



PATIENT

Max Weber

SPECIES

Canine

BREED

Maltese

SEX

Neutered male

AGE

14 years

WEIGHT

7.25 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Casper

HOSPITAL NAME

Hometown AH Florida

REFERRING VET

Dr. Casper

INVOICE

68574

DATE

11/11/25

PRESENTING CLINICAL SIGNS

History: PP for acute onset liquid yellow diarrhea 3d; Hx of MVD/TVD and Pulmonary hypertension managed by cardiologist seen 1mo prior for echo; cough stable and no increased RRR; no s/v, eating but hyporexic; O does have to switch foods to get P to take heart meds and P was also with O during overnight stay before the diarrhea started; utd on PH6 and flea/tick, DAPP/rabies/bordetella; meds as follows: -Benazepril 5mg tab q12h, -Furosemide 12.5mg tab q12h now* (reduced) -Spironolactone 25mg tab q24h now* (reduced), -Simvastatin ?, -Hydrocodone 5mg tab q8-12h, -Selegiline 5mg 1tab q24h Presented today for recheck w/ mild improvement to diarrhea since starting supportive care meds (ayradia/metro, visbiome, GI diet). Worsening rbc values but mild inc in retics
Abnormal PE/Chem/CBC/UA Results: Abnormal Cbc/chem results from 11/10 and recheck cbc from 11/11 attached Pathology review of 11/10 blood smear attached Chest/Abd rads from 11/10 attached Fecal - nps Anemia PCR panel pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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 4.2 cm, right measured 4.0 cm), increased echogenic appearance, loss of cortico-medullary differentiation and normal pelvis and capsule. No infarcts or renoliths evident. Bilateral mineralization is present. A few small, cortical cysts are present in both kidneys. Normal color flow pattern is present in both kidneys.

The prostate is not visualized.

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 0.47 cm in width. The right adrenal gland was not visualized.

Spleen

Normal size (1.8 cm in width) with a diffuse, increased echogenic and fine nodular appearance (moth eaten appearance), but maintained a regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.



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Liver

Normal size with a diffuse increased echogenic appearance, normal portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is small 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 pathology.
- Hepatopathy.
- Age related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the spleen is highly indicative of lymphoma with a differential diagnosis being splenitis.

Reactive hyperplasia would be a less likely etiological diagnosis.

The most likely etiology for the hepatopathy would be age related reactive hyperplasia with early nodular hyperplasia, vacuolar and metabolic differential diagnosis, hepatitis and infiltrative neoplasia would be a highly unlikely differential diagnosis.



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Further assessment would be FNA cytology of the spleen and possibly the liver.

Specific therapy would be dependent on an etiological diagnosis.

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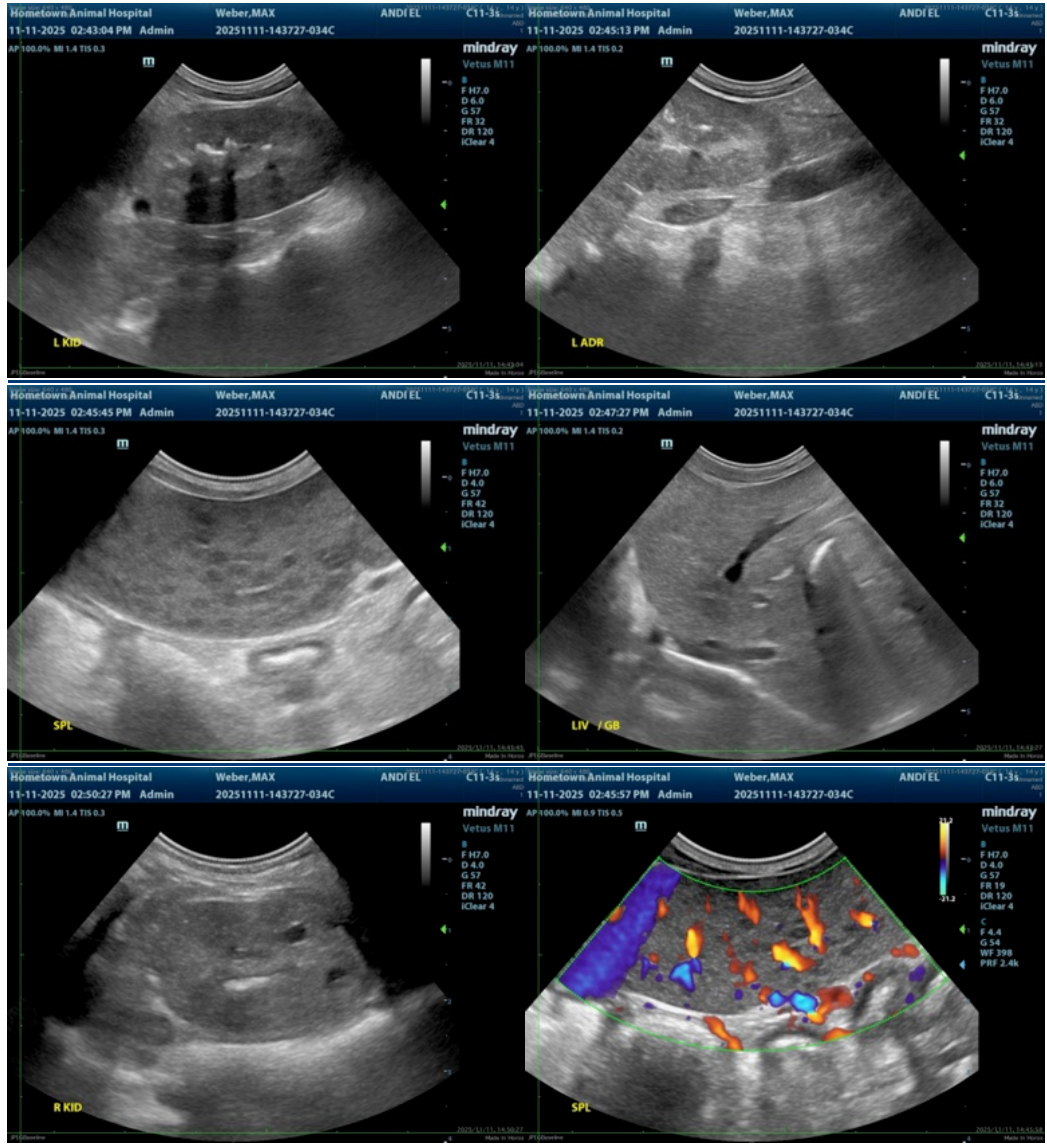
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com