



PATIENT

Mickey Hoffmann

SPECIES

Canine

BREED

Sheltie Mix

SEX

Neutered male

AGE

11 years

WEIGHT

22 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. Melissa Floyd

INVOICE

77961

DATE

5/26/26

PRESENTING CLINICAL SIGNS

History: Patient presented 5/11 for lethargy and inappetence, Owner reported vomiting and diarrhea as well. cPLI was abnormal. Labs sent out showed elevated ALP, Tbili, WBC, as well as anemia present.

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 evident. Few, small uroliths are present.

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 4.6 cm, right measured 4.5 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 is noted in both kidneys.

The prostate is small and hypoechogenic measuring 0.8 cm in width.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.46 cm in width. The right adrenal gland was 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. Incidental myelolipomas are present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.2 cm in width.

Liver

Normal size with a diffuse, mottled echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. No nodules evident. Focal, irregular, mottled echogenic mass is noted in the left lobe measuring 5.0 x 6.0 cm in size. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing a large 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. Fecal material was present in 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.

A small amount of ascites is present in the cranial abdomen especially around the liver lobes.

ULTRASONOGRAPHIC FINDINGS

- Hepatic mass.
- Hepatopathy.
- Gallbladder sediment.
- Ascites.
- Uroliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatic mass would be primary hepatocellular carcinoma with granuloma and hematoma a less likely differential diagnosis.

Etiologies for the hepatopathy would be reactive hyperplasia, nodular hyperplasia, vacuolar and metabolic with hepatitis an unlikely differential diagnosis.

The ascites can be ascribed as secondary to the hepatic mass. Although the gallbladder sediment is most likely an incidental finding, with the breed of dog, monitoring for the development of a mucocele would be recommended.

At this point the uroliths can be considered incidental findings.



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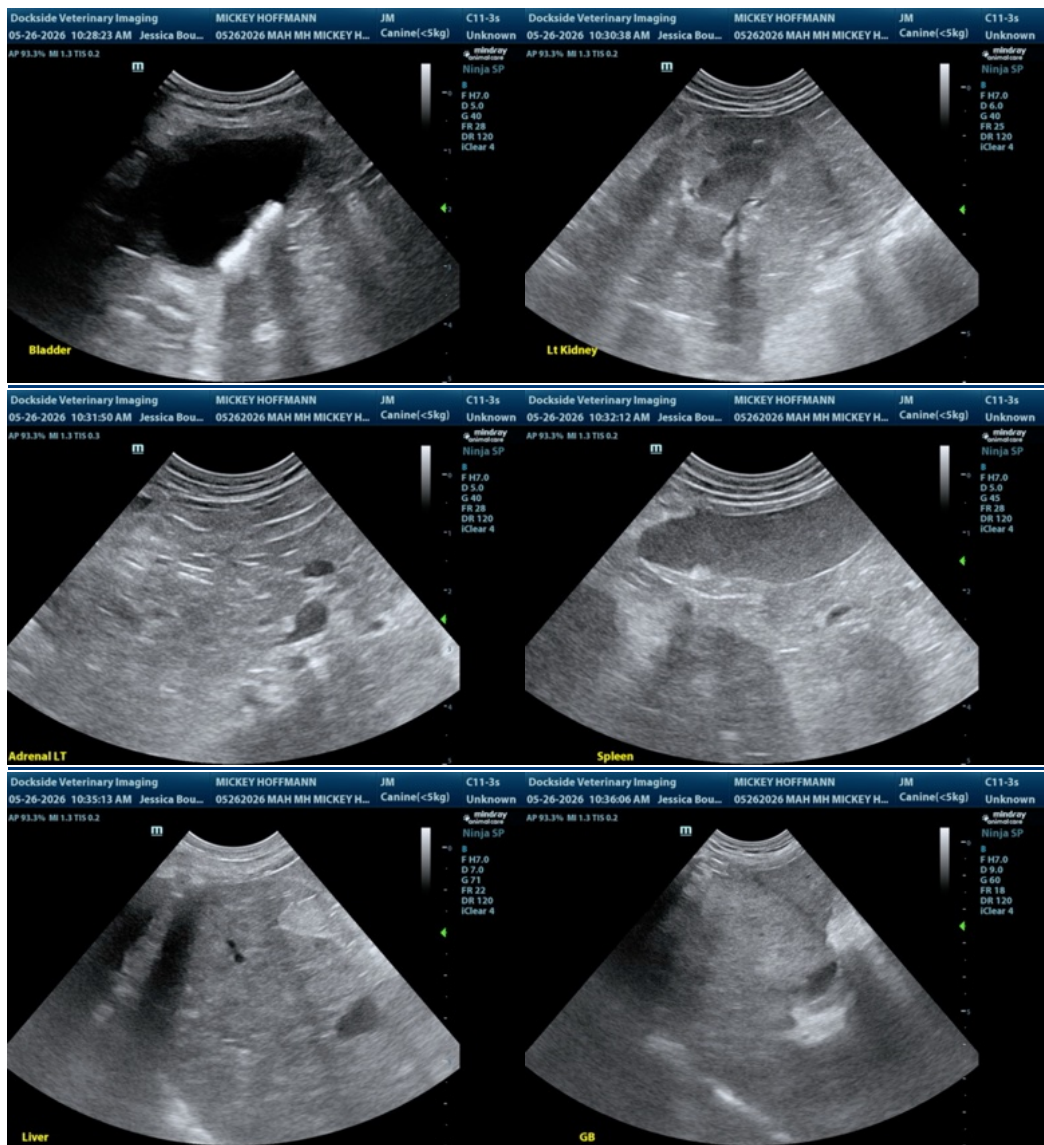
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Further assessment would be urinalysis, possibly urine culture, three view thoracic radiographs and FNA cytology of the hepatic mass and liver. A tru cut or wedge biopsy of both may be required for a final etiological diagnosis.

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

Specific therapy would be dependent on an etiological diagnosis.





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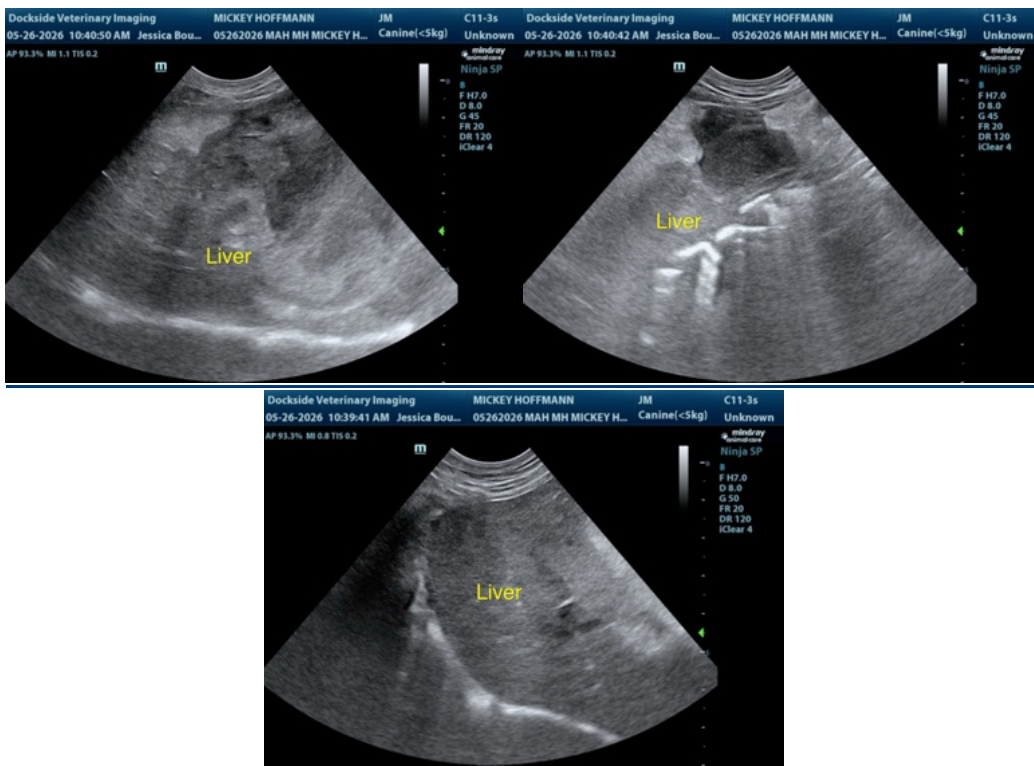
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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