



PATIENT

Rosie Sauer

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed female

AGE

11 years

WEIGHT

72.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Shannon Matthies

HOSPITAL NAME

Saugerties AH

REFERRING VET

Dr. Matthies

INVOICE

70250

DATE

1/19/26

PRESENTING CLINICAL SIGNS

- Intermittent vomiting for the past several weeks, generally partially digested food several hours after eating.
- Reduced appetite in the last week.
- History of foreign body surgery in September 2024 (another clinic) with gastrotomy, 2 enterotomy sites and R&A of 4 inches of duodenum.
- History of splenectomy during FB surgery due to splenic nodules (histopath confirmed hyperplastic nodules with hemorrhage).

PE - slightly firm structure in mid to caudal abdomen, does not seem overly painful. CBC - mild thrombocytosis, otherwise WNL Chem 17 panel - WNL

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 6.1 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.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.62 cm and 0.55 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

Spleen

The spleen is absent (previous splenectomy). Normal appearance of the anatomical appearance of the spleen.

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 a small amount of non-adhered hyperechogenic sediment. Thickened and hyperechogenic 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. A small amount of ingesta is present within the stomach.

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.

Focal, hypoechogenic, rounded mass like structure is noted in the midabdomen not associated with any obvious organ system. The mass measures 0.8 x 1.7 cm in size, hyperechogenic appearance of the mesentery surrounding the mass.

ULTRASONOGRAPHIC FINDINGS

- Abdominal mass like structure
- Gallbladder sediment.
- Previous cholecystitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the abdominal mass like structure would be granuloma, neoplasia and possibly focal lymphadenomegaly.

The appearance of the gallbladder can be considered an incidental finding.

Although the small amount of ingesta in the stomach may be associated with the recent meal, it may be associated with gastric hypomotility secondary to the abdominal mass like structure.

Further assessment would be three view thoracic radiographic radiographs and FNA cytology of the abdominal mass like structure.



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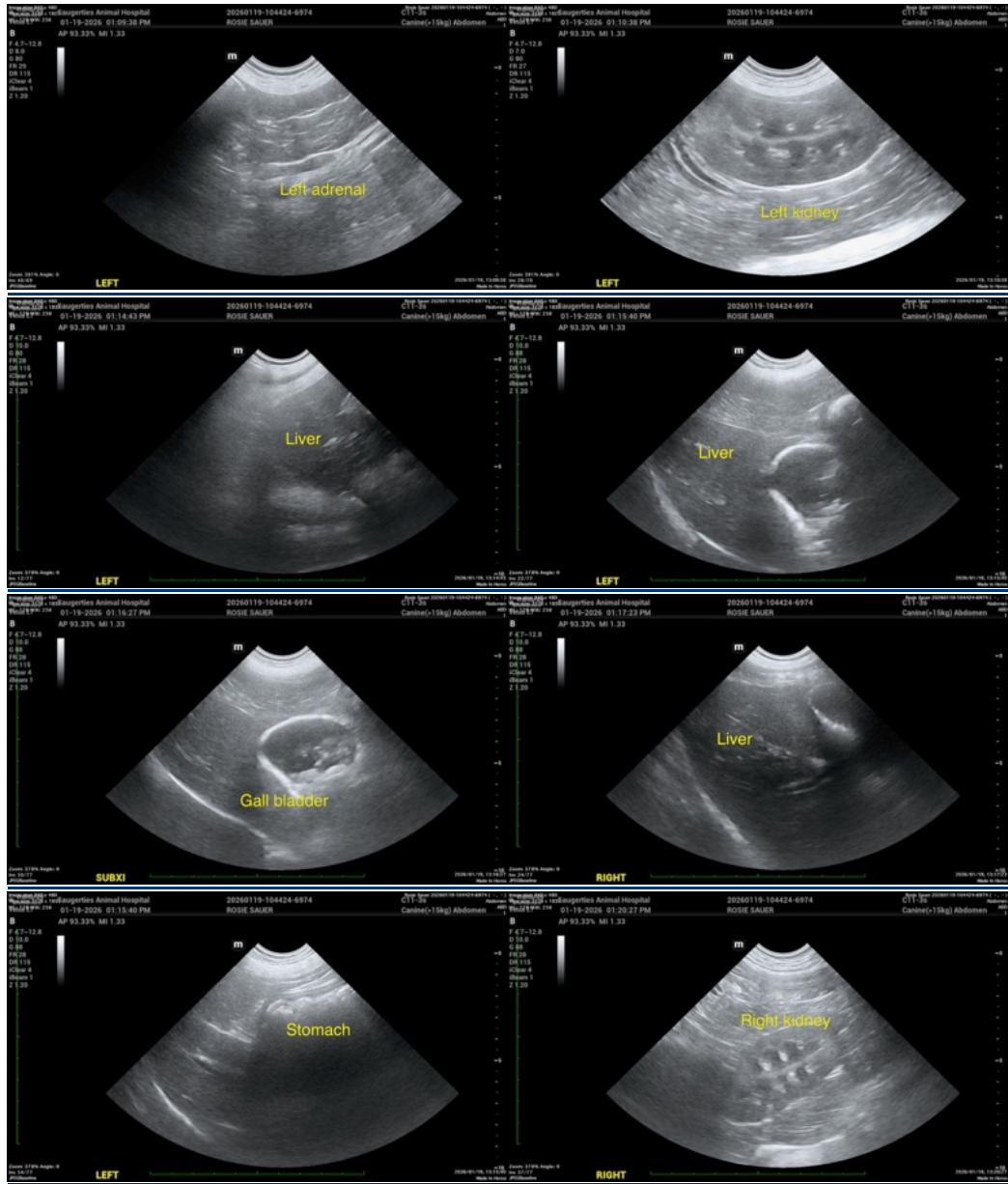
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A laparotomy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.





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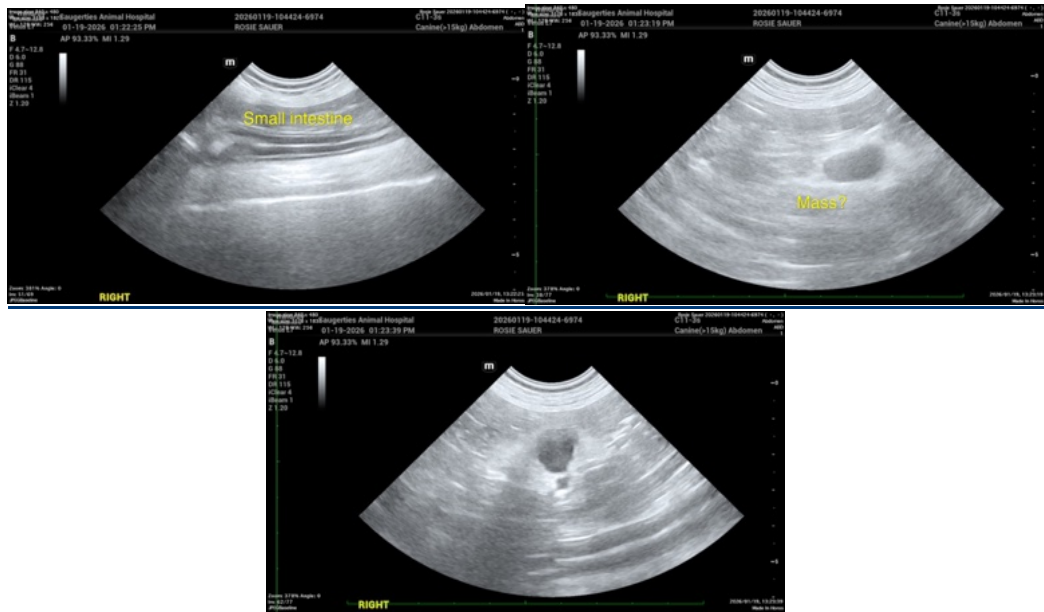
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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