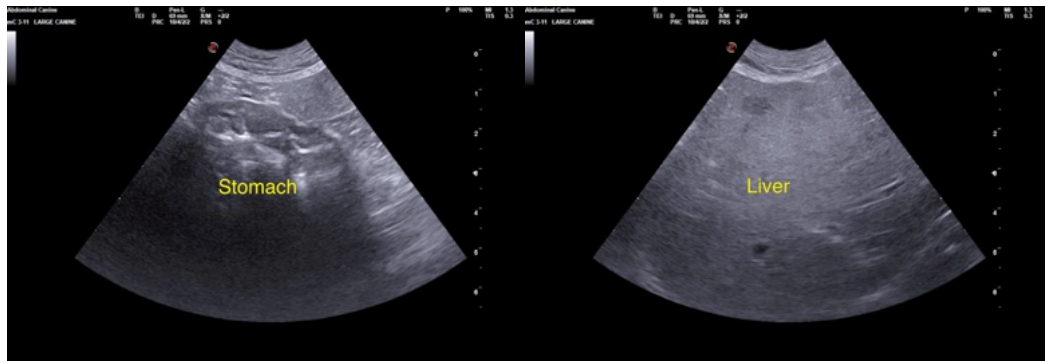
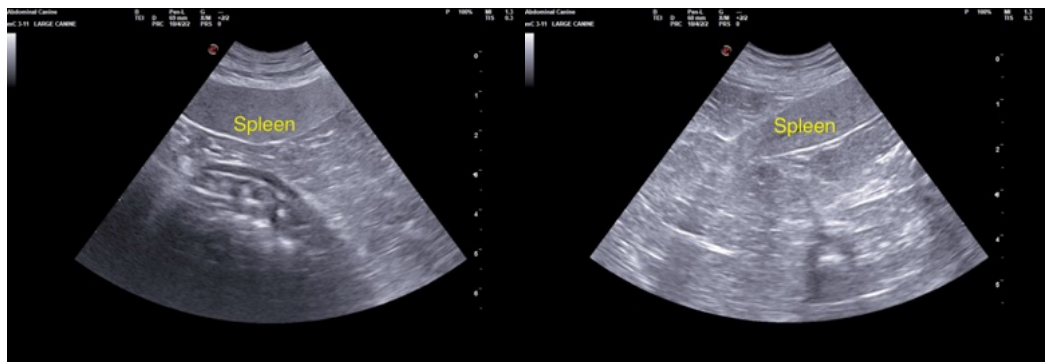
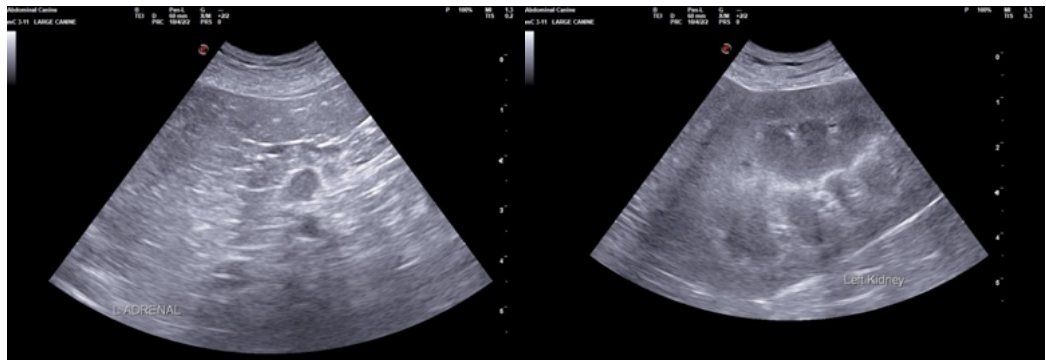
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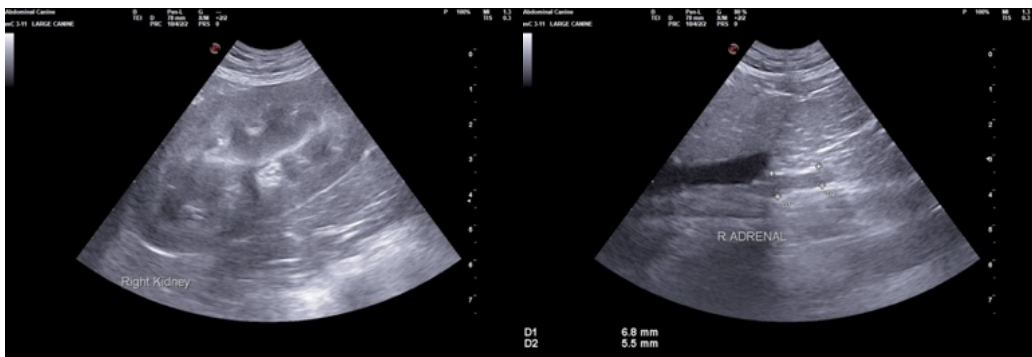
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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