



PATIENT

Neala Landreth

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed female

AGE

10 years

WEIGHT

52.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Neis

HOSPITAL NAME

Animal Health Center
Arkansas

REFERRING VET

Dr. Sexton

INVOICE

70309

DATE

1/20/26

PRESENTING CLINICAL SIGNS

- Lost almost 40# since 9/12/25
- Having troubles keep hind legs under her
- Intermittent vomiting; decrease in eating her dry kibble.
- PE: muscle atrophy around head, back and legs; delayed CPs- rear legs, soft abdomen, LN's- wnl; (under anesthesia)- golfball-sized lump in ventral mid abdomen that is firm and freely movable Low albumin (1.5 g/dL), USG 1.005. Stool is loose, somewhat dark, and has a strong foul odor.

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 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 6.4 cm, right measured 6.5 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

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

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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.6 cm in width.

Liver

Normal size with a diffuse mottled echogenic and coarse appearance, normal 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. 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, 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. Focal, hypoechogenic, small intestinal mass measuring 1.6 x 5.0 cm in size with no luminal obstruction evident.

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.

ULTRASONOGRAPHIC FINDINGS

- Small intestinal mass.
- Hepatopathy.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the intestinal mass would be neoplasia with granulomatous disease and focal perforation a differential diagnosis.

The likely etiologies for the hepatopathy would be age related reactive hyperplasia and nodular hyperplasia with chronic hepatitis and infiltrative neoplasia a less likely differential diagnosis.

The gallbladder sediment can be considered an incidental finding.

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

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



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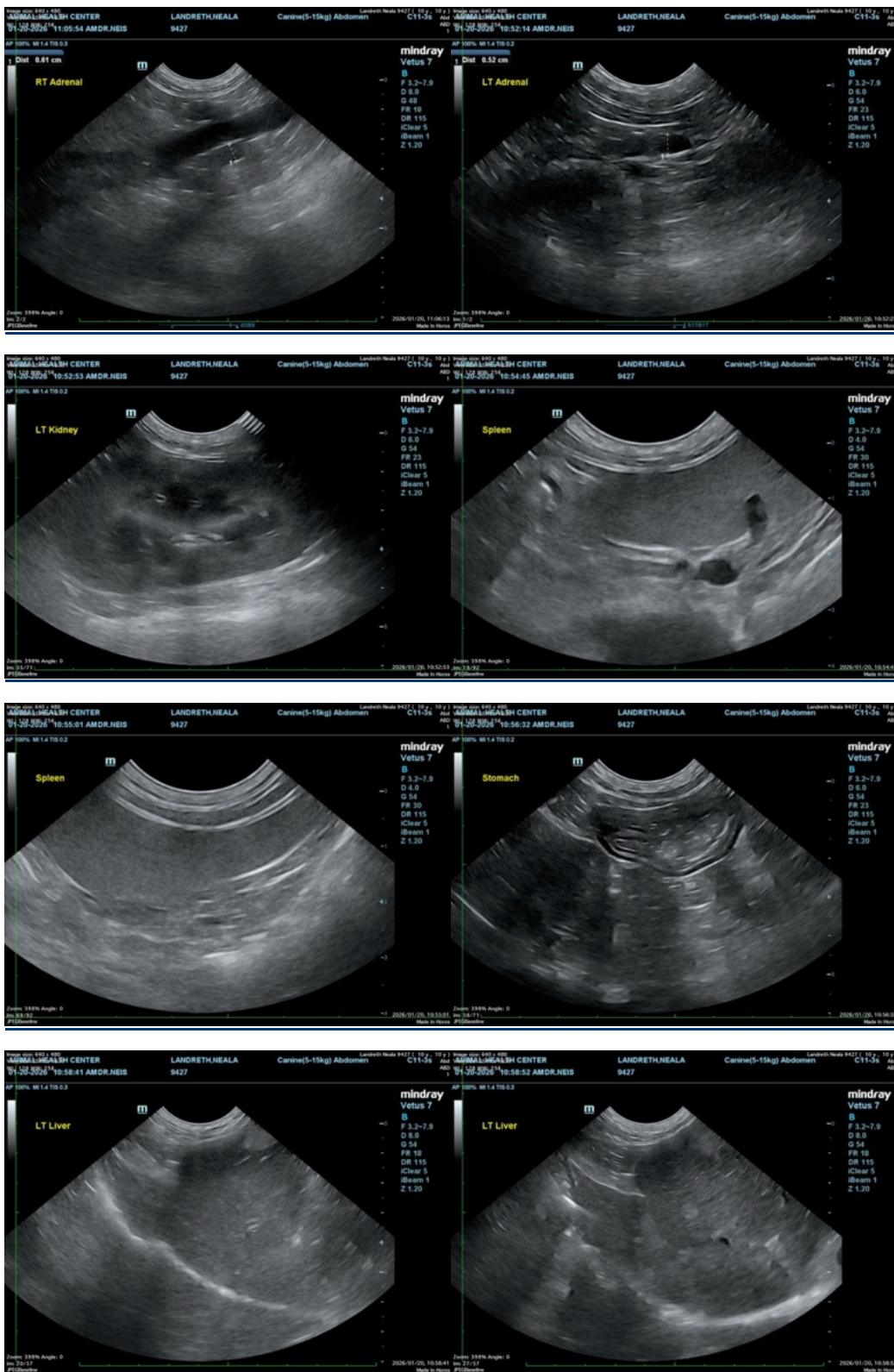
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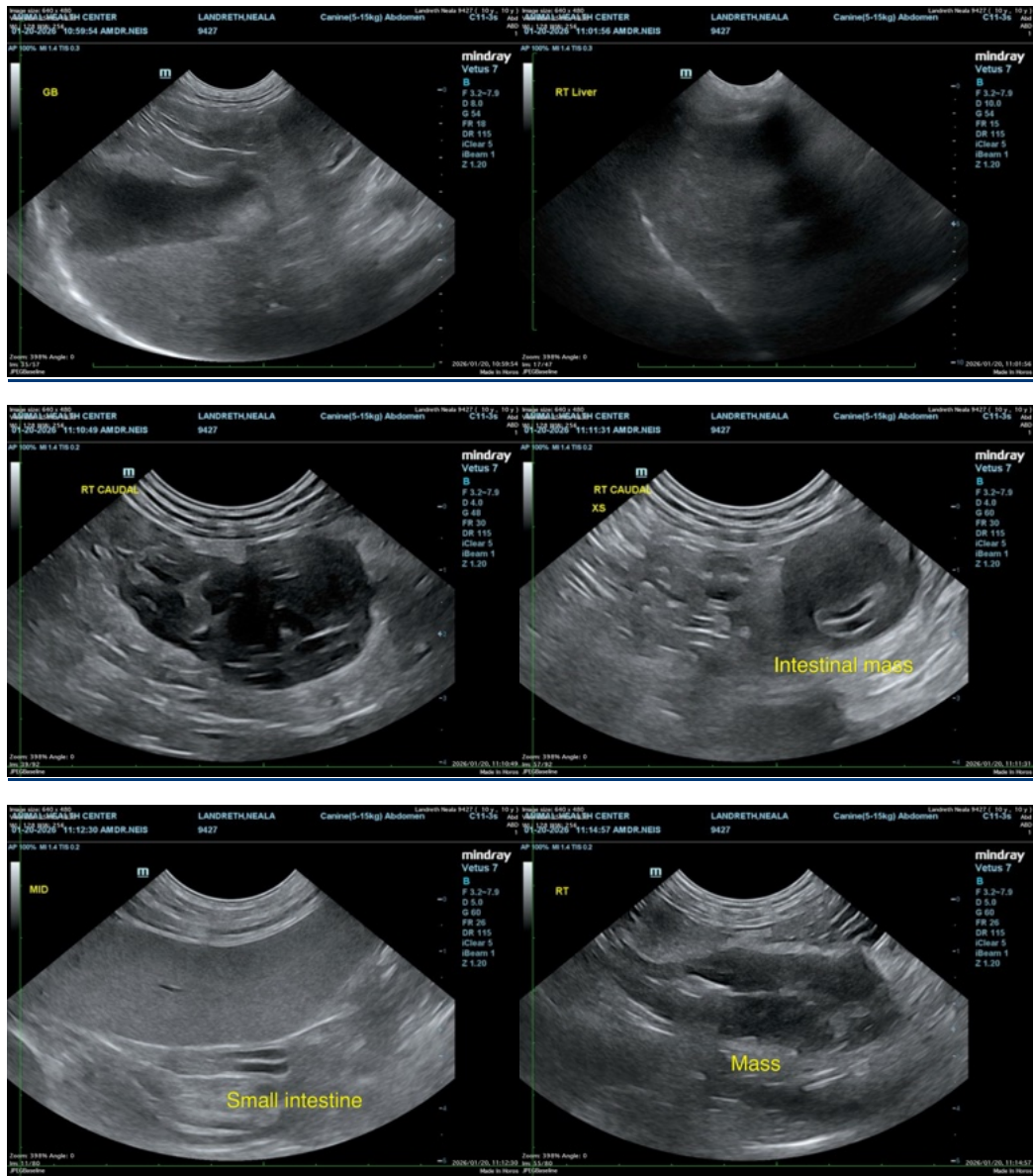
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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