



PATIENT

Slick Roberts

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered Male

AGE

12.5 Years

WEIGHT

26 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Mark Reser

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Kara Garvin

INVOICE

35466

DATE

11/10/25

PRESENTING CLINICAL SIGNS

History: The patient presented for evaluation after an episode on 11/7/25 where the owner observed a firm, round mass protruding from the anus. The owner manually reduced the protrusion using a wet cloth, and it has not recurred. The owner noted a streak of blood on the carpet where the patient had been scooting. There is a history of straining to defecate, producing flat, ribbon-like stools, and intermittent fresh blood in the stool.

Abnormal PE/Chem/CBC/UA Results: A rectal examination revealed a palpable, firm, soft-tissue mass within the distal colon. anal glands normal. Ribbon-like feces brought in by owner. Grade 5/6 heart murmur

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full 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. Prominent appearance of the iliac lymph nodes (approximately 0.6 cm x 1.1 cm in size) with a hypoechoic appearance and a slightly rounded shape. Ureters not visualized, which can be considered a normal finding.

Small hypoechoic prostate was noted.

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 4.9 cm. The right kidney measured 5.1 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.47 cm and 0.51 cm in width. The right adrenal gland measured 0.48 cm and 0.47 cm in width.

Spleen

Normal size (1.2 cm in width) 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.

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, and ileo-cecal junction, with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. A large mottled echogenic mass was noted in the distal colon, measuring approximately 2.2 cm x 3.9 cm in size.

Pancreas

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

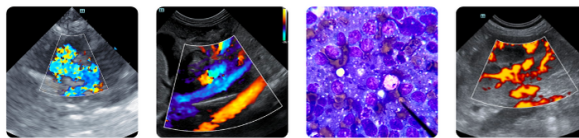
- Colonic mass
- Iliac lymphadenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the colonic mass would be neoplasia with granulomatous disease a less likely differential diagnosis. Etiologies for the iliac lymphadenomegaly would be reactive hyperplasia, infiltrative neoplasia, and possibly lymphadenitis.

Further assessment would be FNA cytology of the mass and the iliac lymph nodes, and possibly colonoscopy with biopsies.

Specific therapy would be dependent on an etiological diagnosis.



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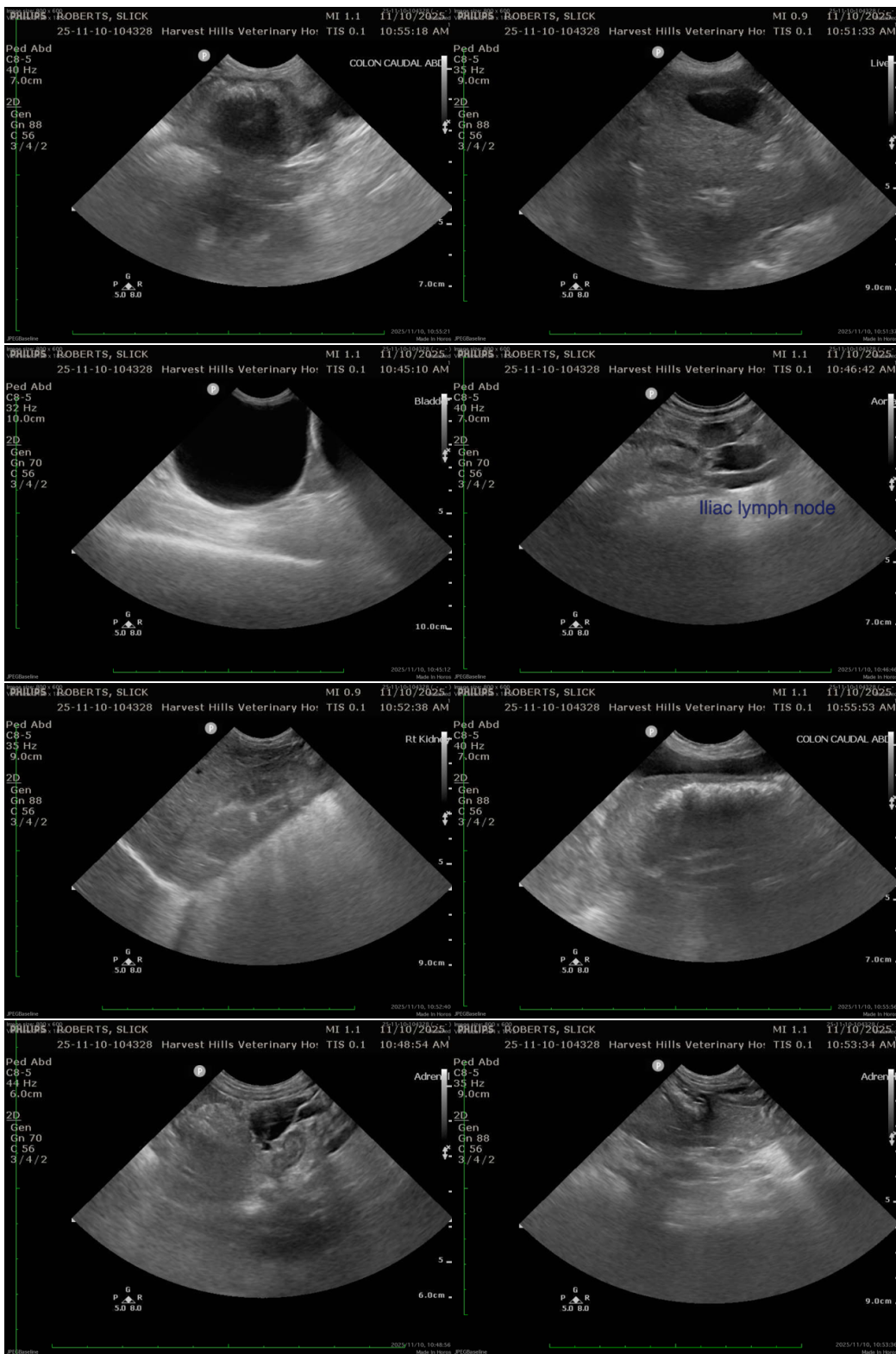
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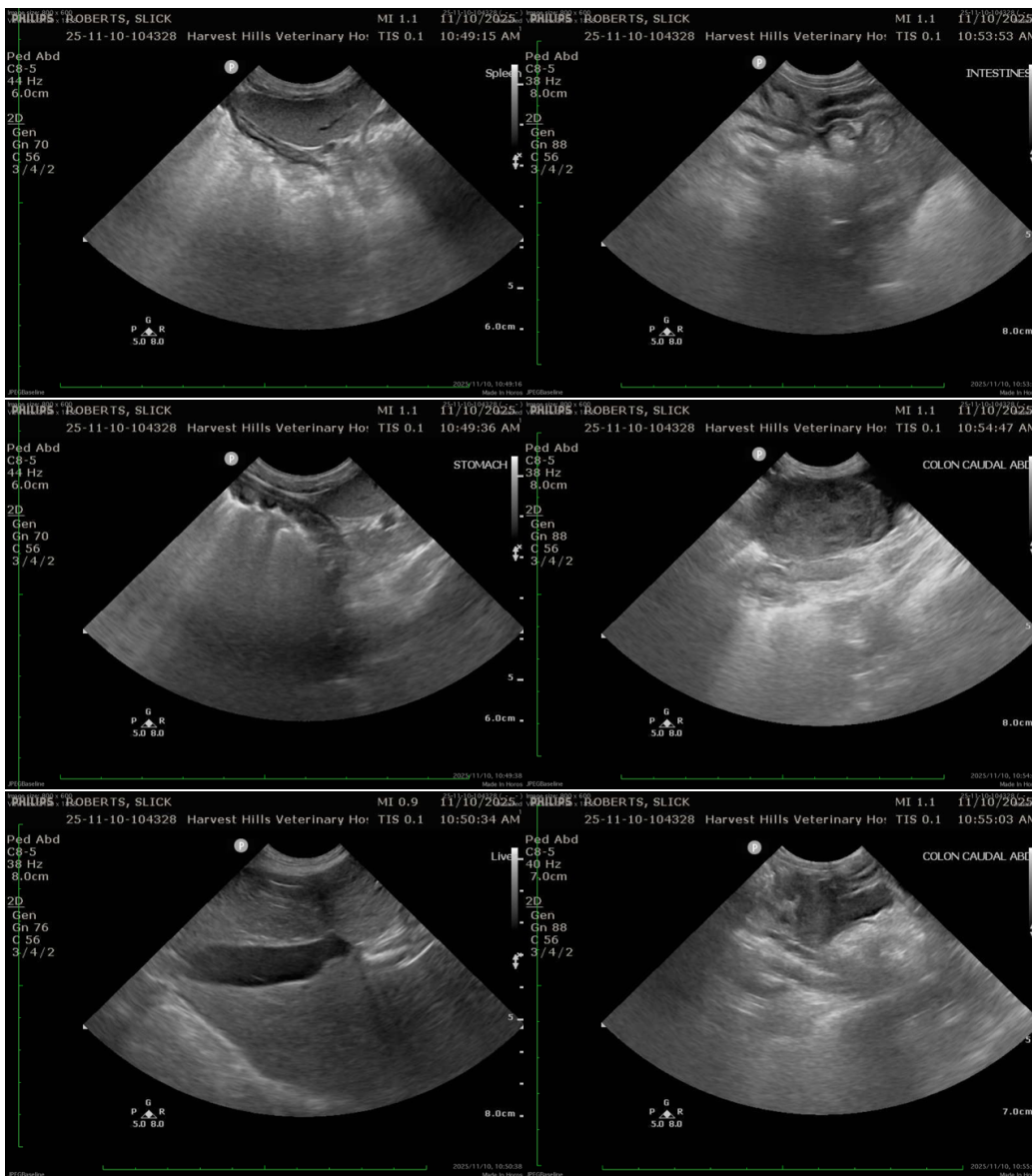
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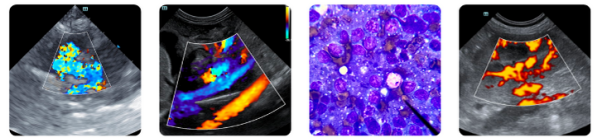


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com



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