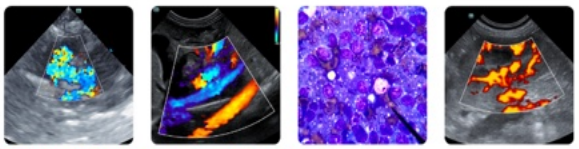


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Charlie Morgan

SPECIES

Canine

BREED

Doodle

SEX

Spayed female

AGE

9 years

WEIGHT

28.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

East Plains AH

REFERRING VET

Dr. Loh

INVOICE

73837

DATE

3/26/26

PRESENTING CLINICAL SIGNS

- Charlie was presented for intermittent diarrhea for the past 2 months. No other signs of vomiting or appetite changes. Physical exam was unremarkable and vital signs were within normal range. Laboratory testing was done and number of changes noted on the blood profile indication an inflammatory process likely associated with the intestinal tract.
- Current Medications
- GI supplements -Entero-Aid and Proviable probiotics.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 6.9 cm, right measured 6.6 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 in both kidneys.

Adrenal Glands

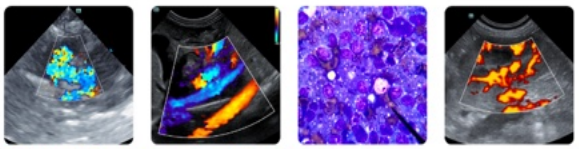
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 3.21 cm in length x 0.59 cm and 0.78 cm in width. The right adrenal gland measured 3.63 cm in length x 0.68 cm in width.

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 2.1 cm in width.

Liver

Large, hyperechogenic, poorly vascularized mass in the left lobe measuring 8.0 x 9.0 cm in size. The rest of the liver is of normal size, maintaining a normal echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is small 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 mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatic mass would be neoplasia with granuloma and hematoma an unlikely differential diagnosis.

Although the intermittent diarrhea could be ascribed to the hepatic mass, an underlying gastroenteropathy such as parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease should still be considered.

Further assessment would be three view thoracic radiographs and FNA cytology of the mass. A tru cut or wedge biopsy of the mass may be required for a final etiological diagnosis.

Further assessment of the enteropathy would be fecal analysis, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

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

Specific therapy would be dependent on an etiological diagnosis.

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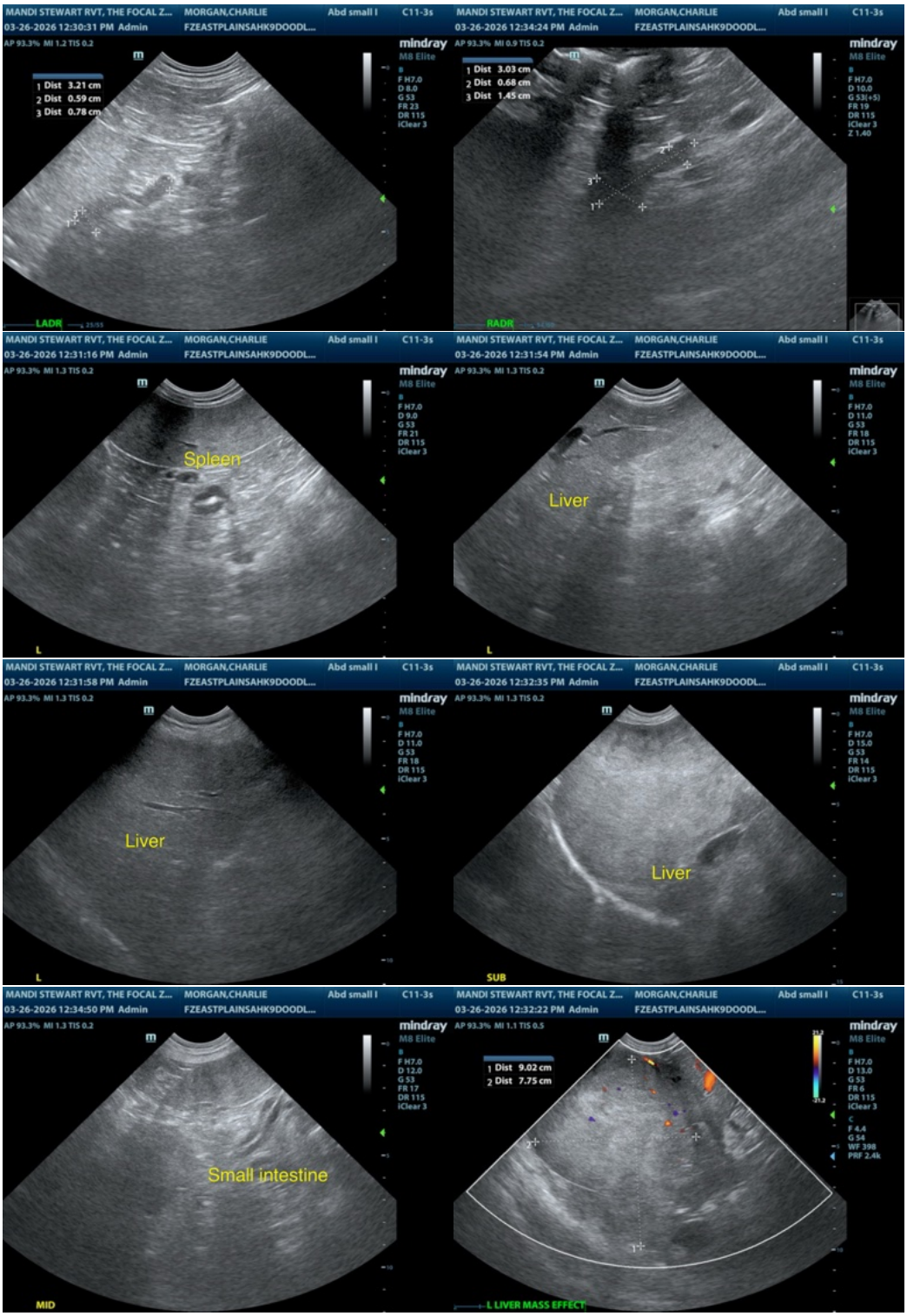

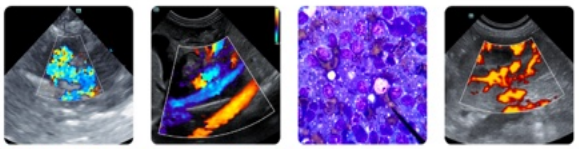

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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