



PATIENT

Bodi Clopton

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered male

AGE

9 years

WEIGHT

128 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Allison Maxey

HOSPITAL NAME

Evergreen AH

REFERRING VET

Dr. Maxey

INVOICE

71000

DATE

1/27/26

PRESENTING CLINICAL SIGNS

- ~1 month history of progressive lethargy and decreased appetite resulting in anorexia for last 3-4 days
- At least 24-hour duration of diarrhea with hematochezia
- Drinking more water than normal for ~1 month
- Pale, slightly icteric mucous membranes, tachycardia, abdomen slightly distended but nonpainful, dark liquid diarrhea with some hematochezia. Moderate regenerative anemia (HCT 22%, reticulocytes 134,500/ul), severe thrombocytopenia (30,000/ul), neutrophilia, hyperbilirubinemia (5.6 mg/dl), hypoalbuminemia 1.7 g/dl, ALP 1993 U/L, GGT 15 U/L. 4dx pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment is noted.

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 8.2 cm, right measured 8.8 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 gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.68 cm and 0.69 cm in width. The right adrenal gland was not visualized.

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. The spleen measured 2.6 cm in width with a diffuse, mottled echogenic and nodular appearance, but maintained a regular curvilinear capsule. Nodules are diffuse, parenchymal, hypoechogenic and measure up to 1.0 x 1.3 cm in size.



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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

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.

No ascites evident.

Focal, enlarged lymph nodes in the cranial right abdomen measuring 1.7 x 3.0 cm in size with a hypoechoic appearance and a rounded shape.

ULTRASONOGRAPHIC FINDINGS

- Splenic pathology.
- Focal, lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenomegaly and the focal, lymphadenomegaly would be neoplasia such as lymphoma and inflammatory reaction with reactive hyperplasia an unlikely differential diagnosis.

Further assessment would be three view thoracic radiographs and FNA cytology of the spleen and lymph node.

Specific therapy would be dependent on an etiological diagnosis.



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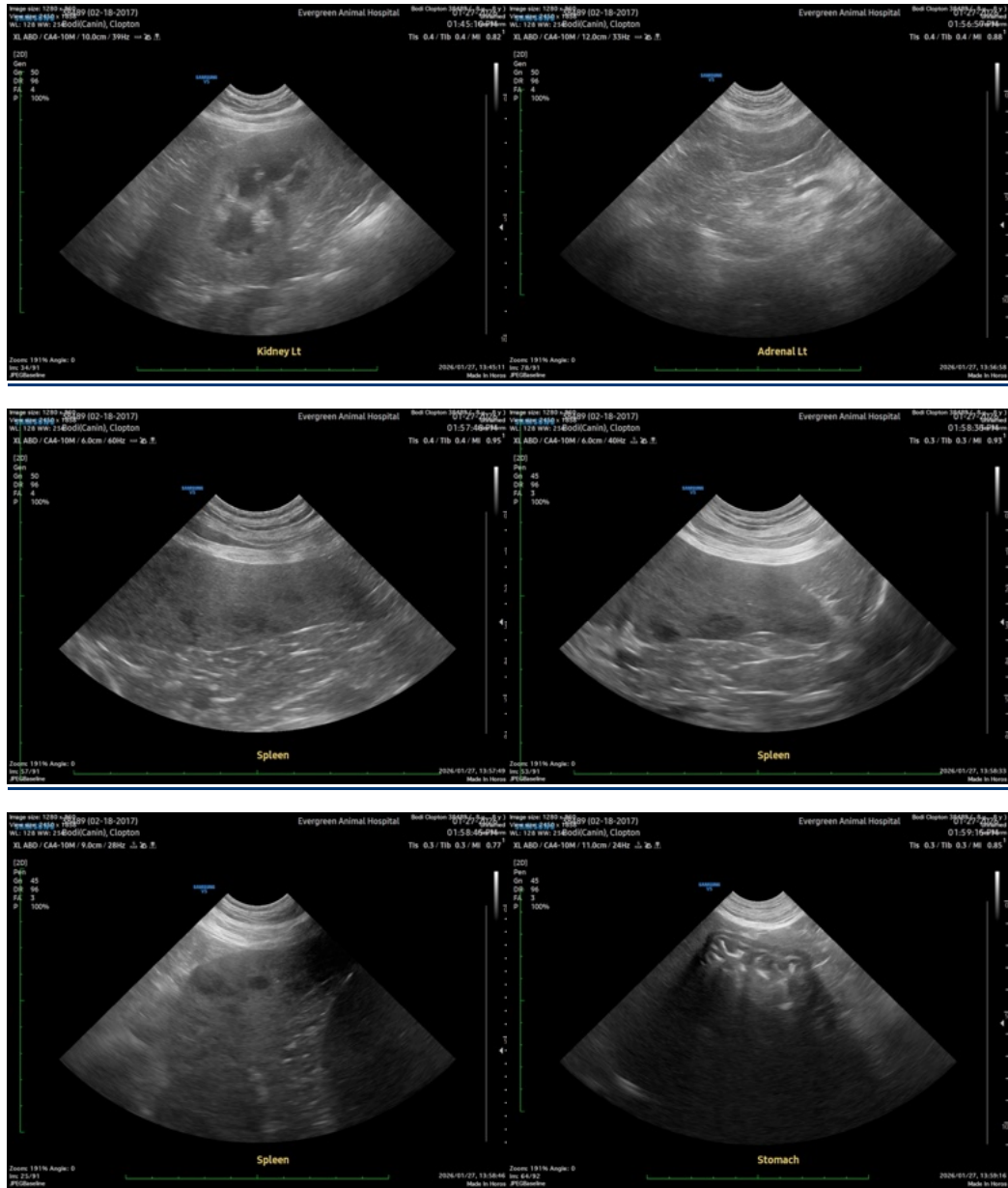
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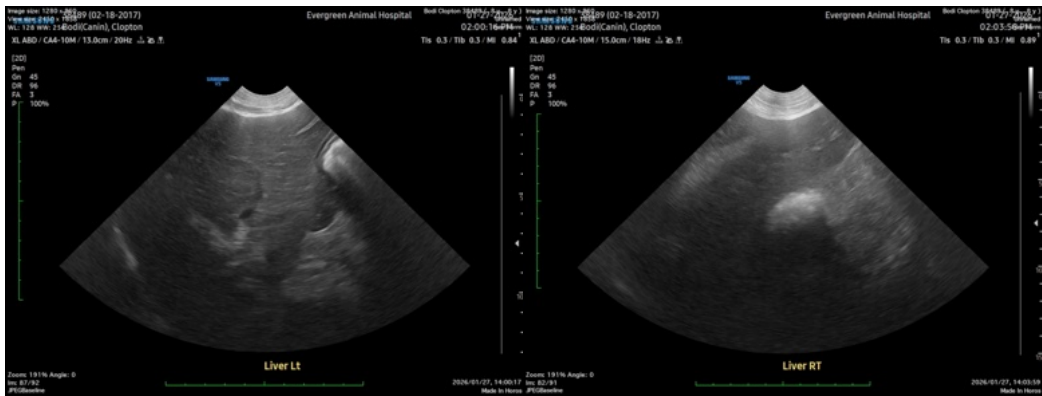
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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