



PATIENT

Willow Langley

PRESENTING CLINICAL SIGNS

History: P presented for annual exam and mass felt in abdomen. Rads- mass affect cranial abdomen.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Yorkie

Full urinary bladder with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment evident. Small urolith was noted, measuring approximately 0.1 cm. 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.

SEX

Spayed Female

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts or mineralization evident. A few small nonobstructive renoliths were present in both kidneys. Small bilateral cortical cysts were evident bilaterally. The left kidney measured 4.3 cm. The right kidney measured 4.2 cm. Normal color flow pattern evident in both kidneys.

AGE

12 Years 3 Months

Adrenal Glands

WEIGHT

13.6 Pounds

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 1.74 cm in length x 0.64 cm and 0.54 cm in width. The right adrenal gland measured 1.91 cm in length x 0.45 cm and 0.66 cm in width.

INTERPRETED BY

Remo Lobetti BVSc,
 MMedVet, PhD,
 DECVIM

Spleen

Normal size (1.2 cm in width) 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.

IMAGING

PERFORMED BY

Kathleen Byrnes

Liver

Normal size, echogenic appearance, portal markings, and a regular curvilinear capsule. A few small hypoechoic parenchymal nodules were evident. Large, irregular mottled echogenic mass was noted in the caudal aspect of the right lobe, measuring approximately 3.0 cm x 4.0 cm in size. Normal appearance of the hepatic and portal vasculature.

HOSPITAL NAME

AH of Boone

Gallbladder

REFERRING VET

Dr. Palmer

Full gallbladder, 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.

INVOICE

37010

Gastrointestinal

DATE

5/8/26

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



PATIENT

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.

Willow Langley

Free Abdomen

SPECIES

Normal mesenteric lymph nodes.

Canine

No ascites evident.

BREED

Enlarged hepatic lymph nodes, measuring up to 1.0 cm x 1.3 cm in size, with a hypoechogenic and cystic appearance, and a rounded shape.

Yorkie

Other

SEX

Normal appearance of the heart. No pleural or pericardial effusion evident.

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

- Hepatic mass
- Hepatic lymphadenomegaly
- Hepatic nodules
- Gallbladder sediment
- Urolith
- Renal cysts
- Renoliths

12 Years 3 Months

WEIGHT

13.6 Pounds

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatic mass would be neoplasia, such as primary hepatocellular carcinoma, with hematoma and granuloma less likely differential diagnoses.

IMAGING PERFORMED BY

Etiologies for the hepatic lymphadenomegaly would be reactive hyperplasia, infiltrative neoplasia and possibly lymphadenitis.

Kathleen Byrnes

The most likely etiology for the hepatic nodules would be incidental nodular hyperplasia. The urolith, renoliths, renal cysts and gallbladder sediment can all be considered incidental findings at this point.

HOSPITAL NAME

AH of Boone

Further assessment needs to be based on the pending results but may require a tru cut or wedge biopsy of the mass for a final etiological diagnosis.

REFERRING VET

Dr. Palmer

FNA cytology of the hepatic lymph nodes could also be considered.

Specific therapy would be dependent on an etiological diagnosis.

INVOICE

If surgery has been contemplated for the hepatic mass, then a CT scan would be recommended.

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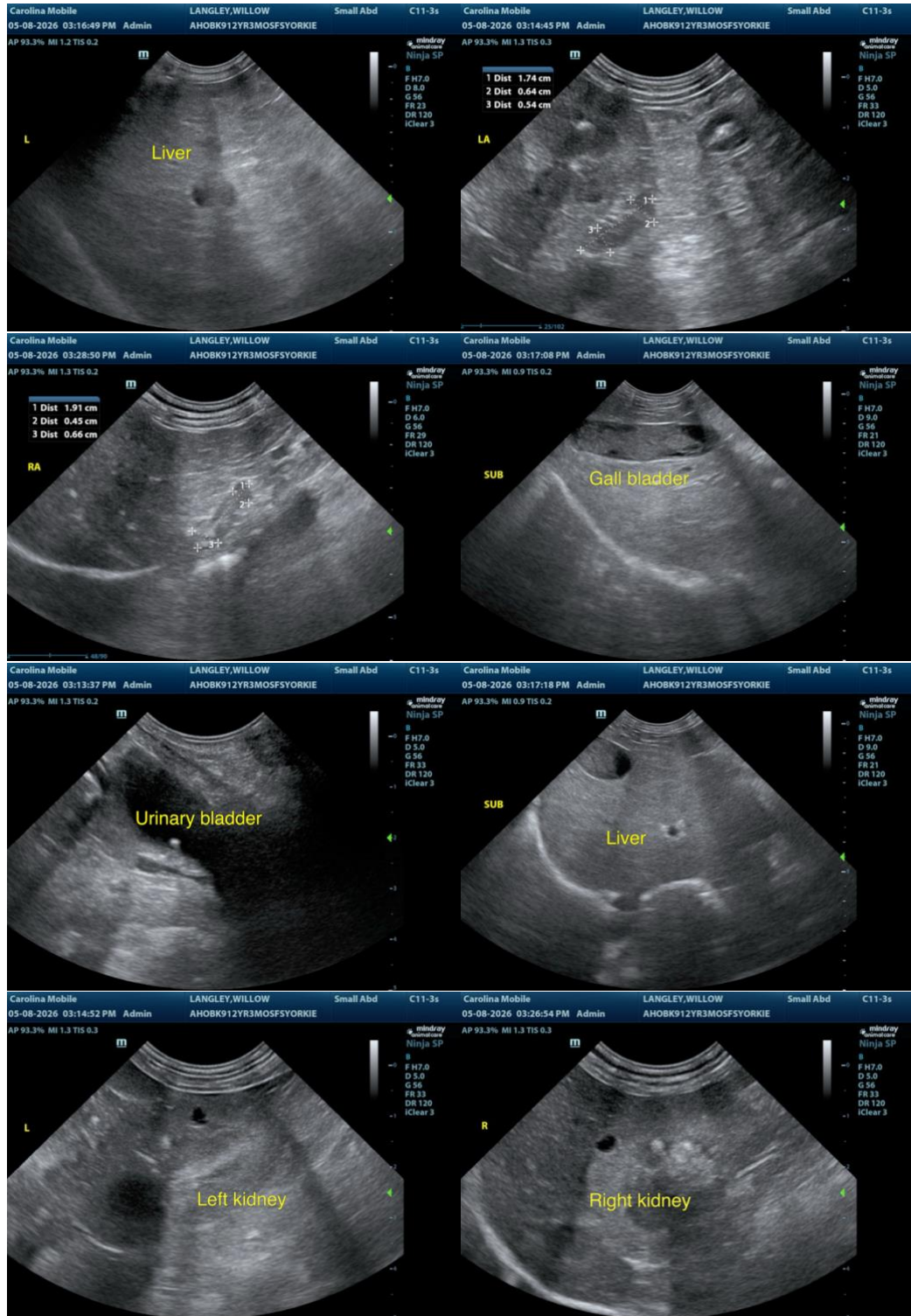
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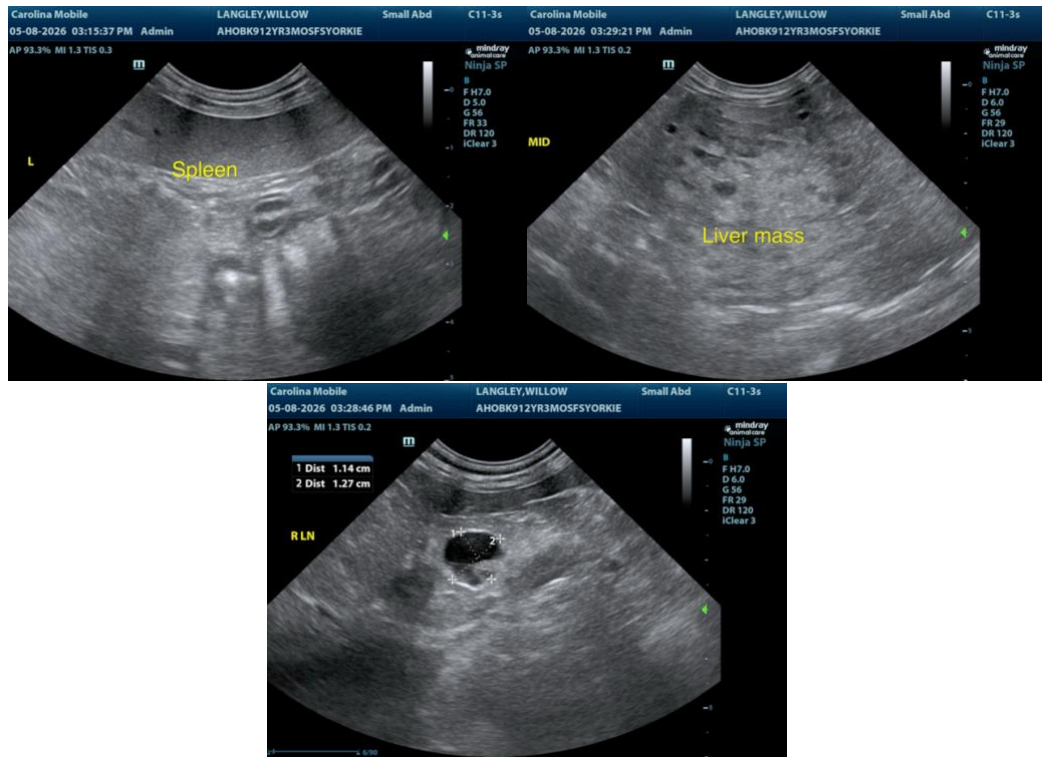
Dr. Palmer

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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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