



PATIENT

Steve Thompson

SPECIES

Canine

BREED

Miniature Aussie

SEX

Neutered male

AGE

14 years

WEIGHT

15.9 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

75265

DATE

5/6/26

PRESENTING CLINICAL SIGNS

History: Recheck liver masses evaluated by oncologist on March 23rd.
12/16/24: Chem15: ALT - 147, ALP - 614 2/23/26: : Chem15: ALT 247, ALP 708, 3/11/26 (Sunriver): AUS performed by Dr. Mayfield which showed a smaller hepatic mass in left lobe (2.9x3.9cm); larger mass in right lobe (7.7x8cm); normal appearance of the hepatic and portal vasculature. No other apparent findings Past pertinent hx:-Liver lobectomy in May 2022 - 6cm ill-defined mass in left medial liver lobe that was draped over into the right side of abdomen; no masses in right liver. Resected without complication. Histopathology confirmed a benign hepatocellular adenoma, poorly delineated so margin assessment is difficult. AUS performed in Oct 2023 @ VRCCO (IM) for elevated liver enzymes, AUS did not show any recurrent masses; a small splenic nodule was found (8.7 mm)

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 5.2 cm, right measured 5.9 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.

The prostate is small and hypoechogenic.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.32 cm in length x 0.65 cm and 0.65 cm in width. The right adrenal gland measured 2.36 cm in length x 0.69 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 1.7 cm in width.

Liver

The liver revealed two hepatic masses are present. One mass was in the left lobe and measured 2.3 x 3.1 cm in size with an isoechoic appearance and bulging of the overlying capsule present. The other



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mass in the right lobe measured 6.6 x 6.7 cm in size with a mottled echogenic and irregular appearance. The rest of the liver is of normal size, maintaining a normal echogenic appearance, portal markings, and a regular curvilinear capsule. No nodules evident. 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

- Hepatic masses.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatic masses would be hepatocellular carcinoma, as with the previous diagnosis.

Further assessment that can be considered would be three view thoracic radiographs and FNA cytology of the masses.

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

Consultation with an oncologist would also be recommended.



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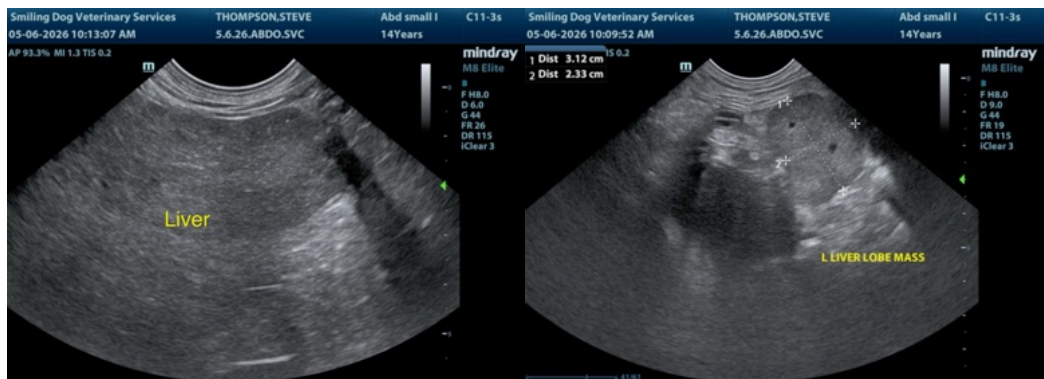
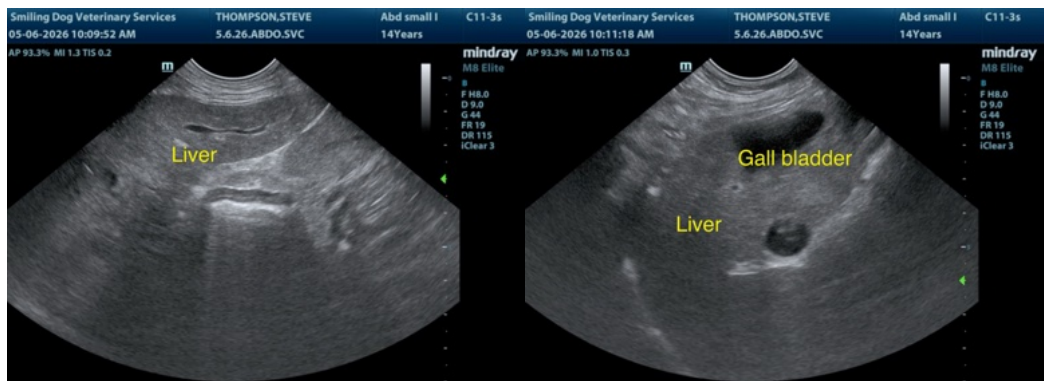
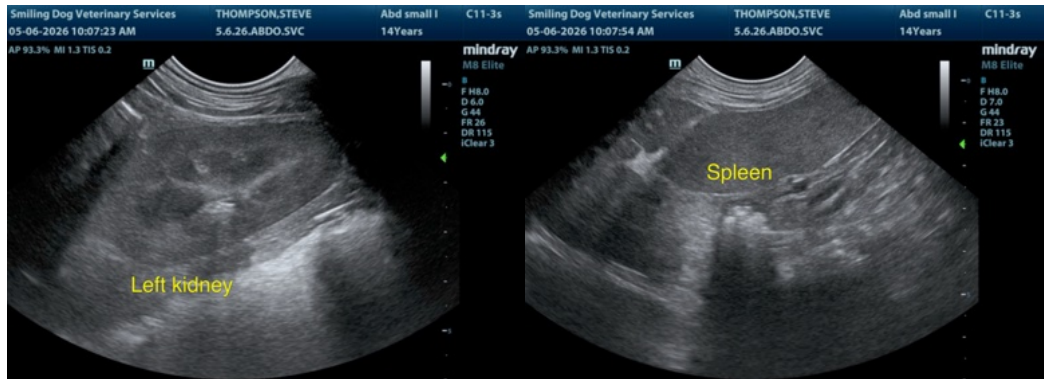
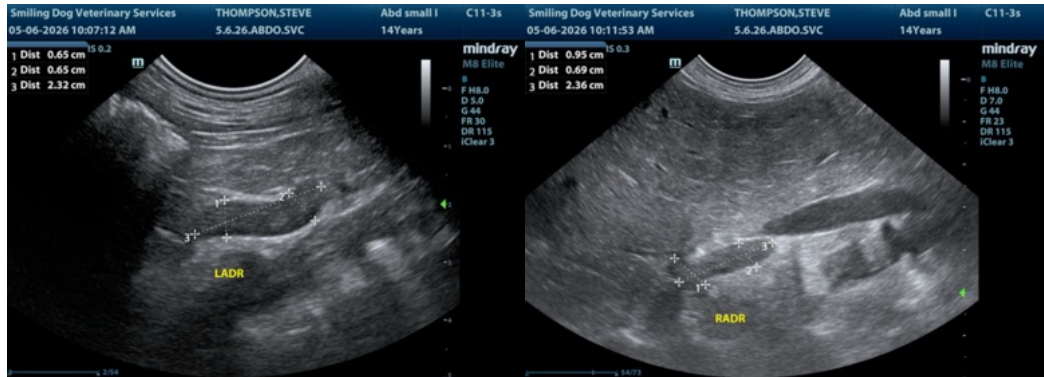
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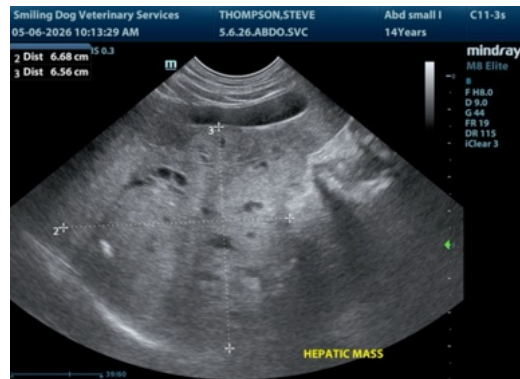
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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