



PATIENT **PRESENTING CLINICAL SIGNS**

Wally Dailey History: Decreased appetite, lethargy, elev. ALT ALP and CPL(slight)
Abnormal PE/Chem/CBC/UA Results: alt-340 alp-1497 chol-360 cpl-205

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Mix

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

SEX

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Neutered male

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

AGE

10 years

Normal renal size (left measured 4.2 cm, right measured 4.8 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.

WEIGHT

18 lbs

The prostate is small and hypoechogetic.

INTERPRETED BY

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

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.66 cm in length x 0.52 cm and 0.52 cm in width. The right adrenal gland measured 1.66 cm in length x 0.61 cm and 0.42 cm in width.

IMAGING PERFORMED BY

Kerri Becker

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. Mottled echogenic and poorly vascularized mass in the head of the spleen with bulging of the overlying capsule present measuring 1.4 x 1.5 cm in size. The spleen measures 1.2 cm in width.

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr. Shiffman

Liver

INVOICE

77762

Normal size with a diffuse increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. Few, small, hypoechogetic parenchymal nodules measuring 0.7 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.

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5/20/26



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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.

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

- Splenic mass.
- Hepatopathy.
- Hepatic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely etiologies for the splenic mass would be neoplasia, granuloma and hematoma.

Etiologies for the hepatopathy would be reactive hyperplasia, nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia an unlikely differential diagnosis.

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

Further assessment would be three view thoracic radiographs and FNA cytology of the liver and possibly the splenic mass.



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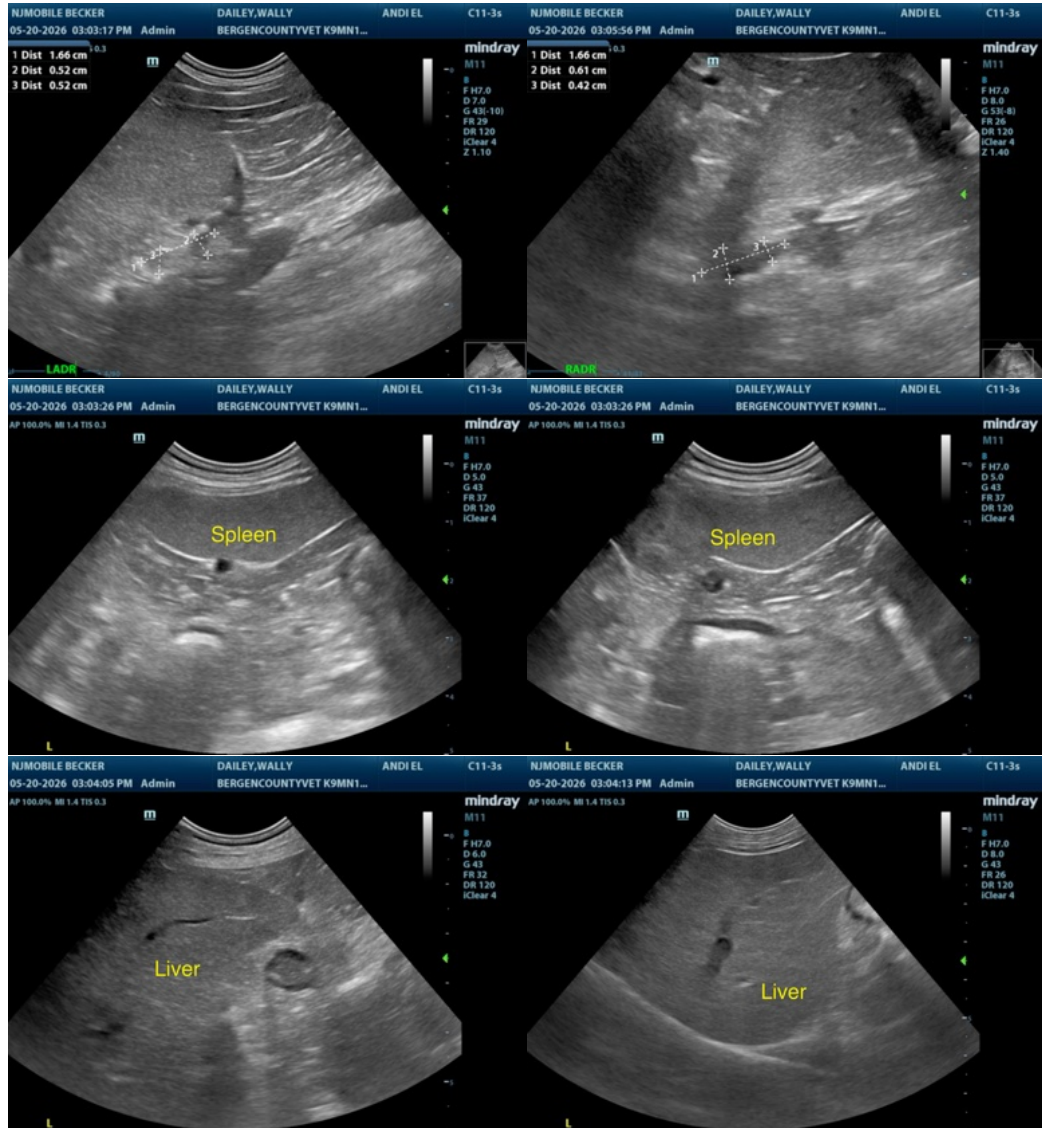
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A tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis as there is bulging of the overlying capsule, splenectomy should be considered with further specific therapy dependent on an etiological diagnosis.

Symptomatic management of the hepatopathy that could be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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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