



PATIENT

Cooper Eckhardt

SPECIES

Canine

BREED

Doodle

SEX

Neutered male

AGE

12 years

WEIGHT

37 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Sondel

INVOICE

78282

DATE

6/2/26

PRESENTING CLINICAL SIGNS

History: Geriatric canine. Hx of increased hepatic enzymes.
Looking for possible abdominal mass/pathology

Abnormal PE/Chem/CBC/UA Results: ALT= 326 Alk phos= 175 GGT=26

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Focal, irregular, hyperechogenic nodule/small mass on the dorsal wall towards the apical wall measuring 0.9 x 1.6 cm in size with minimal color flow pattern evident. 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 5.7 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 0.64 cm and 0.65 cm in width. The right adrenal gland measured 0.45 cm and 0.59 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 2.0 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Focal, hyperechogenic, parenchymal nodule in the right lobe measuring 1.5 x 1.8 cm in size. No additional nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing a moderate amount of adhered and non-adhered, hyperechogenic and hypoechogenic sediment with the adhered sediment arranged in a stellate pattern. 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. The duodenum measured 0.47 cm, small intestine measured up to 0.38 cm.

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

- Mucocele.
- Urinary bladder mass.
- Hepatic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the urinary bladder mass would be granuloma and emerging neoplasia.

The most likely etiology for the hepatic nodule would be incidental nodular hyperplasia.

Further assessment of the urinary bladder mass would be urinalysis, BRAF analysis and/or catheter assisted aspirate/biopsy for cytology and histopathology.

As the urinary bladder mass is towards the apical wall, surgical resection can be considered.

Management of the mucocele would either be cholecystectomy or the use of Ursodiol with regular monitoring of liver enzyme activity as well as ultrasound.



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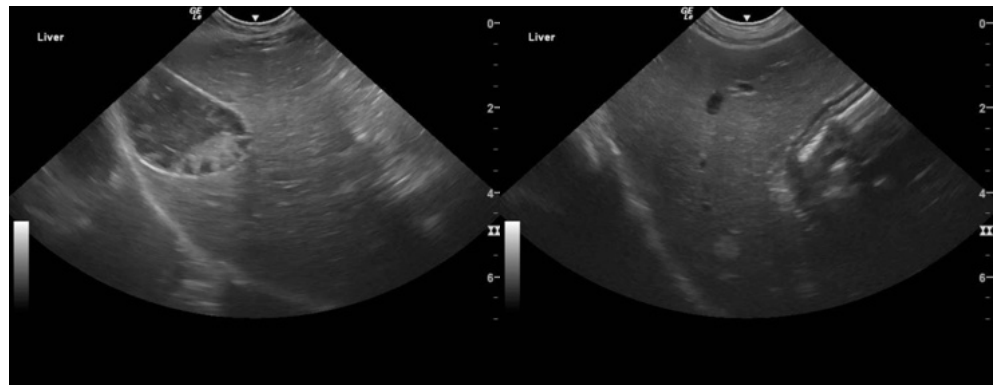
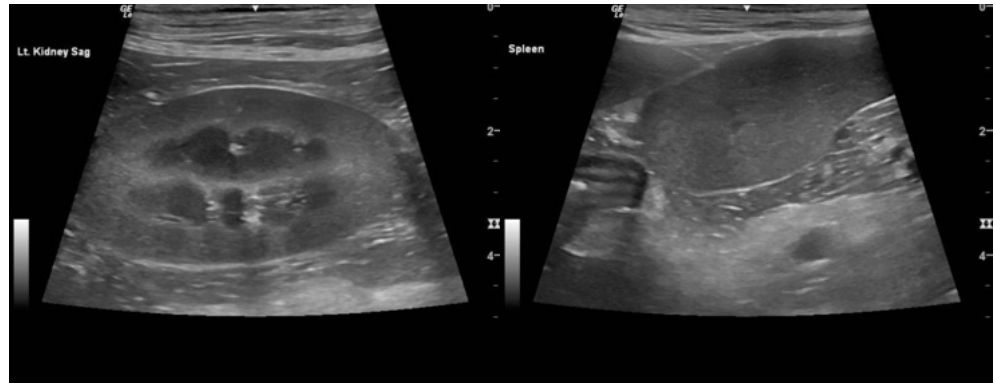
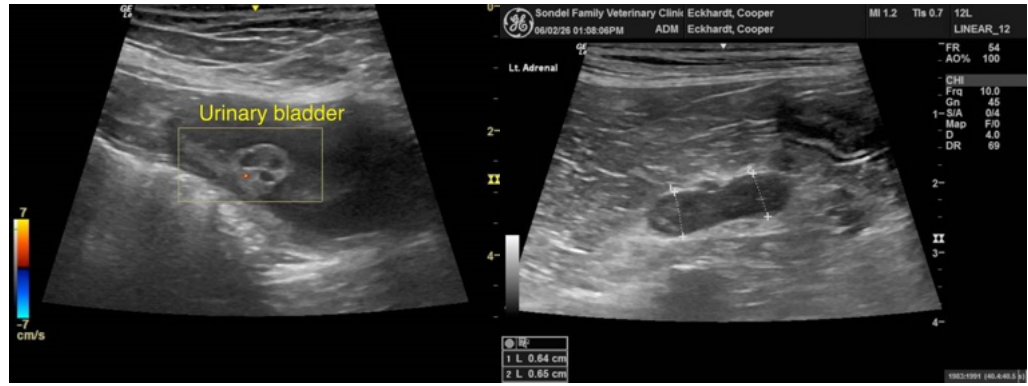
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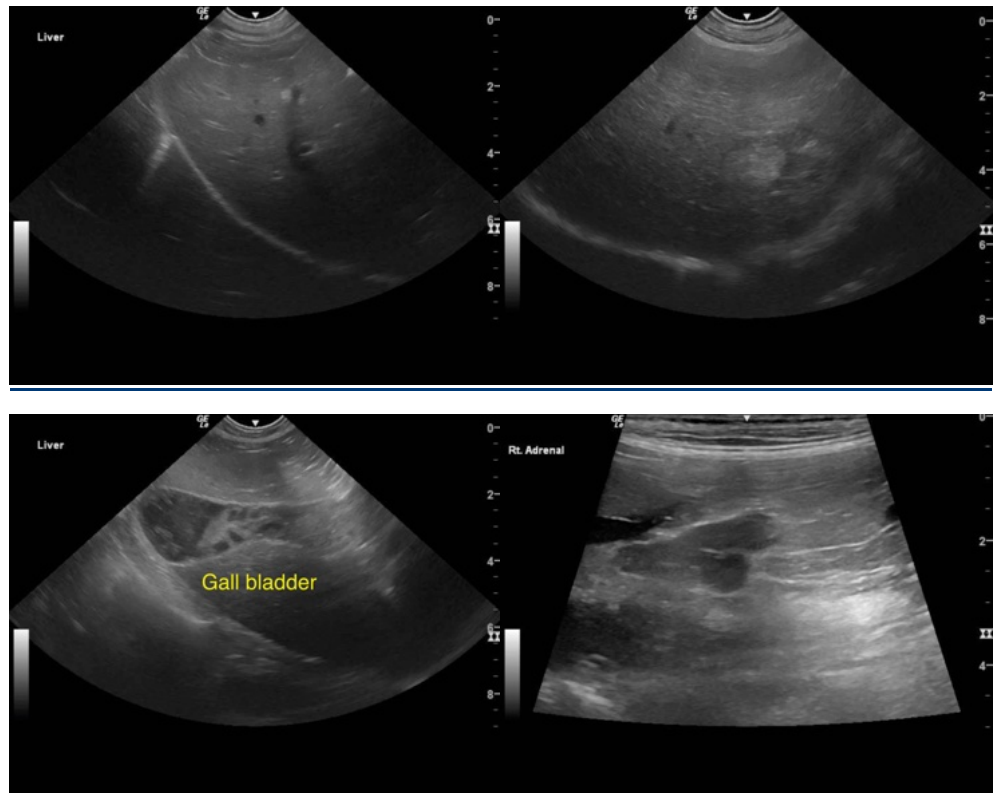
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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