



## PATIENT

Kona Greger

## SPECIES

Canine

## BREED

French Bulldog

## SEX

Neutered male

## AGE

10 years

## WEIGHT

34.8 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Arms

## HOSPITAL NAME

Gilbertsville VH

## REFERRING VET

Dr. Arms

## INVOICE

70167

## DATE

1/15/26

## PRESENTING CLINICAL SIGNS

History: abdominal pain, hx suspect splenic mass, straining to urinate this AM only  
Abnormal PE/Chem/CBC/UA Results: painful abdomen Leukocytosis (28k) neutrophilia 25k  
decreased K and Cl normal hct 40% systolic BP 100

## 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 evident. A small urolith is present and measured 0.8 cm.

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 4.7 cm, right measured 4.6 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.

The prostate is small and hypoechogenic.

### *Adrenal Glands*

The left adrenal was normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.62 cm in width. The right adrenal gland was not visualized.

### *Spleen*

A large, irregular, mottled echogenic mass measuring 4.5 x 6.8 cm in size originating off the tail of the spleen. The rest of the spleen is of 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. The spleen measures 1.6 cm in width.

### *Liver*

Normal size, 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 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 pancreas is not clearly visualized but 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.

A moderate amount of ascites is present.

Hyperechogenic appearance of the mesentery especially around the splenic mass.

## ***Thorax***

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

## **ULTRASONOGRAPHIC FINDINGS**

- Splenic mass.
- Ascites.
- Urolith.

## **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.

The most likely etiology for the ascites would be hemoabdomen secondary to the splenic mass.

Further assessment would be three view thoracic radiographs, urinalysis, possibly urine culture and possibly FNA cytology of the splenic mass.



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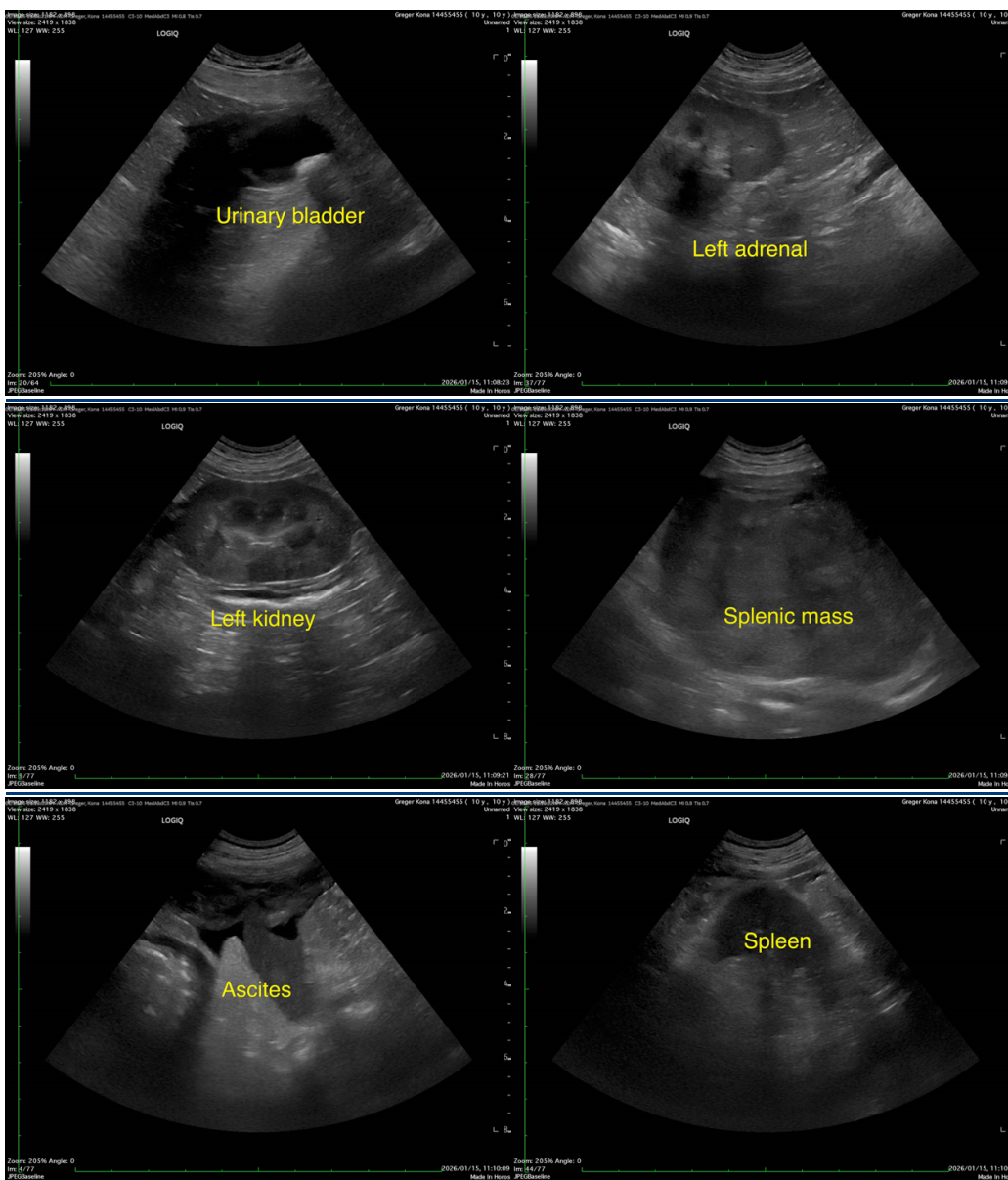
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Splenectomy should be considered as it could be diagnostic and therapeutic as well as allowing for removal of the urolith.

Further specific therapy would be dependent on an etiological diagnosis.





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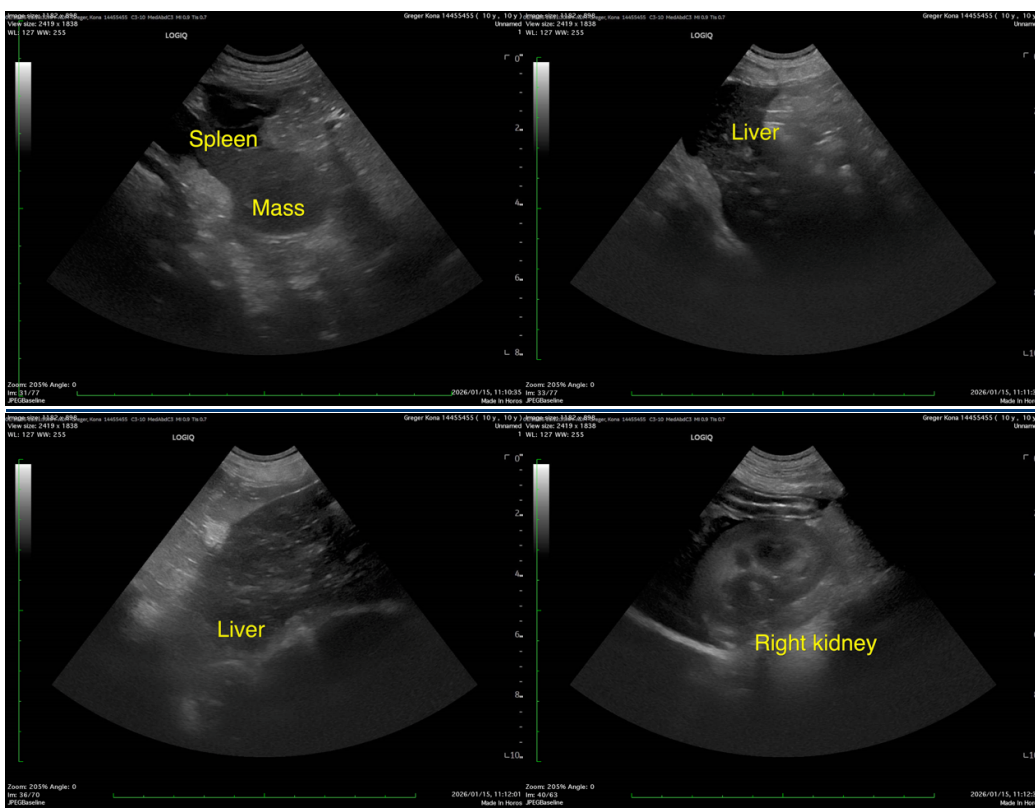
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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