



PATIENT

Bunny Ostroff

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed female

AGE

8 years

WEIGHT

50.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Emilia Monachino

HOSPITAL NAME

Finger Lakes AH

REFERRING VET

Dr. Monachino

INVOICE

70081

DATE

1/13/26

PRESENTING CLINICAL SIGNS

History: Recent polyuria/ polydipsia. Intermittent bloody diarrhea. Abdominal distention that has been worsening over the past month. Cranial abdominal organomegaly suspected on palpation. Abnormal PE/Chem/CBC/UA Results: UA = SG 1.005, pH 7, proteinuria, pyuria and hematuria and cocci present on sediment, consistent w/ UTI. CBC - WNL; Chemistry/T4/ baseline Cortisol = inc ALK P 565 U/L, (5 - 160) U/L, TT4 0.8 ug/dL (1-4) - suspect euthyroid sick; normal Cortisol 4.46 ug/dL. Radiographs performed- CONCLUSIONS: 1. The nodular structure seen on the right lateral projection in the cranial to mid ventral thorax is concerning for a pulmonary nodule although superposition of regional structures cannot be excluded. 2. The cranial to mid ventral abdominal mass may be arising from the spleen or liver. Other less likely considerations for organ of origin may include the mesentery, regional lymph nodes, or less likely the gastrointestinal tract or pancreas. 3. Mild generalized hepatomegaly

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 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 7.1 cm, right measured 6.4 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

The left adrenal gland was enlarged, but maintained normal shape, echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 3.35 cm in length x 1.3 cm and 1.34 cm in width.

The right adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The right adrenal gland measured 3.2 cm in length x 0.64 cm and 0.92 cm in width.

Spleen

A large, irregular, mottled echogenic, non-vascularized mass in the head of the spleen measuring 5.0 x 8.0 cm in size. The rest of the spleen is of normal size (1.8 cm in width) maintaining a normal echogenic appearance, smooth homogenous parenchyma and a regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.



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Liver

The liver was enlarged with rounded edges, diffuse, increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

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 measuring up to 0.6 cm in width.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Hepatopathy.
- Left adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenic mass would be neoplasia with granuloma and hematoma a less likely differential diagnosis.

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

Etiologies for the left adrenomegaly would be reactive hyperplasia, disease, stress and possibly emerging pituitary dependent Cushing's disease.



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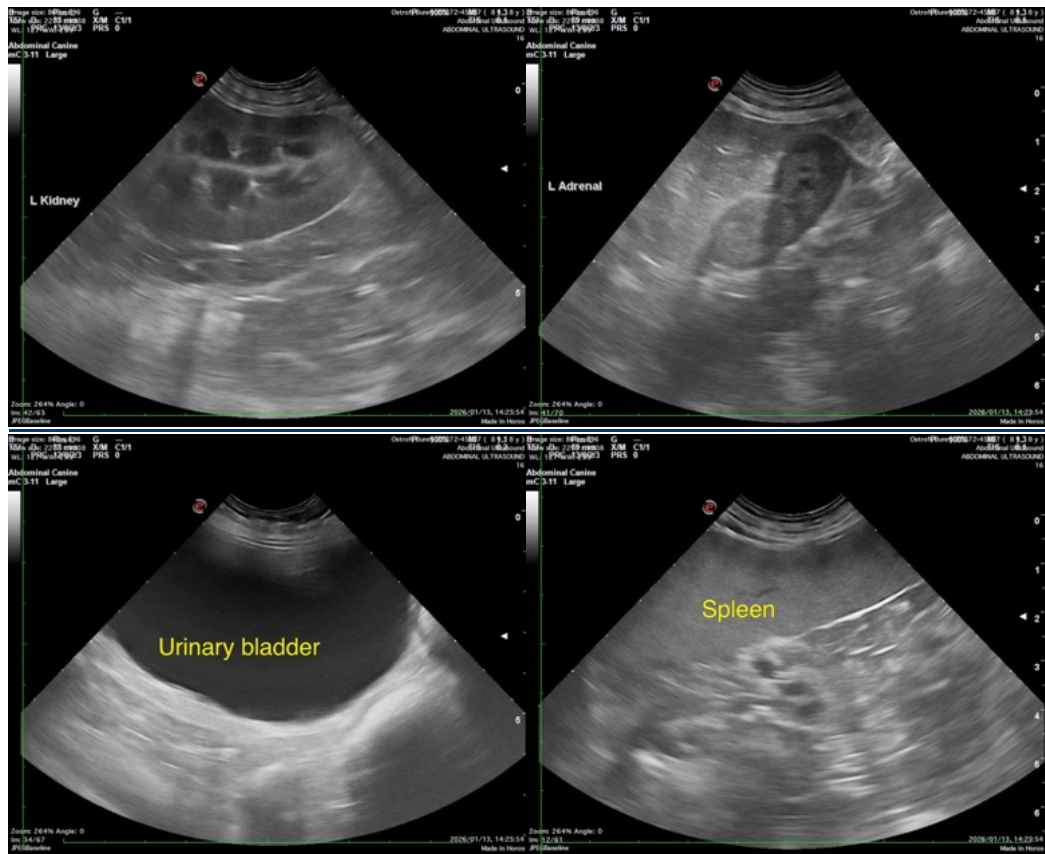
Initial further assessment would be three view thoracic radiographs and echocardiography to evaluate the right atrium and right auricle.

Splenectomy would be indicated as it could be both diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis.

Further assessment of the adrenomegaly would be a urine cortisol to creatinine ratio and if abnormal then adrenal function testing (ACTH stimulation/LDDST) would then be indicated.

FNA cytology of the liver could also be considered.

Further specific therapy would be dependent on an etiological diagnosis.





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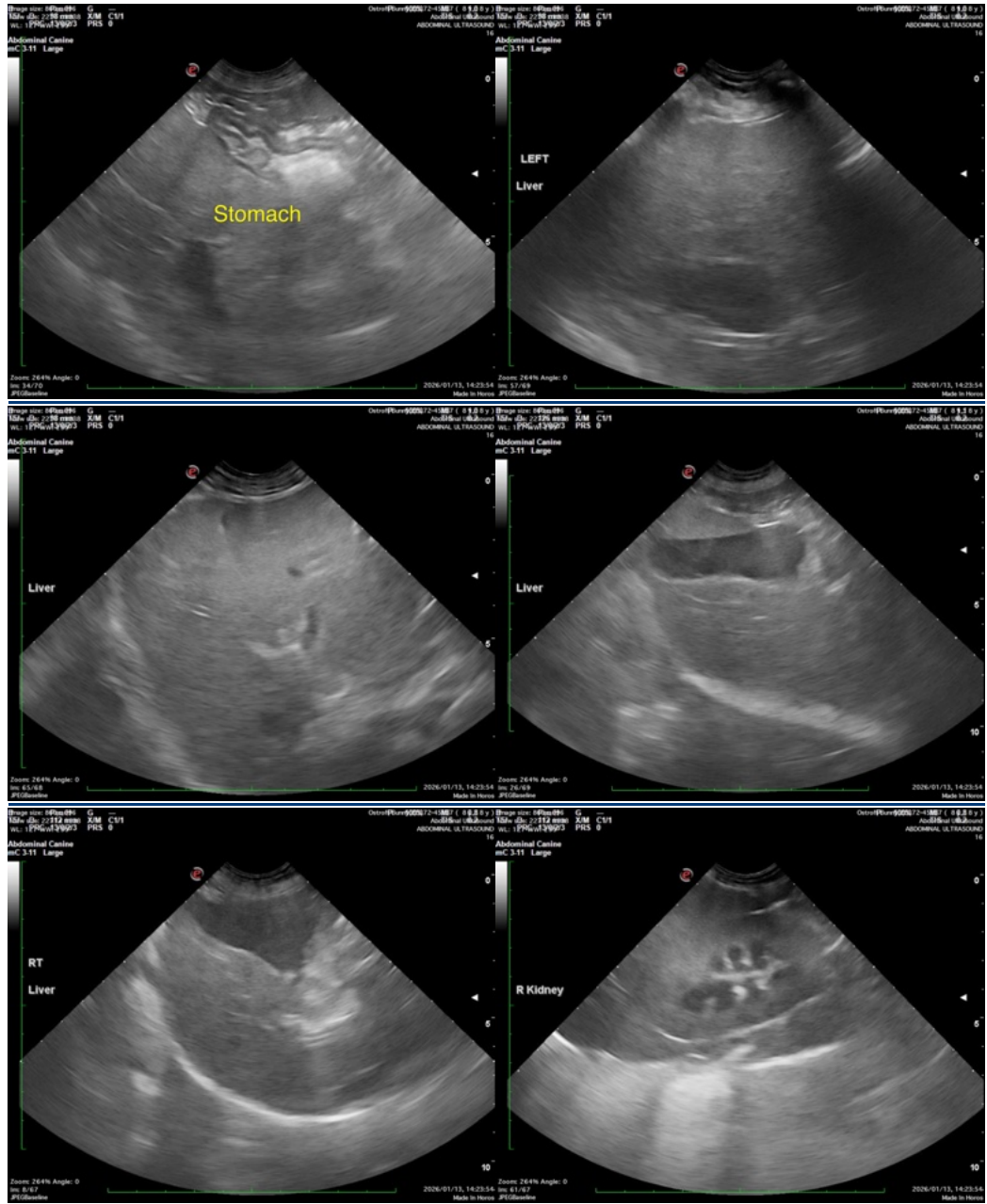
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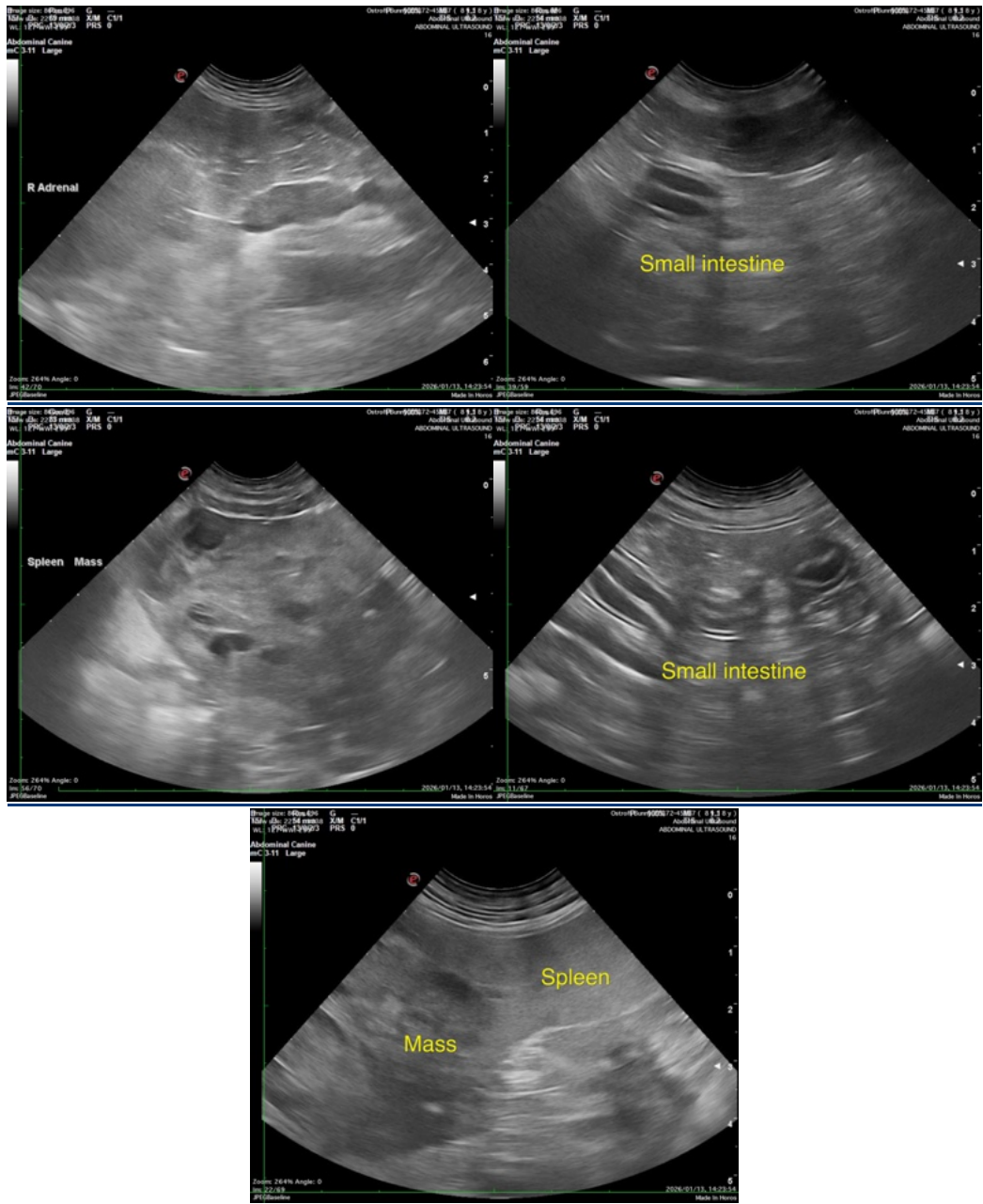
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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