

## PATIENT

Mia Smith

## SPECIES

Canine

## BREED

Stafford Terrier Mix

## SEX

Spayed female

## AGE

15 years

## WEIGHT

48 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Denise Bruno, LVT,  
RDMS

## HOSPITAL NAME

Kenilworth AH

## REFERRING VET

Dr. Mansour

## INVOICE

77700

## DATE

5/19/26

## PRESENTING CLINICAL SIGNS

History: Protein ^, Occult blood ^. Inflammation vs UTI, urinary accidents.  
Evaluate for neoplasia. Previous attached

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is small with a thickened and irregular appearance of the wall. The wall measured 0.52 cm. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area and iliac blood vessels. The proximal urethra measured 0.3 cm.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size, 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 in both kidneys. The left kidney measured 5.4 cm. The right kidney measured 5.6 cm.

### Adrenal Glands

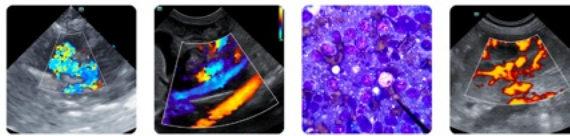
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Hyperechogenic parenchymal nodules are present in both cranial poles of the adrenal glands. The nodules measured 0.8 x 1.1 cm in size on the left and 0.9 x 1.3 cm on the right adrenal gland. The left adrenal gland measured 2.46 cm in length x 0.73 cm and 0.93 cm in width. The right adrenal gland measured 2.96 cm in length x 0.65 cm and 1.03 cm.

### 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 1.6 cm in width.

### Liver

Normal size with a diffuse, increased echogenic, coarse and nodular appearance, prominent portal markings, and regular curvilinear capsule. Nodules are diffuse, parenchymal, hypoechoic and small in size. Irregular, mottled echogenic mass is noted in the caudal aspect of the right lobe measuring 2.8 x 4.3 cm in size. Normal appearance of the hepatic and portal vasculature.



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***Gallbladder***

The gallbladder is small containing a moderate 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**

- Nodular hepatopathy.
- Hepatic mass.
- Bilateral adrenal nodules.
- Gallbladder sediment.
- Urinary bladder thickening.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

In comparison with the previous ultrasound, the appearance of the liver, urinary bladder thickening and adrenal nodules are similar. The splenic nodule evident on the previous ultrasound is not evident on this ultrasound. Ongoing gallbladder sediment is still present and the hepatic mass is a new finding.

The most likely etiology for the nodular hepatopathy would be nodular hyperplasia.

The most likely etiology for the adrenal nodule would be incidental, non-functional adenomas.

The gallbladder sediment can be considered an incidental finding.

Etiologies for the hepatic mass would be granuloma, emerging neoplasia, and possibly organized hematoma.



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Further assessment would be FNA cytology of the hepatic mass, tru cut or wedge biopsy may be required for a final etiological diagnosis.

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Further specific therapy would be dependent on an etiological diagnosis.

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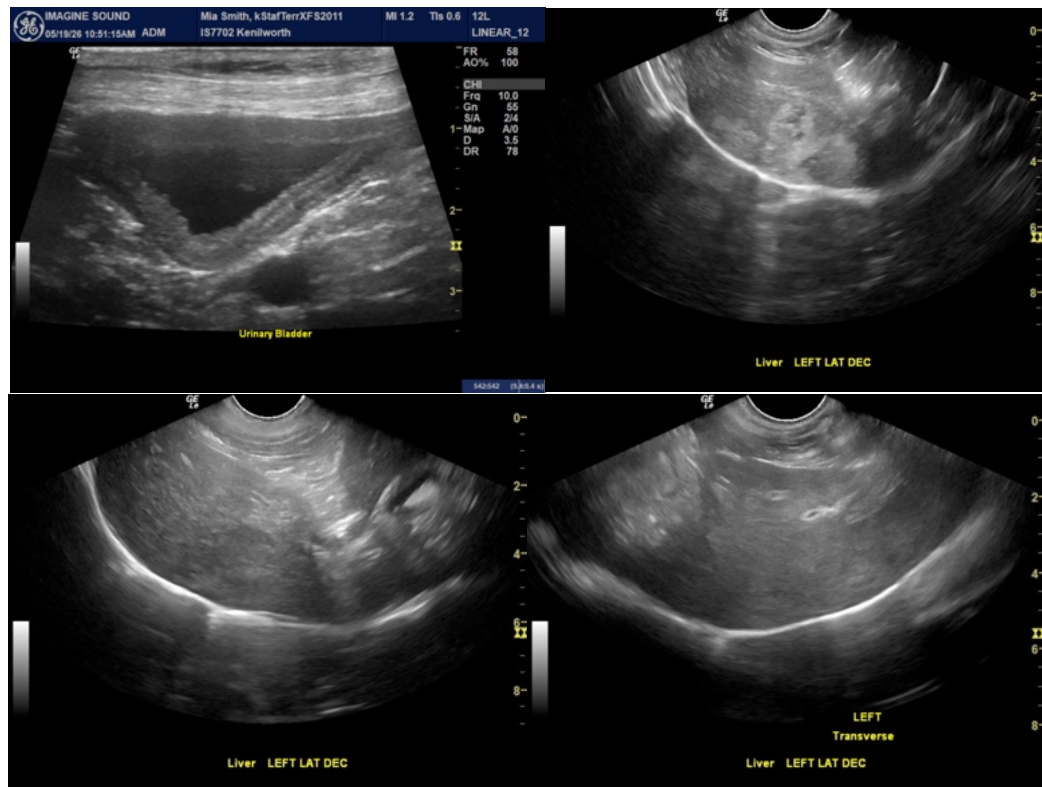
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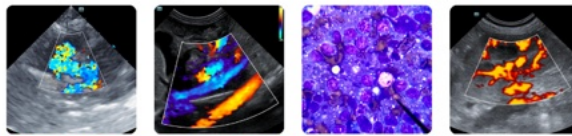
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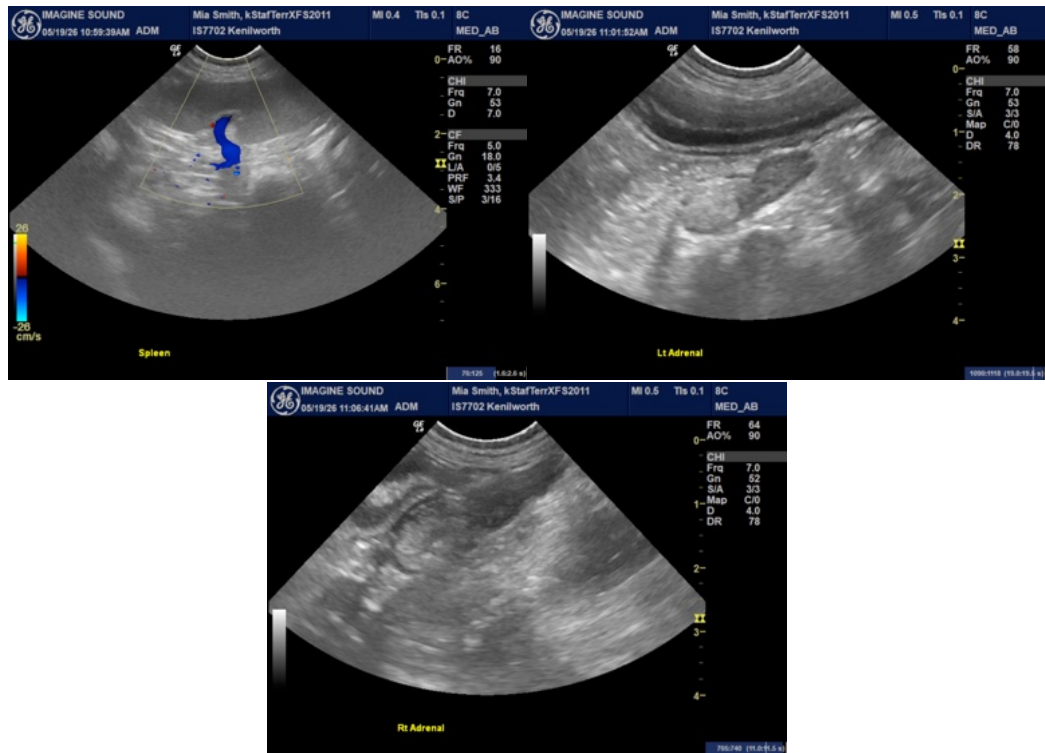
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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