



PATIENT

Thor Kans

SPECIES

Canine

BREED

Staffie

SEX

Neutered male

AGE

14 years

WEIGHT

70.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Eldred

INVOICE

68635

DATE

11/13/25

PRESENTING CLINICAL SIGNS

History: P presented for US due to hind end weakness, painful in abdomen, whining overnight and bloodwork abnormalities.

ALKP 255, ALT 241, BUN 107, Ca 11.8, Chol 326, Crea 1.8,

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 present. Small, urolith is evident and measured 1.1 cm in size.

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 6.2 cm, right measured 7.1 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. Incidental, small, cortical cysts are present in the caudal pole of the left kidney measuring 0.8 cm in size. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

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 3.36 cm in length x 0.65 cm and 0.6 cm in width. The right adrenal gland measured 3.26 cm in length x 0.66 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

A circumscribed, hyperechogenic parenchymal mass in the cranial aspect of the right lobe measuring 4.5 x 5.0 cm in size. The rest of the liver is of normal size, maintaining a normal echogenic appearance, normal portal markings, and regular curvilinear capsule. No nodules or additional masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing a moderate amount of hyperechogenic, non-adhered sediment. 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. A moderate amount of ingesta was 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.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Hepatic mass.
- Urolith.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Both the gallbladder sediment and the urolith can be considered incidental findings at this point in time.

Further assessment and therapy needs to be based on the pending cytology results, but could include three view thoracic radiographs.

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



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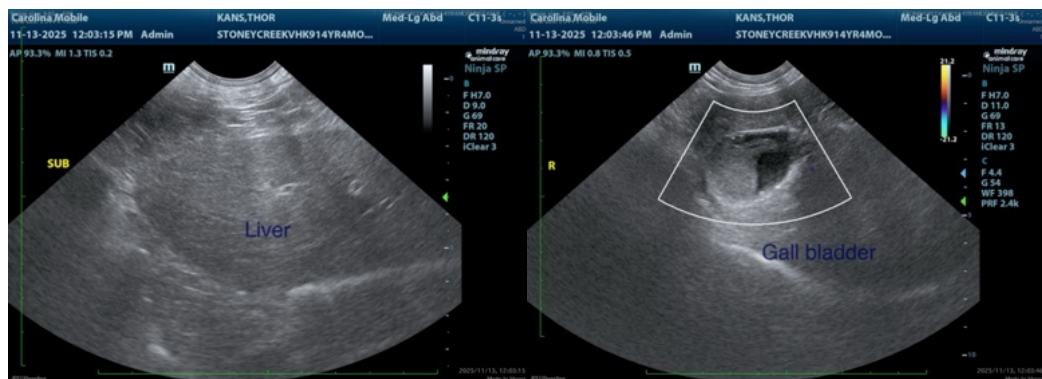
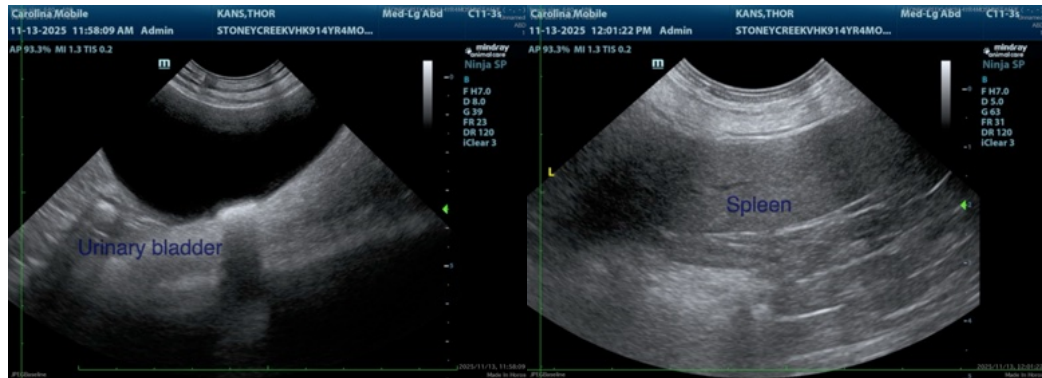
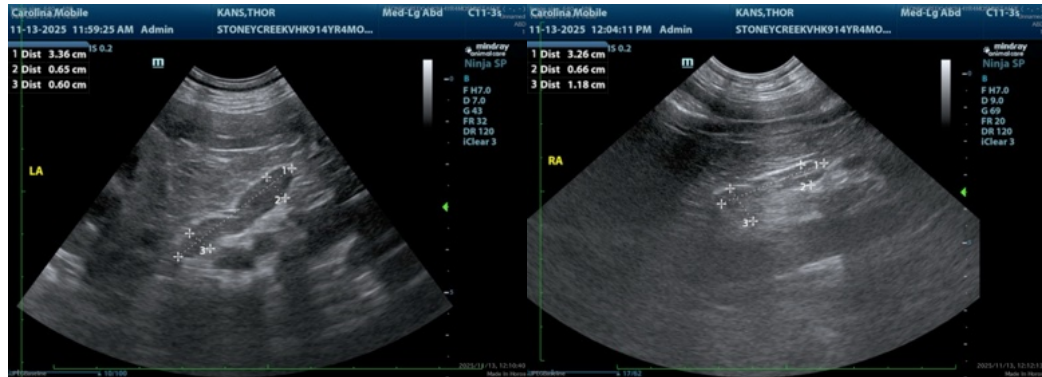
Dr. Eldred

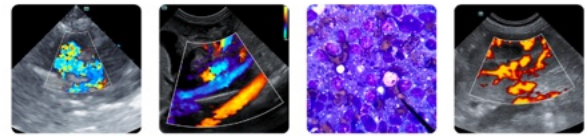
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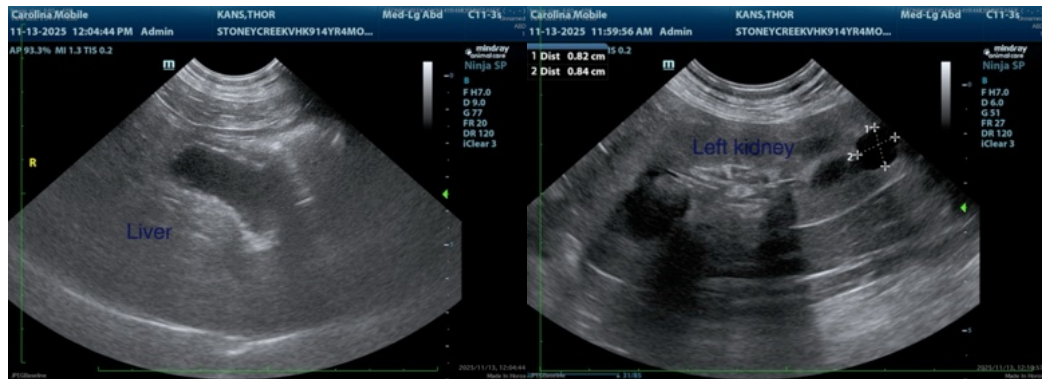
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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