



PATIENT

Sosa Allen

SPECIES

Canine

BREED

Pit Bull

SEX

Male

AGE

12 Years

WEIGHT

52 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Traci Holder, DVM

INVOICE

72943

DATE

1/2/26

PRESENTING CLINICAL SIGNS

Patient presents for ADR has not been feeling well the last couple of weeks - reduced appetite, weight loss, intermittent hind end weakness.

Abnormal PE/Chem/CBC/UA Results: Anemia, leukocytosis of 78k, hyperglobulinemia, amylase elevation, BUN elevation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left measures 7.2 cm. Right measures 7.7 cm. Normal color flow pattern evident in both kidneys.

Reproductive System

Normal size and appearance of the prostate, measuring 3.4 cm x 3.9 cm in size.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 3.65 cm in length x 0.77 cm and 0.55 cm in width. Right measures 3.28 cm in length x 0.64 cm and 0.96 cm in width.

Spleen

A large, irregular, mottled echogenic, poorly vascularized mass is noted on the tail of the spleen, measuring approximately 6.0 cm x 8.0 cm in size. A small, mottled echogenic, non-vascularized mass is noted in the head of the spleen, measuring approximately 1.4 cm x 1.6 cm in size. The remainder of the spleen is of normal size, maintaining a normal echogenic appearance, a smooth homogeneous parenchyma, and a regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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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 present within the colon.

Pancreas

Visible section presents normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

Visible hepatic lymph node measuring approximately 1.1 cm x 1.6 cm in size, with a rounded shape and hypoechogenic appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Splenic masses.
- Hepatic lymphadenomegaly.

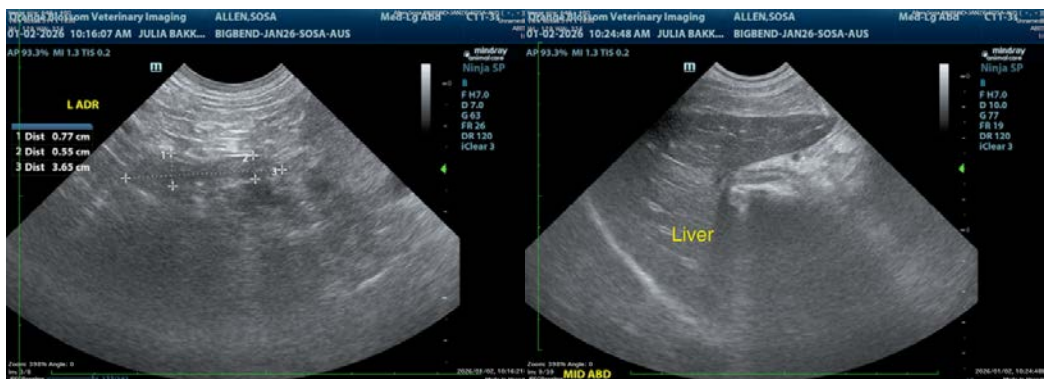
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenic masses would be neoplasia, with granulomatous disease and hematomas being highly unlikely differential diagnoses.

Etiologies for the hepatic lymphadenomegaly would be reactive hyperplasia, lymphadenitis, and infiltrative neoplasia.

Further assessment would include 3-view thoracic radiographs, echocardiography to evaluate the right atrium and right auricle, and possibly FNA cytology of the hepatic lymph node. FNA cytology of the splenic masses could also be considered.

Splenectomy should be considered, as it could be both diagnostic and therapeutic, with further specific therapy dependent on an etiological diagnosis.





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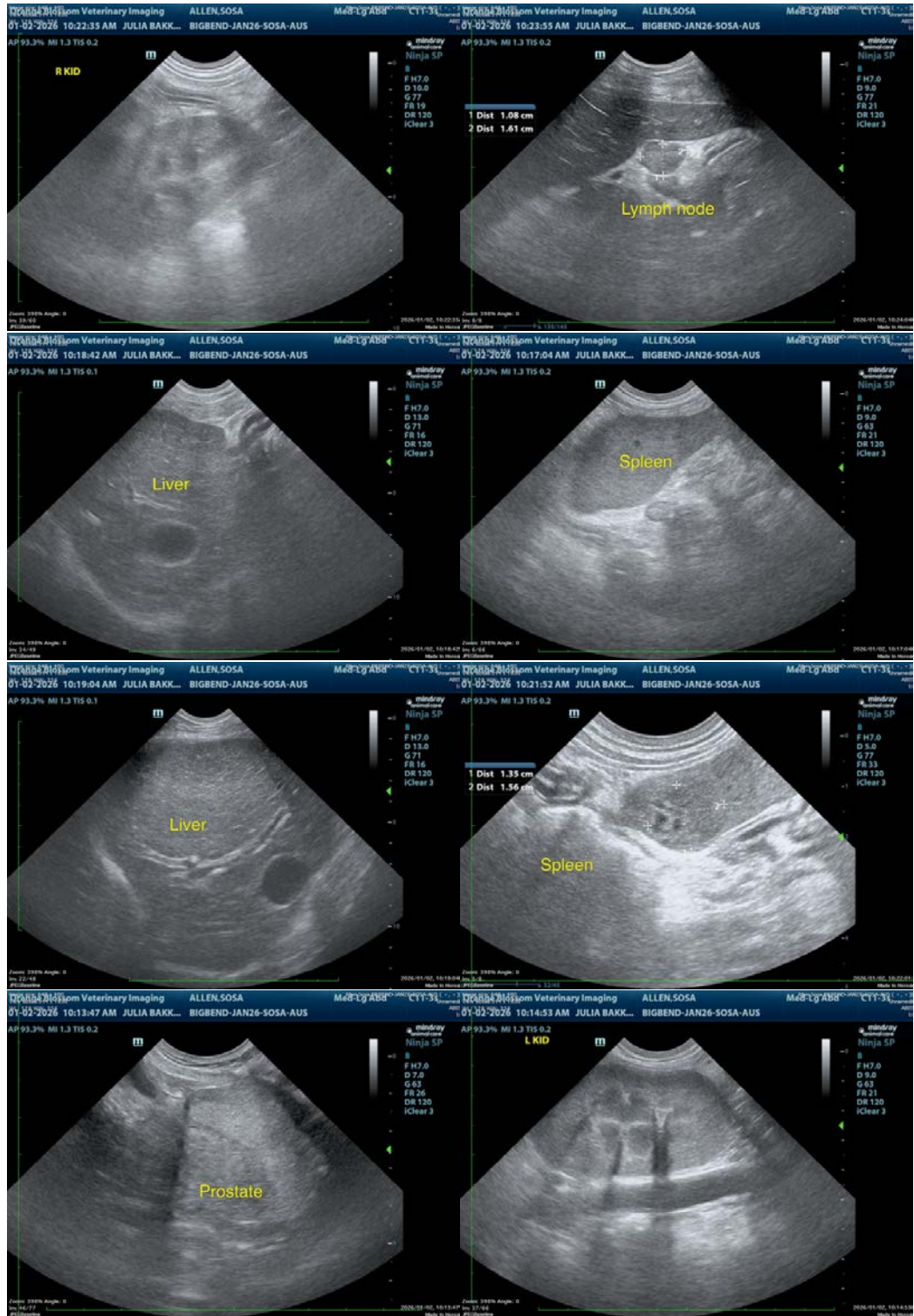
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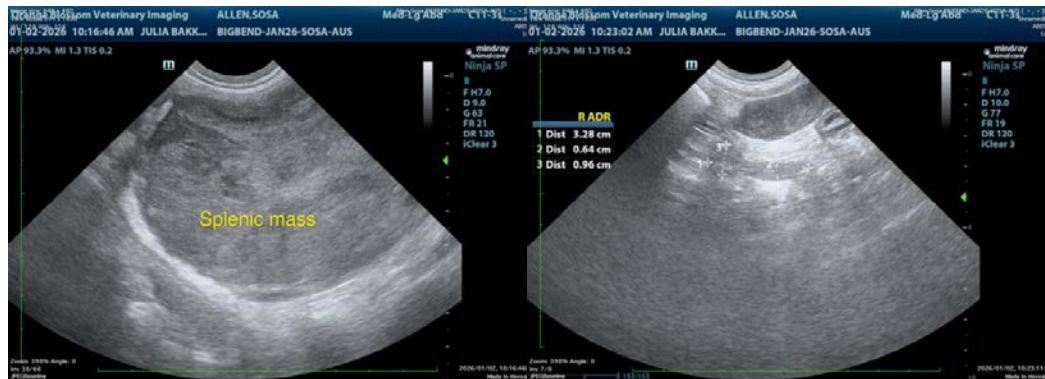
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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