



PATIENT

Loki Patten

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

9 years

WEIGHT

20 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Goeres

HOSPITAL NAME

Kelowna VH

REFERRING VET

Dr. Nicklassen

INVOICE

69144

DATE

11/27/25

PRESENTING CLINICAL SIGNS

History: O noted distended abdomen, increased panting, and increased water consumption r/o Cushing's vs neoplasia

Abnormal PE/Chem/CBC/UA Results: moderately over conditioned with potbelly appearance BCS 6/9 USG 1.025 CBC WNL Albumin 40 g/L Globulin 37 g/L Albumin: Globulin Ratio 1.1 ALT 328 U/L ALP > 2,000 U/L TT4 8

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 renal size (left measured 6.5 cm, right measured 6.7 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.

The prostate is small and hypoechogenic.

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

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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.4 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 a small amount of non-adhered, hyperechogenic sediment. 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. The stomach measured 0.39 cm, duodenum measured 0.53 cm. The small intestine measured 0.47 cm, colon measured 0.13 cm.

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.

A large, irregular, mottled echogenic cystic mass measuring 6.0 x 6.5 cm in size in the right cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Abdominal mass.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the abdominal mass would be neoplasia with granuloma and organized hematoma a highly unlikely differential diagnosis.

Possible organs of origin of the mass would be the right adrenal gland, mesentery and lymph node.

With the presenting clinical signs a functional adrenal mass would be an important differential diagnosis.

Further assessment would be adrenal function testing (ACTH stimulation/LDDST) and if negative for Cushing's disease then urine/plasma catecholamine assay and serial blood pressure measurements.



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Additional diagnostics would be three view thoracic radiographs, FNA Cytology of the mass and possibly a CT scan.

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Specific therapy would be dependent on an etiological diagnosis.

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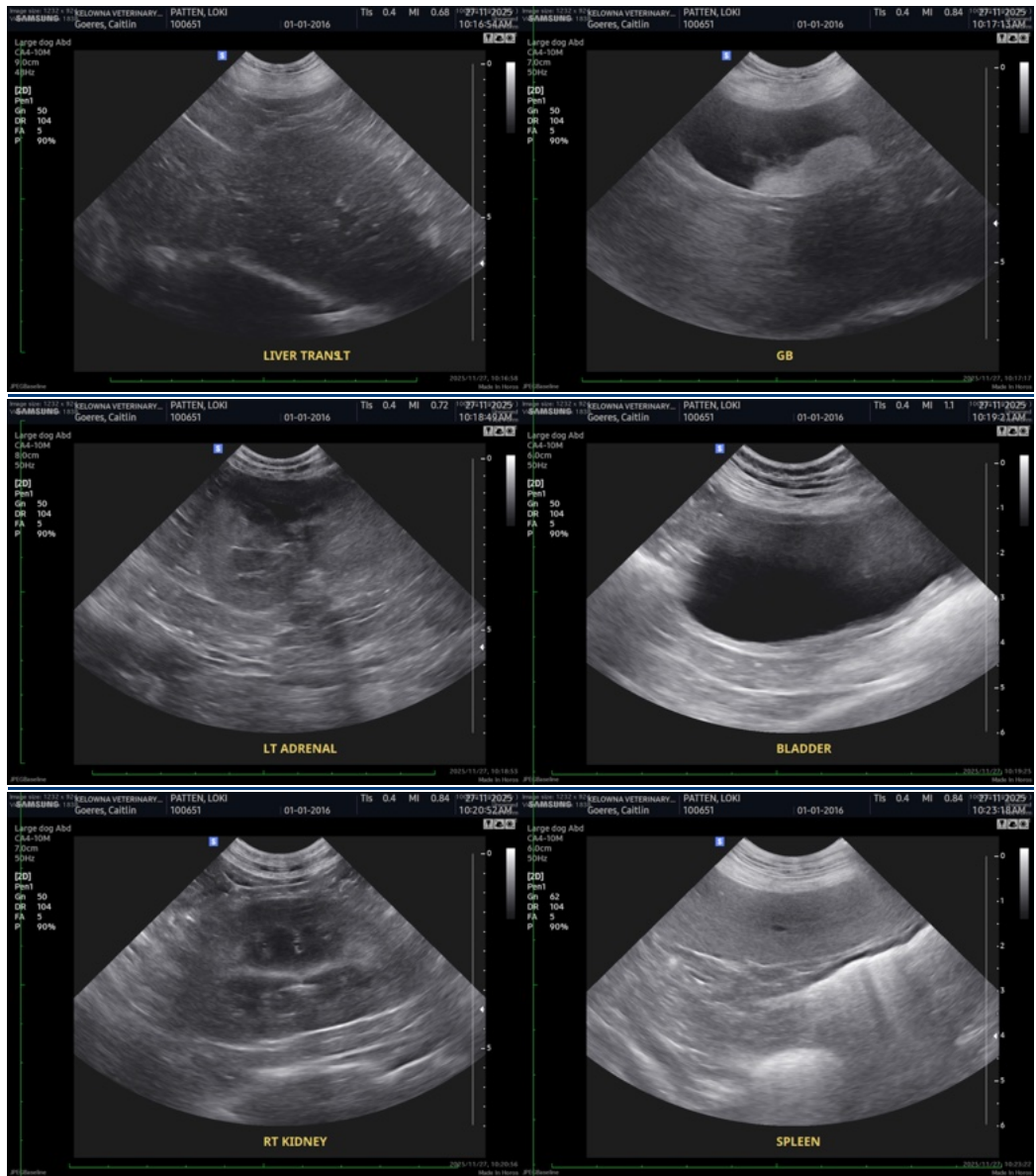
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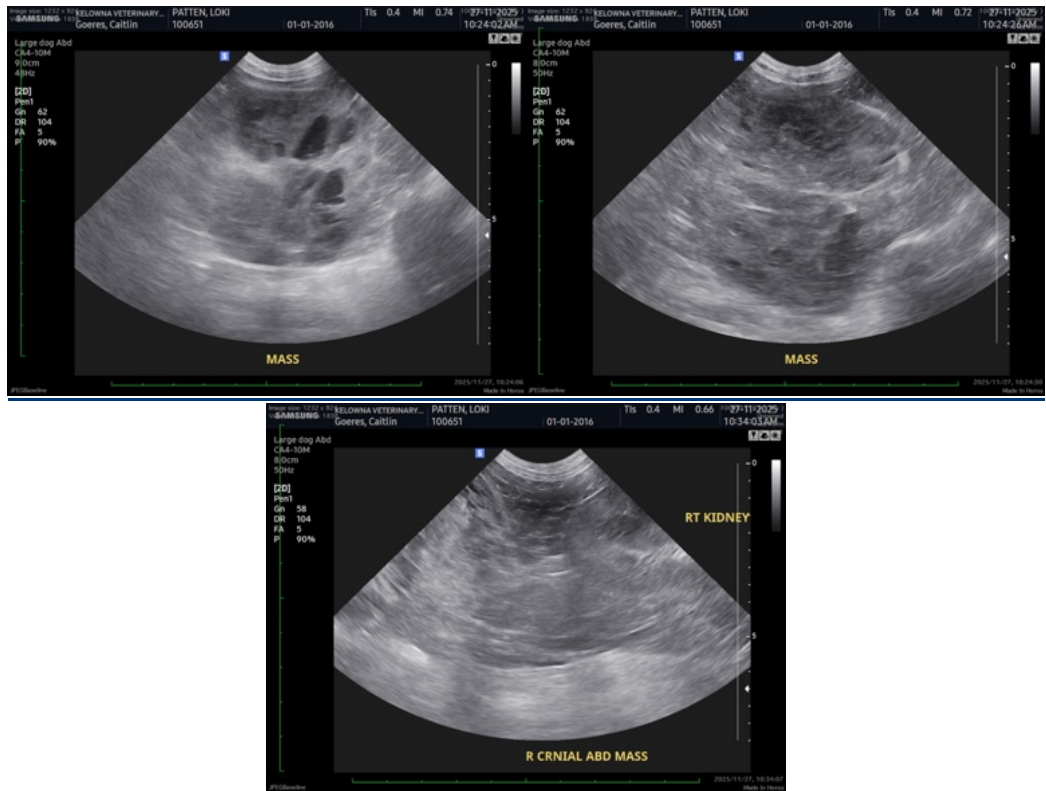
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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