



## PATIENT

Achilles DeCresenza

## SPECIES

Canine

## BREED

Rottweiler

## SEX

Intact Male

## AGE

7 Years

## WEIGHT

121 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Sophia Riscavage

## HOSPITAL NAME

North Winds VS

## REFERRING VET

Dr. Sarah Hosie

## INVOICE

35258

## DATE

1/6/26

## PRESENTING CLINICAL SIGNS

History: PU/PD Weight loss- lost 20lbs since September Vomiting and diarrhea Abdomen slightly pendulous with a palpable fluid wave. Patient is painful, especially on palpation of the cranial abdomen  
Abnormal PE/Chem/CBC/UA Results: Radiographs- -Thorax: no obvious significant abnormalities -  
Abdomen- stomach empty, displaced cranially, gas dilated. Mass effect in the cranial abdomen that is also causing the small intestines to be displaced caudally. Difficult to locate a normal appearing spleen on the lateral view, small portion visible on v/d. Bladder and prostate WNL. Renal silhouettes WNL.  
CBC- WBC 38, Neu 33, Mon 3, HCT 47, PLT 548 Chemistry-ALP- elevated, 730 BG-495

## 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.

Prostate not clearly visualized but appears to be of normal size and echogenic appearance.

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. The left kidney measured 9.6 cm. The right kidney measured 7.2 cm.

### *Adrenal Glands*

Left adrenal gland was normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.94 cm in width.

The right gland was not clearly visualized but appears to be of normal shape, echogenic appearance, and size.

### *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. Small focal hypoechoic parenchymal nodule in the body of the spleen, measuring approximately 0.9 cm in size. The spleen measures 2.8 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.

### *Gallbladder*

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

### *Gastrointestinal*



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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 was enlarged with a hypoechogenic appearance and an irregular capsule. The left pancreas measured up to 2.3 cm in width. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

## *Free Abdomen*

Normal mesenteric lymph nodes.

No ascites evident.

A large amount of intrabdominal fat was present.

## ULTRASONOGRAPHIC FINDINGS

- Pancreatitis
- Splenic nodule

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the appearance of the pancreas would be consistent with pancreatitis, acute on chronic pancreatitis would be a differential diagnosis, with neoplasia a less likely differential diagnosis. The most likely etiology for the splenic nodule would be an incidental reactive hyperplasia/extramedullary hematopoiesis, with hematoma, granuloma, and emerging neoplasia less likely differential diagnoses.

Further assessment would be CPL/PSL assay. Ultrasound monitoring of the splenic nodule would be recommended, and if there is any progressive enlargement or bulging of the overlying capsule noted, then splenectomy should be considered. Management of the pancreatitis would be fluid therapy, correction of any electrolyte anomalies, antiemetics, opioids analgesics, and feeding small frequent meals of a low-fat intestinal type diet. If there is not a satisfactory improvement, then FNA cytology of the pancreas should be considered.



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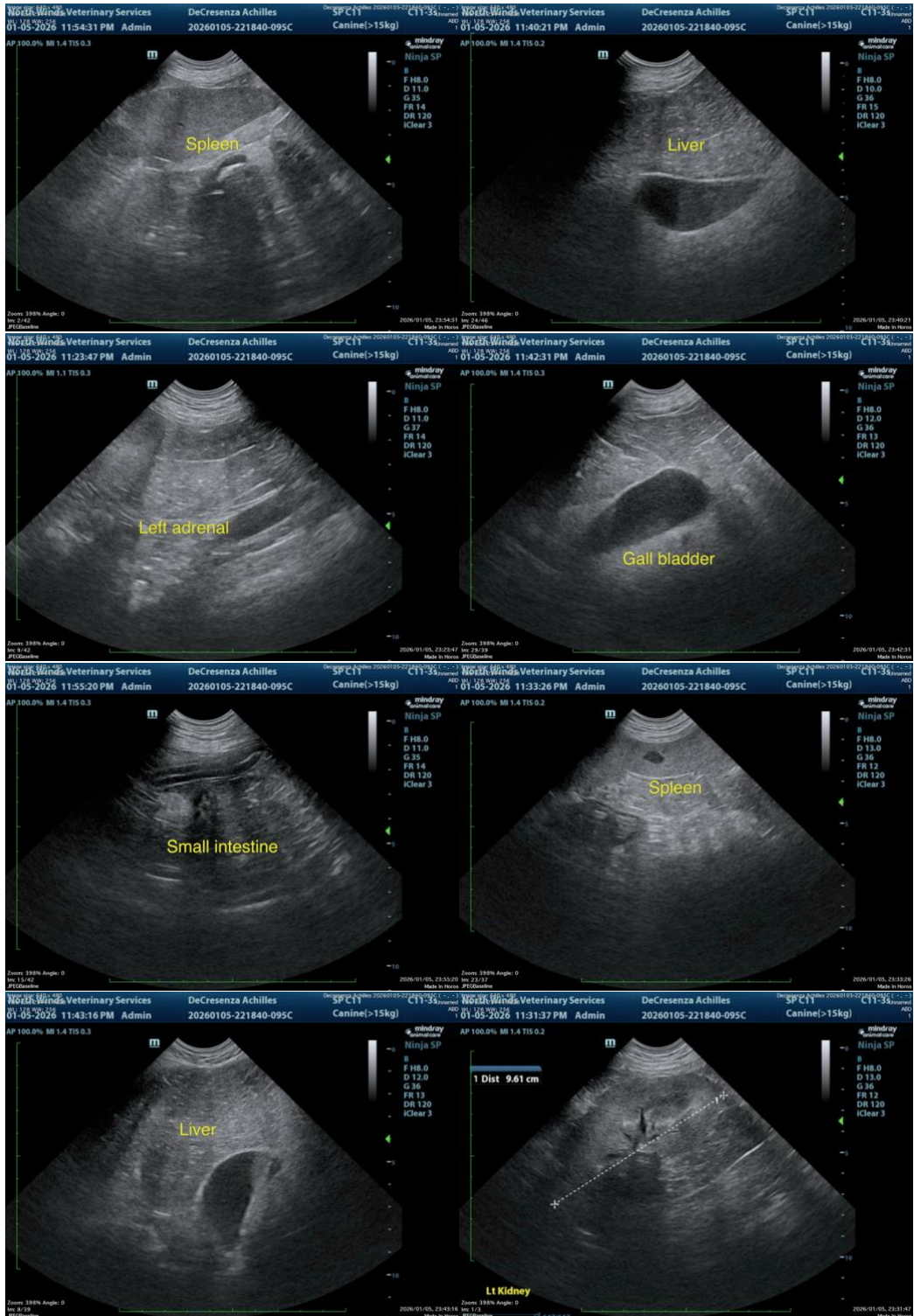
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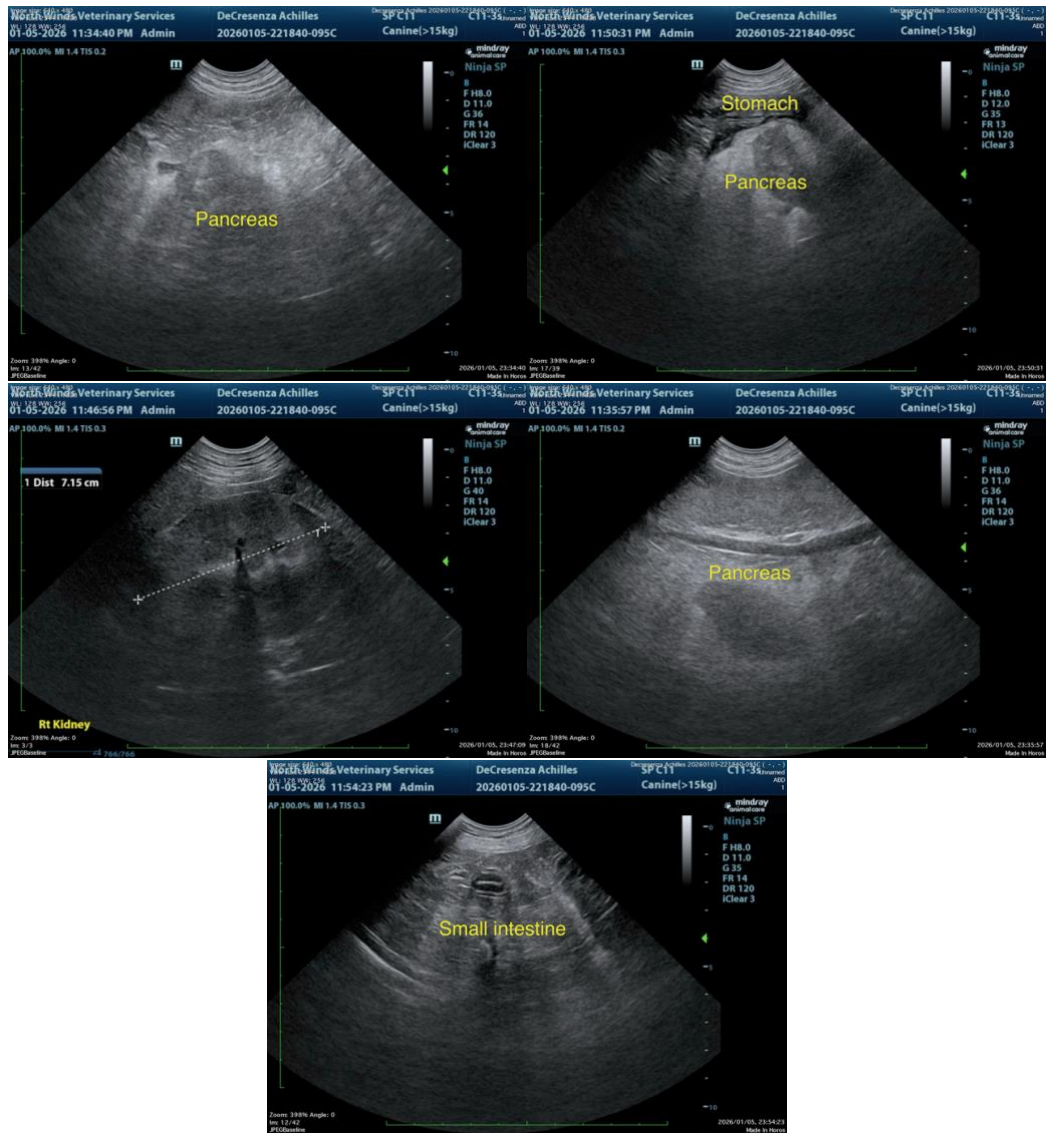
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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