



PATIENT

Arlo Miller

SPECIES

Canine

BREED

Labrador Retriever

SEX

Intact male

AGE

7 years

WEIGHT

76 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jack Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

Dr. Leppien

INVOICE

69935

DATE

1/7/26

PRESENTING CLINICAL SIGNS

History: Patient originally presented end of November 2025 for joint pain, swelling, and fever. Concern for suspected IMPA vs. tick-borne disease. Responded initially to NSAID, doxycycline therapy. Recurrent joint swelling noted, and radiographs taken at time of recheck concerning for splenomegaly vs. mass-effect. Recommend ultrasound as next step in work up.

Abnormal PE/Chem/CBC/UA Results: Recent bloodwork unremarkable 4dx negative

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 and a small urolith measuring 1.2 cm.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Prominent appearance of the iliac lymph node measuring 0.9 x 2.8 cm in size maintaining a normal shape and echogenic appearance. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 8.0 cm, right measured 7.7 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.

The prostate is symmetrically enlarged measuring 4.5 x 4.8 cm in size with a hyperechogenic appearance of the parenchyma and a regular curvilinear appearance. Normal appearance of the peri-prostatic tissue.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.32 cm and 0.4 cm in width. The right adrenal gland measured 0.74 cm in width.

Spleen

The spleen revealed a large, irregular, mottled echogenic, poorly vascularized mass measuring 6.0 x 9.0 cm in size originating off the tail of the spleen. The rest of the spleen is of normal size maintaining a normal echogenic appearance, smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. The spleen measures 2.4 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.



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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.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Iliac lymphadenomegaly.
- Urolith.
- Urinary bladder sediment.
- Prostatomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

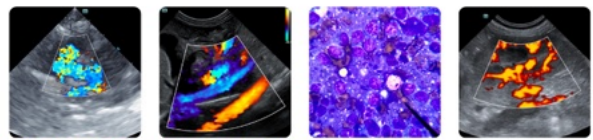
The most likely etiology for the splenic mass would be neoplasia with granuloma and hematoma a less likely differential diagnosis.

The most likely diagnosis for the iliac lymphadenomegaly would be reactive hyperplasia with lymphadenitis and infiltrative neoplasia a highly unlikely differential diagnosis.

The most likely etiology for the urinary bladder sediment would be crystalluria with bacterial cystitis a less likely differential diagnosis.

The appearance of the prostate is consistent with benign prostatic hyperplasia in line with the patient's age and intact nature.

Further assessment would be three view thoracic radiographs (if not already done), echocardiography to evaluate the right atrium and right auricle, urinalysis and possibly urine culture.



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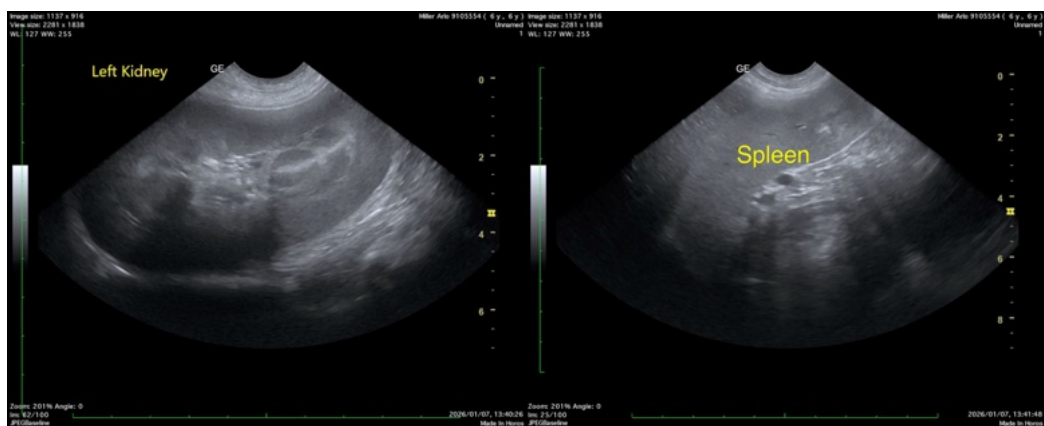
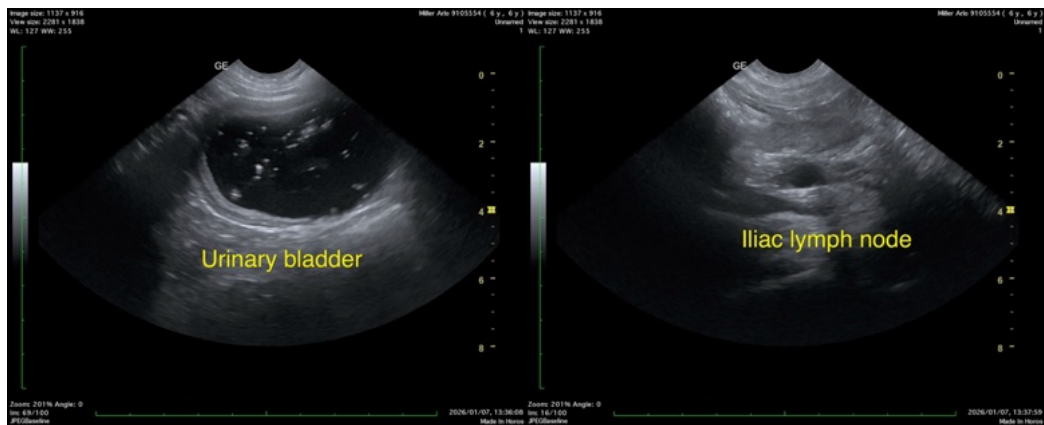
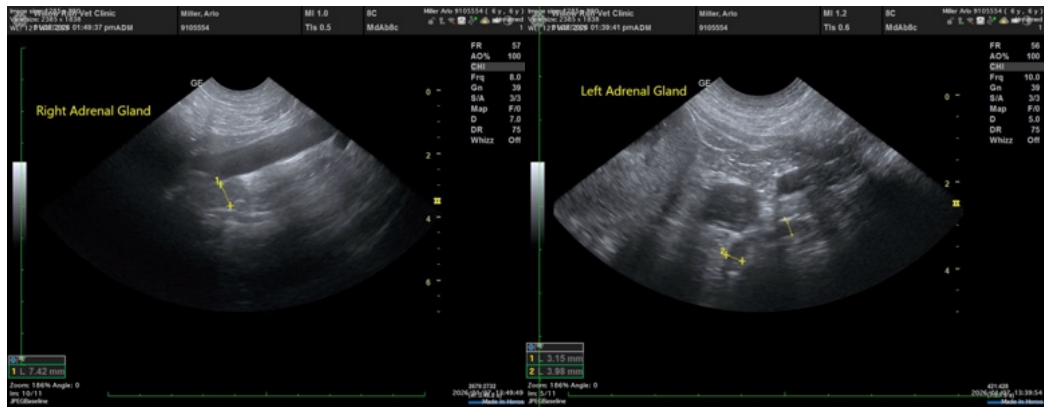
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Splenectomy should be considered as it could be both diagnostic and therapeutic as well as allowing for removal of the urolith.

Further specific therapy would be dependent on an etiological diagnosis.





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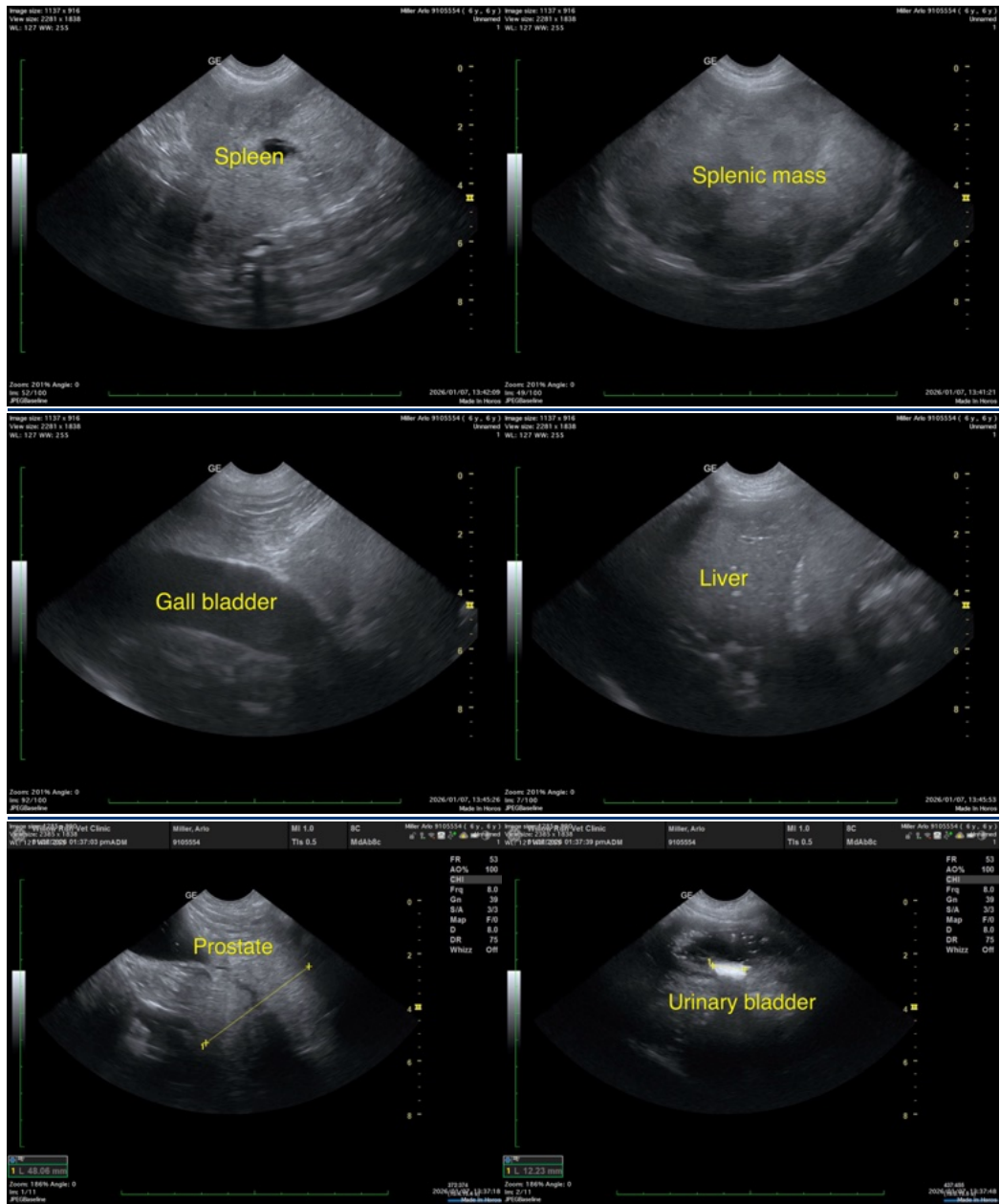
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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