



**PATIENT**

Rosie Haverstick

**SPECIES**

Canine

**BREED**

Sheepdog Mix

**SEX**

Spayed female

**AGE**

10 years

**WEIGHT**

78 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Ken Leal

**HOSPITAL NAME**

Millburn VH

**REFERRING VET**

Dr. Mosquera

**INVOICE**

69913

**DATE**

1/7/26

**PRESENTING CLINICAL SIGNS**

History: Acute lethargy yesterday after owner gave Incurring Possibly firm right cranial abdomen today, non painful Medications : Incurring (discontinued for now  
Abnormal PE/Chem/CBC/UA Results: ALT = 147 Urinalysis: WBC = 10-15, rare cocci (free catch)  
Specific gravity = 1.020

**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 6.2 cm, right measured 4.9 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. 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 2.64 cm in length x 0.5 cm and 0.45 cm in width. The right adrenal gland measured 3.48 cm in length x 0.4 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 2.9 cm in width.

**Liver**

Large, irregular, mottled echogenic, non-vascularized cystic mass in the caudal aspect of the left lobe with bulging of the overlying capsule evident. The mass measures 5.1 x 5.2 cm in size. The rest of the liver is of normal size, maintaining normal echogenic appearance, 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 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. Fecal material is present in the colon.

**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.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology for the hepatic mass would be primary hepatocellular carcinoma, hemangiosarcoma or hemangioma. Hematoma and granuloma highly unlikely differential diagnosis.

Further assessment would be three view thoracic radiographs and possibly FNA cytology of the mass. If surgery is being contemplated for the mass then a CT scan would be recommended.



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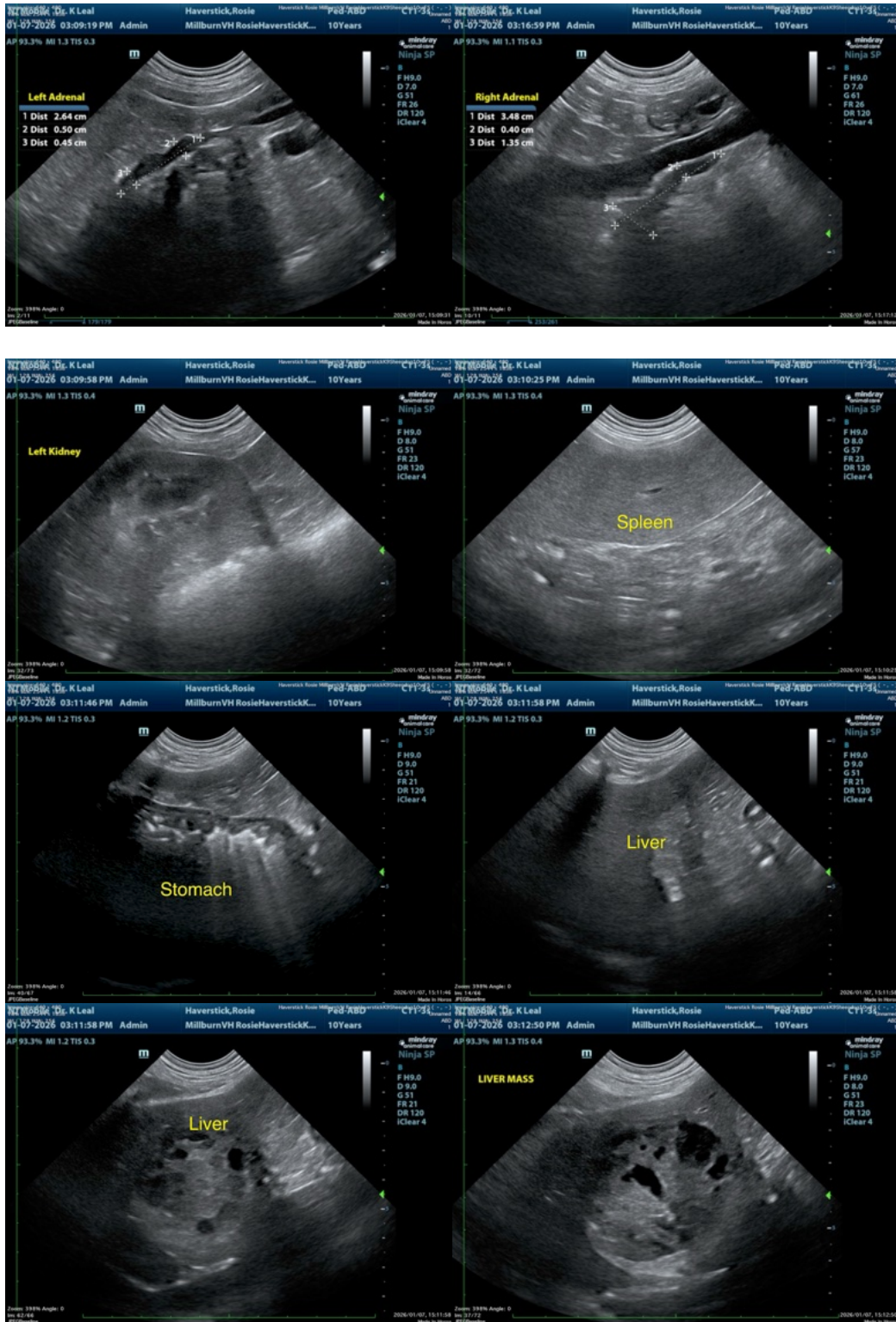
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)