



## PATIENT

Abby Kellogg

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Spayed female

## AGE

3 years

## WEIGHT

80 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Wagner

## HOSPITAL NAME

Angeles Clinic for  
Animals

## REFERRING VET

Dr. Wagner

## INVOICE

68790

## DATE

11/18/25

## PRESENTING CLINICAL SIGNS

History: Owner reports mild lethargy and slowing down starting around Oct 1. Was seen on Oct 13 for this problem, labs done. Continued to be lethargic, not wanting to play, occ vomiting. Initially had fever (103.6) and high white count, mildly decreased albumin. Course of amoxi/clav, no improvement. Returned for recheck labs, albumin lower. Returned today for imaging.

Abnormal PE/Chem/CBC/UA Results: PE - cranial abdominal mass, large - Hct 37.3 (prev 43 2 weeks prior) - WBC 26.9 (prev 27.7) char by neutrophilia 21.8k and monocytosis 1.587k - platelets 284k Chem - alb 2.1 (prev 2.3) - Glob 4.3 (prev 4) - ALP 263 (prev 297) - all others NSF 4Dx negative UP:C 0.2; UA USG 1.039 benign sediment

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is small 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 left renal size (5.2 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 was noted.

The right kidney was not visualized.

### Adrenal Glands

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

### Spleen

The spleen is large, irregular with mottled, echogenic, cystic mass that measured at least 8 x 11 cm in size originating off the head of the spleen. The rest of the spleen is of normal size (3.0 cm in width) maintaining a normal echogenic appearance, smooth homogenous parenchyma and a regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis.

### 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 pancreas is poorly visualized, but 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.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

Further assessment would be three view thoracic radiographs and an echocardiography to evaluate the right atrium and right auricle.

Splenectomy should be considered as it could be both diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis.



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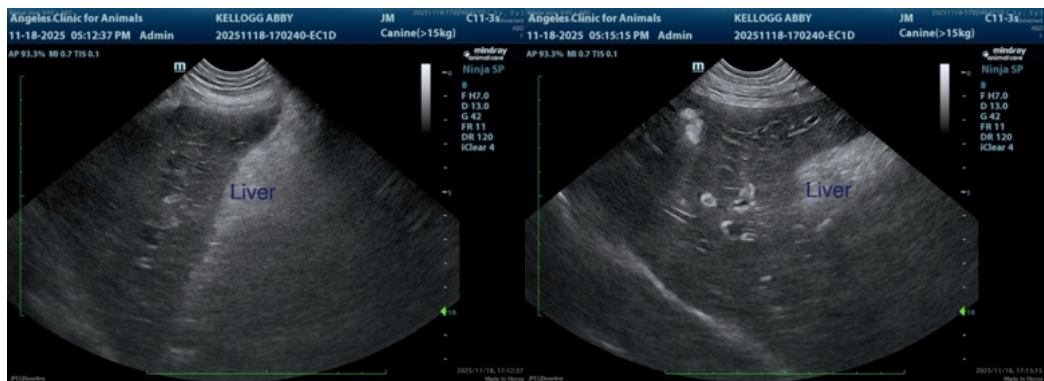
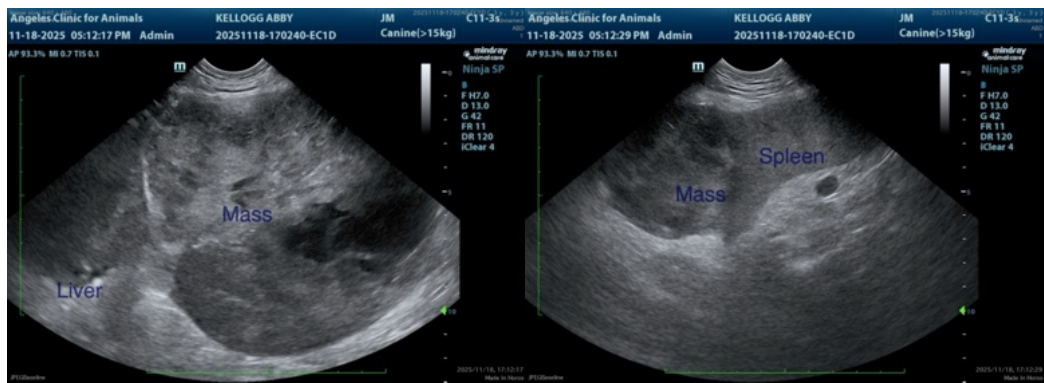
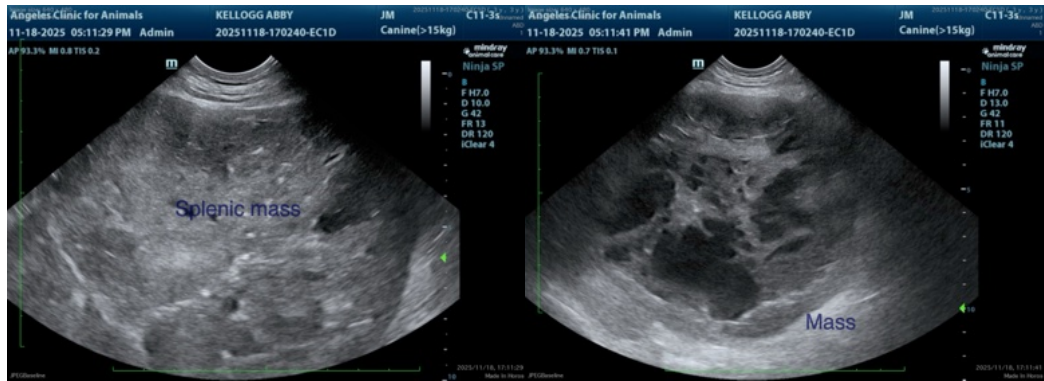
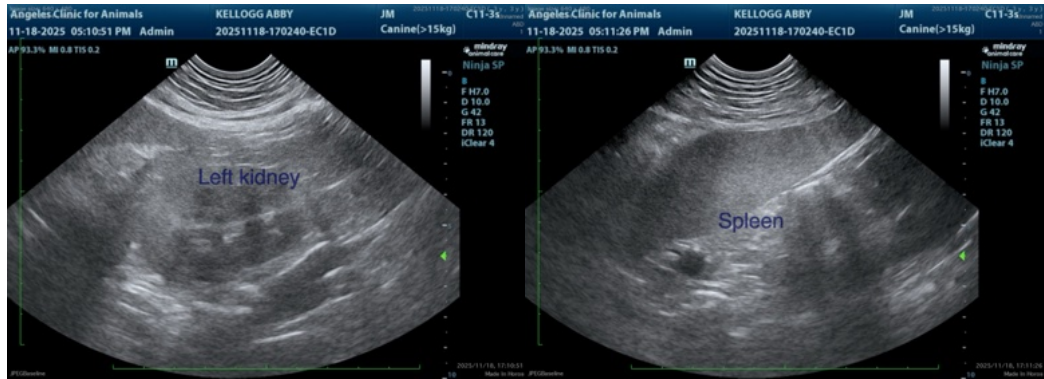
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)