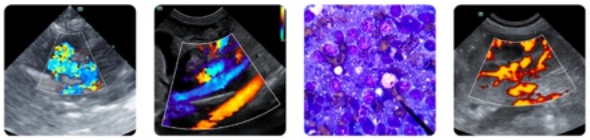




**PATIENT**

Addie Smith

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Spayed female

**AGE**

13 years

**WEIGHT**

20.3 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Patti Mayfield, DVM

**HOSPITAL NAME**

Sunriver VC

**REFERRING VET**

Dr. Kent

**INVOICE**

75266

**DATE**

5/6/26

## PRESENTING CLINICAL SIGNS

Patient presented for a progressive history of hyporexia in the last year and weight loss of 4.4 lbs since June 2025. P has been inappropriately urinating and defecating in the house, which O attributed to cognitive dysfunction. Two weeks ago, P had an episode of vomiting and diarrhea that resolved. P is frequently up pacing through the night.
PE findings: Moderate dental disease, 7 mm x 7mm right thoracic SQ mammary chain mass remainder WNL CBC: RBC 5.45, HBG 14.1, PLT 571, remainder WNL (HCT 41.2, RETIC 76, WBC 10.2, NEU 7.9, LYM 1.2, BAS 0.02) Chem: SDMA 18, ALT 122, AST 73, ALP 440, Chol 404 (GLU 97, CRE 1.3, BUN 31, Phos 5.4, Ca 9.9, Na 142, K 4.9, Cl 112, TP 6.7, ALB 3.0, GLOB 3.7, GGT 9, TBIL 0.1) UA: USG 1.012, pH 5.5, 2+ protein, Neg glucose, Neg Ket, Neg bacteria, 3+ calcium oxalate dihydrate UPC: 1.3 T4: 1.4 FECAL OPG: Negative

## 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.

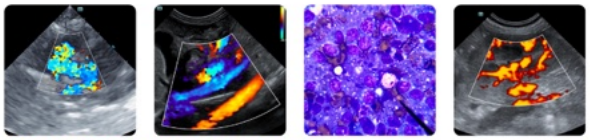
Normal renal size (left measured 4.9 cm, right measured 6.2 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, mild pyelectasia (left worst than right) and a regular curvilinear capsule. No infarcts, mineralization or renoliths evident.

### *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 1.88 cm in length x 0.5 cm and 0.46 cm in width. The right adrenal gland revealed a mottled echogenic, mass that measured 2.64 x 1.59 and 2.0 cm in size maintaining normal position and appearance of the visible peri-adrenal vasculature.

### *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. Small, focal, non-vascularized, hypoechogenic parenchymal nodule in the head of the spleen measuring 0.6 cm in size. The spleen measures 2.2 cm in width.





**PATIENT**

Addie Smith

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Spayed female

**AGE**

13 years

**WEIGHT**

20.3 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Patti Mayfield, DVM

**HOSPITAL NAME**

Sunriver VC

**REFERRING VET**

Dr. Kent

**INVOICE**

75266

**DATE**

5/6/26

### *Liver*

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules evident. Focal, irregular, hyperechogenic mass in the left lobe measuring 3.8 x 4.0 cm in size. Normal appearance of the hepatic and portal vasculature.

### *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.

### *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

- Right adrenal mass.
- Hepatic mass.
- Splenic nodule.
- Age related renal changes versus early chronic kidney disease.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the right adrenal mass would be non-functional carcinoma and pheochromocytoma.

Etiologies for the hepatic mass would be nodular hyperplasia, organized hematoma or granuloma and emerging hepatocellular carcinoma.

The most likely etiology for the splenic nodule would be incidental reactive hyperplasia/extramedullary hemopoiesis, hematoma or granuloma with emerging neoplasia an unlikely differential diagnosis.

**PATIENT**

Addie Smith

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Spayed female

**AGE**

13 years

**WEIGHT**

20.3 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Patti Mayfield, DVM

**HOSPITAL NAME**

Sunriver VC

**REFERRING VET**

Dr. Kent

**INVOICE**

75266

**DATE**

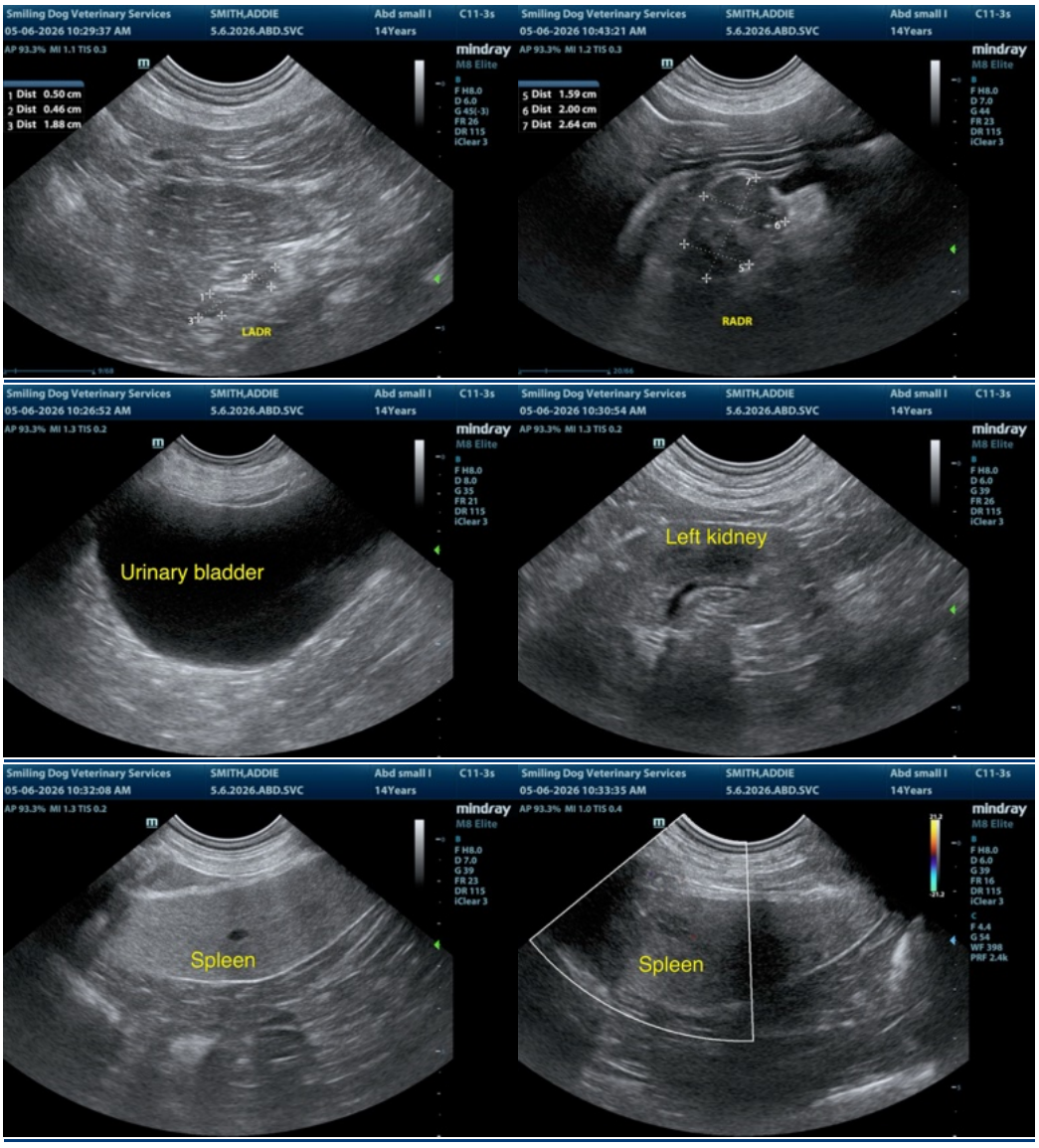
5/6/26

Further assessment of the right adrenal mass would be three view thoracic radiographs, urine/plasma catecholamine assay and possibly FNA cytology.

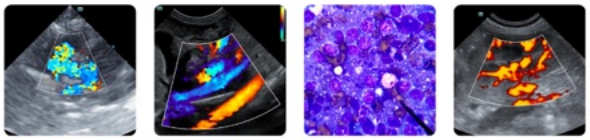
Further assessment of the hepatic mass would be FNA cytology. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

Ultrasound-guided monitoring of the splenic nodule would be recommended and if there is any progressive enlargement or bulging of the overlying capsule noted then splenectomy should be considered.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

**PATIENT**

Addie Smith

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Spayed female

**AGE**

13 years

**WEIGHT**

20.3 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Patti Mayfield, DVM

**HOSPITAL NAME**

Sunriver VC

**REFERRING VET**

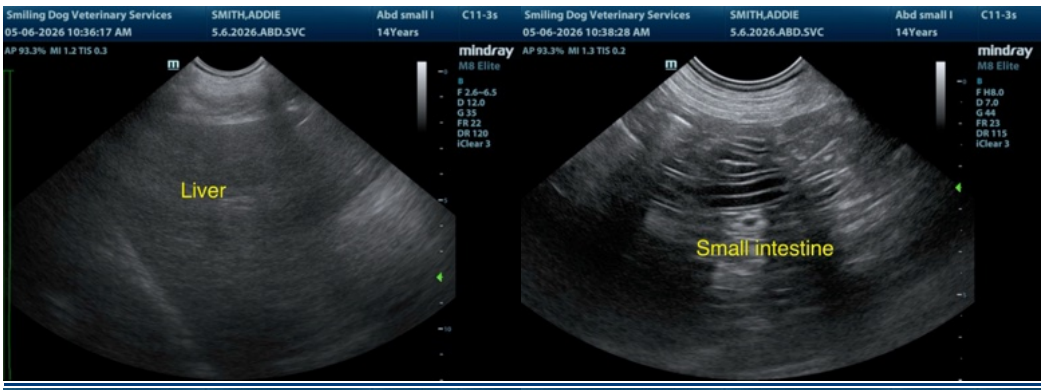
Dr. Kent

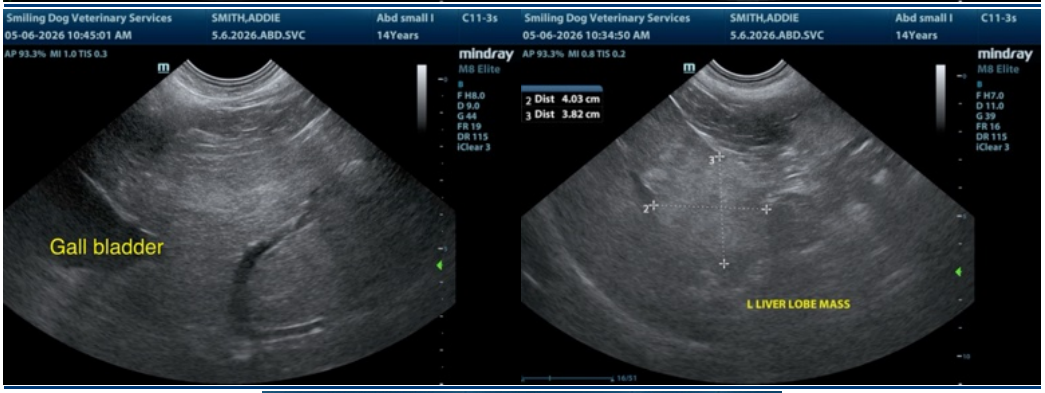
**INVOICE**

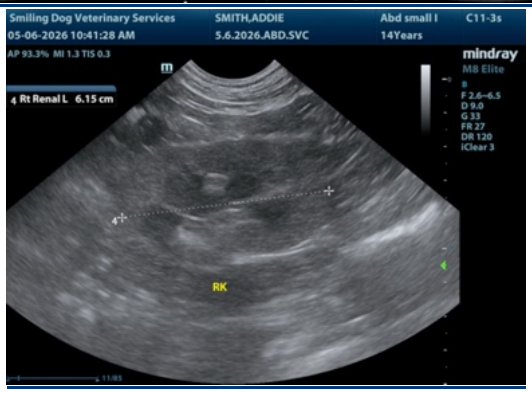
75266

**DATE**

5/6/26




**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