



PATIENT

Riki Critelli

SPECIES

Canine

BREED

Miniature Pinscher Mix

SEX

Neutered male

AGE

9 years

WEIGHT

18 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. Casey

INVOICE

78216

DATE

6/1/26

PRESENTING CLINICAL SIGNS

History: Suggested hepatomegaly noted on recent radiographs. Also, Grade III-IV/VI systolic murmur, louder on left, no arrhythmia reported (echo performed concurrent with abdominal scan).
Abnormal PE/Chem/CBC/UA Results: See recent labwork and attached history (CBC elevated plts, chem wnl, u/a: USG 1.048, no urine protein)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A scant amount of floating hyperechogenic sediment.

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 4.4 cm, right measured 4.4 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 evident.

The prostate is small and hypoechogenic measuring 0.9 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.58 cm in length x 0.49 cm and 0.46 cm in width. The right adrenal gland measured 0.44 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 1.5 cm in width.

Liver

Normal size with a diffuse increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. Focal, mottled echogenic parenchymal nodule in the left lobe measuring 0.6 x 1.1 cm in size. No additional nodules or masses evident. Normal appearance of the hepatic and portal vasculature. FNA was taken of the liver.



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Gallbladder

The gallbladder is full containing normal anechoic bile. Few, small incidental choleliths are present. 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. Small amount of ingesta is present in the stomach compatible with a recent meal.

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

- Hepatopathy.
- Hepatic nodule.
- Choleliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia a highly unlikely differential diagnosis.

The most likely etiology for the hepatic nodule would be incidental nodular hyperplasia with organized granuloma and hematoma a possible differential diagnosis.

The choleliths can be considered incidental findings.

Further assessment and therapy needs to be based on the pending results.



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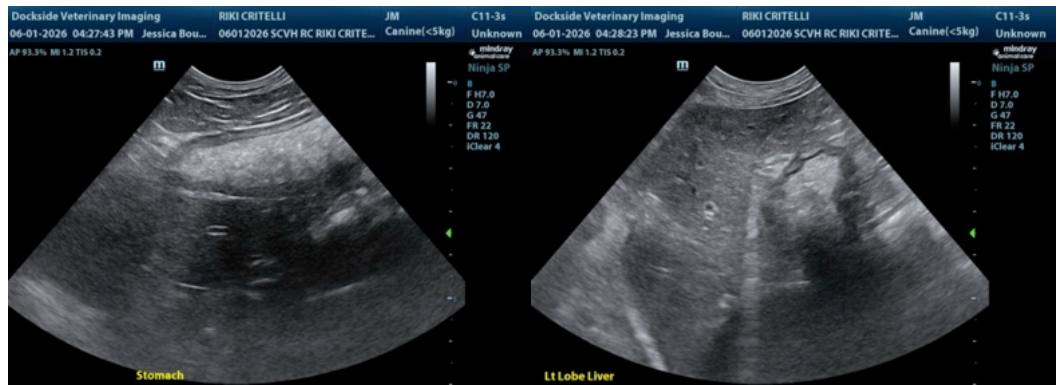
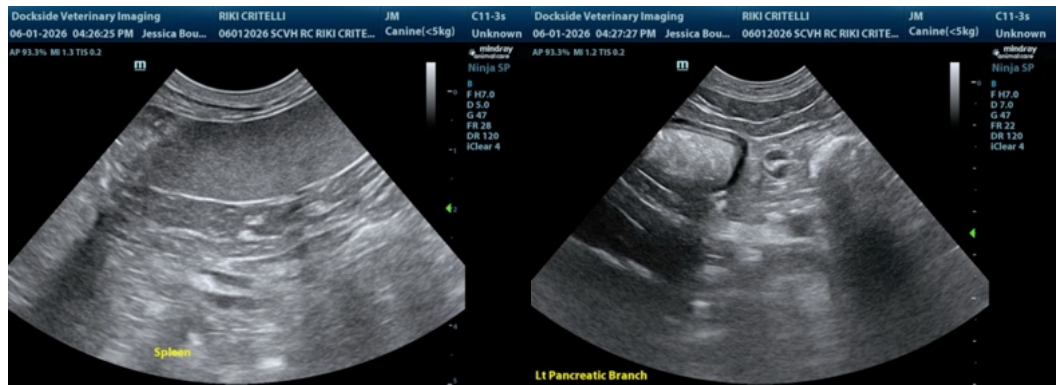
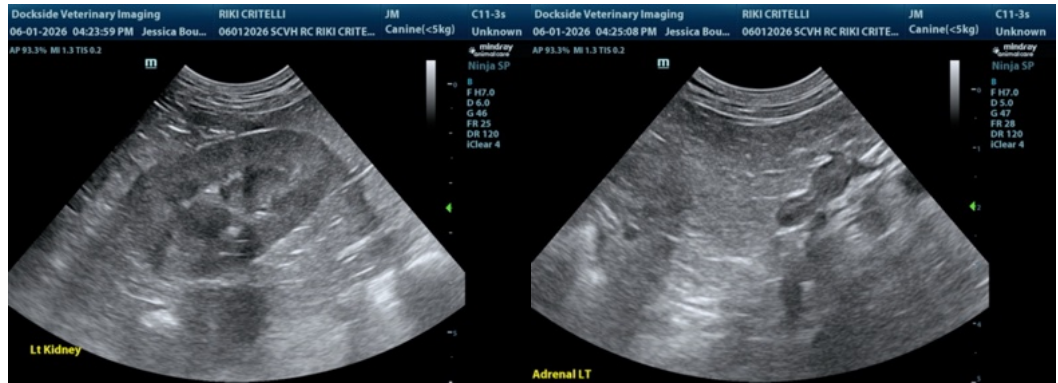
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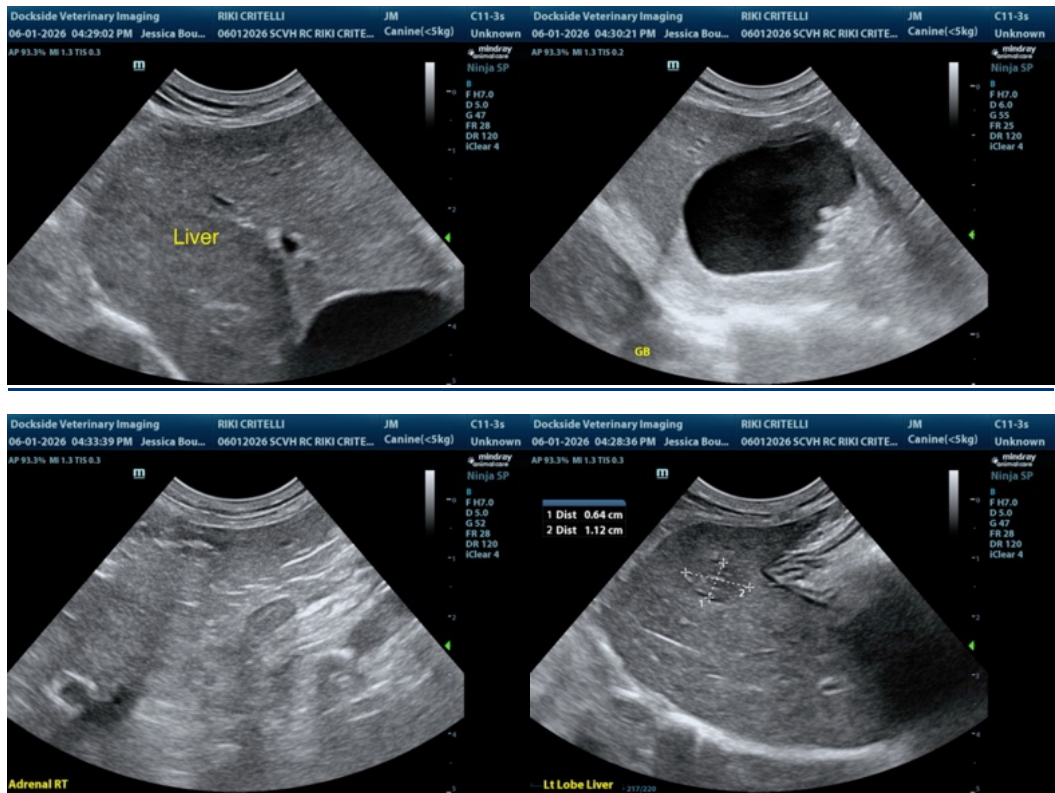
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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