



PATIENT

Ada Phillips

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Female

AGE

8 years

WEIGHT

40 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Jaspar, RVT

HOSPITAL NAME

Orchard VC

REFERRING VET

Dr. Gudelot

INVOICE

68355

DATE

11/5/25

PRESENTING CLINICAL SIGNS

History: Oct 20/25, stopped eating (on/off inappetence) panting, constipation. Leaking urine (3x last week), PU/PD weight gain

Abnormal PE/Chem/CBC/UA Results: BUN 31.8 (90-29) Cre: 1.5 (0.4-1.4) Triglycerides 2.14 (0.34-1.47) Glob 37 (20-36) USG: 1.016

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 6.6 cm, right measured 6.4 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.

Adrenal Glands

The left adrenal gland revealed a large, mottled echogenic mass that measured 1.3 cm in size maintaining normal position and appearance of the periadrenal vasculature. The right adrenal gland had normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The right adrenal gland measured 0.58 cm in width.

Spleen

The spleen revealed a mottled echogenic, poorly vascularized mass in the head of the spleen measuring 1.3 x 2.0 cm in size. The rest of the spleen is of normal size (2.0 cm in width) 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.

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

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.



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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
- Left adrenal mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenic mass would be hematoma, granuloma and neoplasia.

Etiologies for the left adrenal gland mass would be non-functional/functional carcinoma and possibly a pheochromocytoma.

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

Further assessment of the left adrenal mass would be adrenal function testing (ACTH stimulation/LDDST), serial blood pressure determination and urine/plasma catecholamine assay.

FNA cytology of the adrenal mass and splenic mass could also be considered.

Specific therapy would be dependent on an etiological diagnosis.

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

If surgery is being contemplated for the left adrenal mass then a CT scan would be recommended.



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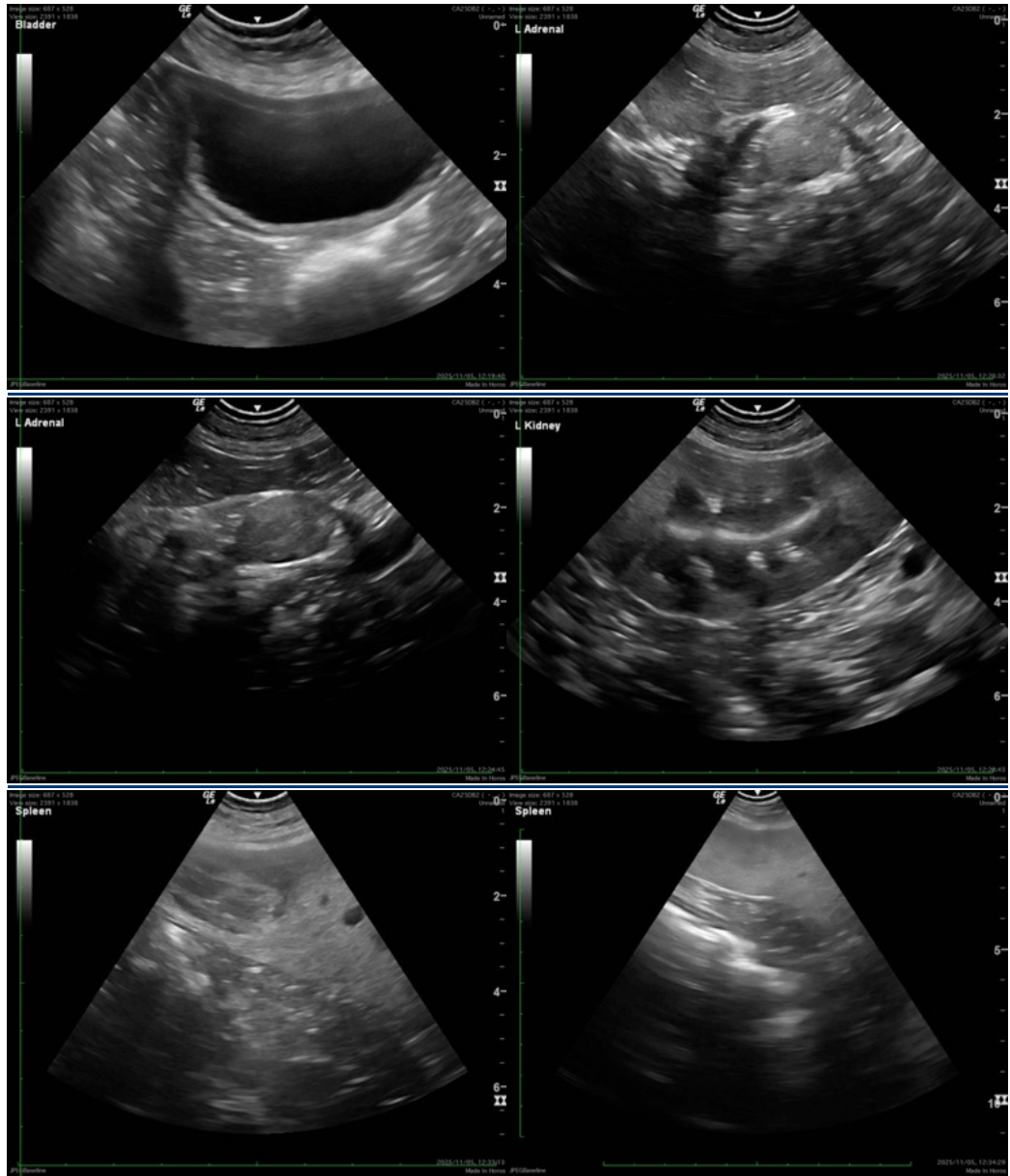
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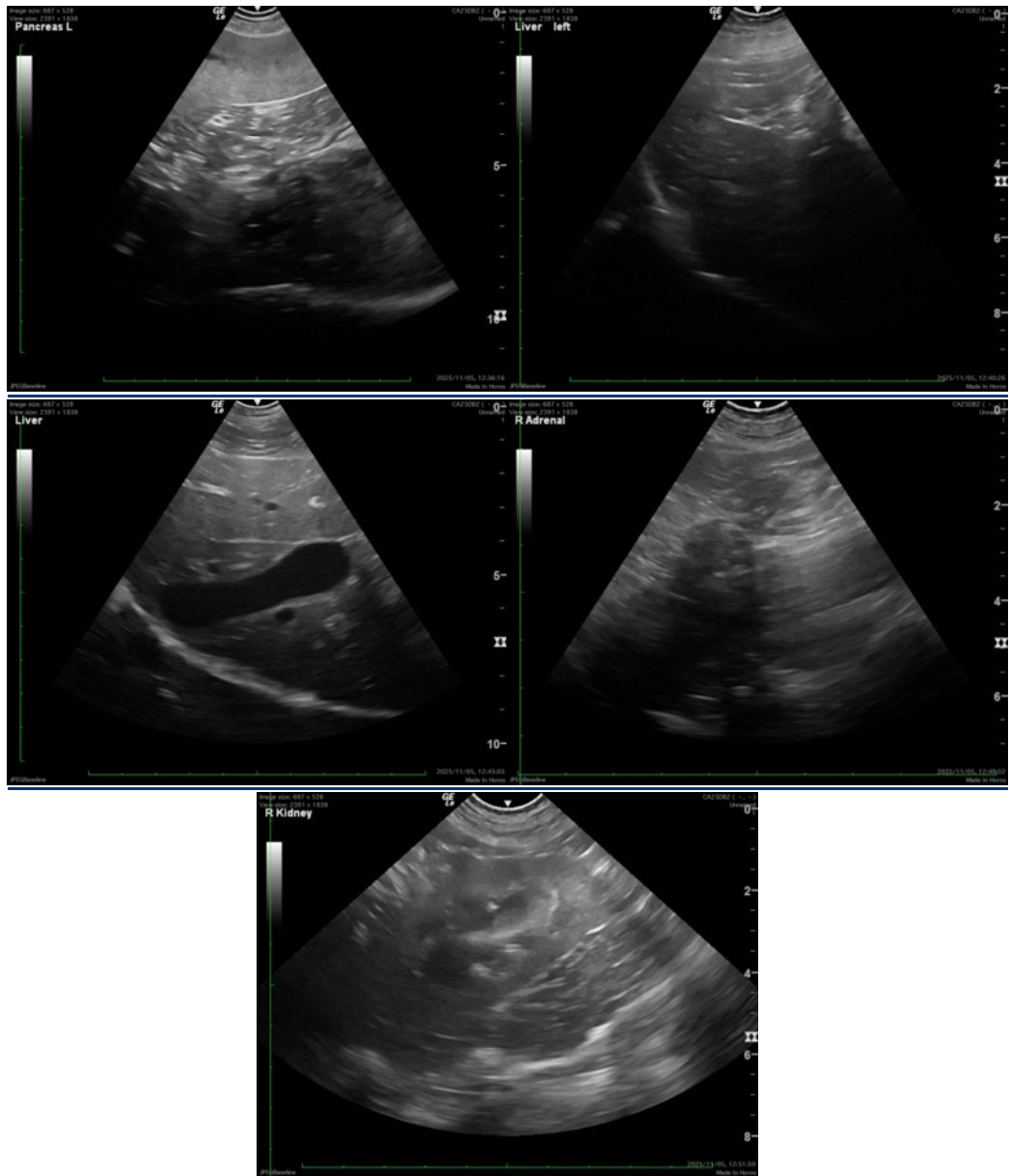
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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