



PATIENT

Gracie Godaire

SPECIES

Canine

BREED

Boxador

SEX

Spayed female

AGE

12 years

WEIGHT

66.4 lbs

PRESENTING CLINICAL SIGNS

History: Diarrhea, Vomiting (about twice monthly), Decreased appetite
Bloodwork from 9-28-25 MCHC - 32.2 (32.3-38); Reticulocyte Hemoglobin - 23.3 (23.8-28.3); ALP - 776 (5-160); Amylase - 1611 (337-1469); Lipase - 278 (0-250); Spec cPL - 245 (0-200) Peripheral Lymph Nodes: Enlarged left prescapular, bilateral inguinal, and left pre-femoral lymph nodes Abdomen: Pain on palpation in left cranial quadrant, otherwise soft and non-tender

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.

Enlarged iliac lymph nodes measuring 1.8 x 5.1 cm maintaining a normal shape, but with a hypoechoic appearance. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 6.7 cm, right measured 7.3 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.

INTERPRETED BY

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

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.75 cm in width. The right adrenal gland measured 0.82 cm in width.

IMAGING PERFORMED BY

Smantha L Hudgins

Spleen

The spleen is enlarged (4.7 cm in width) with a diffuse, increased echogenic and moth eaten pattern, but maintained a regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.

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Petvacx AH

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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. A large, irregular, mottled echogenic cystic mass in the left lobe measuring 4.1x 5.7 cm in size. No nodules or additional masses evident. Normal appearance of the hepatic and portal vasculature.

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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 pancreas is not clearly 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 pathology.
- Hepatic mass.
- Iliac lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the peripheral lymphadenomegaly appearance of the spleen and iliac lymphadenomegaly, the most likely diagnosis for this patient would be lymphoma (stage IV).

Although the hepatic mass is most likely lymphoma as well, primary hepatocellular carcinoma would be a differential diagnosis.

Further assessment would be FNA cytology of the peripheral lymph nodes and possibly the spleen as well as the hepatic mass.

Specific therapy would be dependent on an etiological diagnosis which would either be palliative therapy or chemotherapy.



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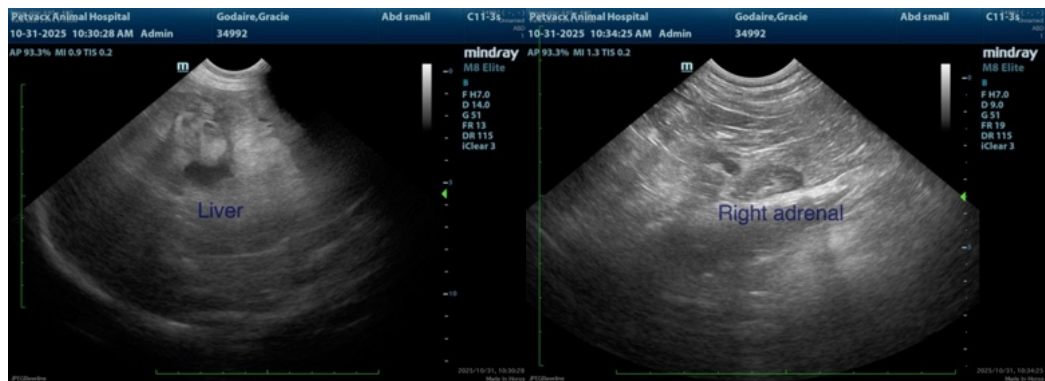
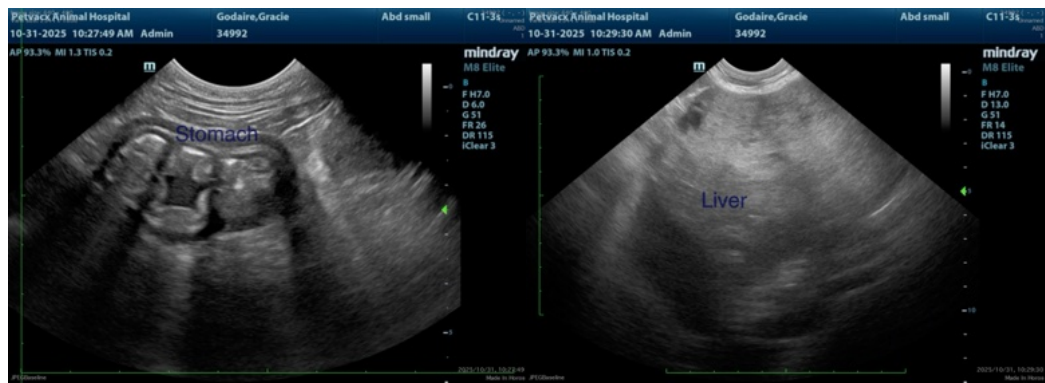
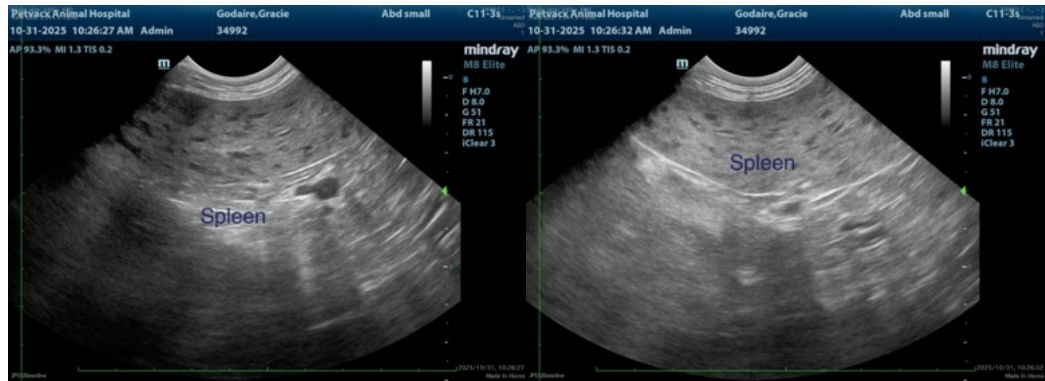
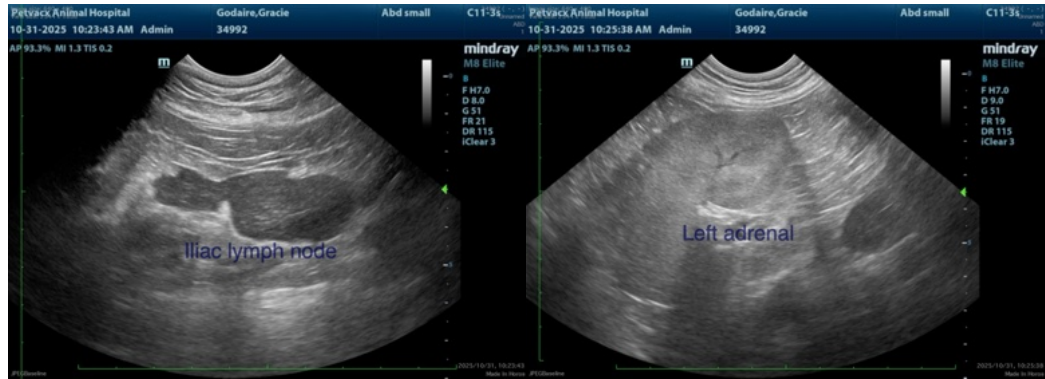
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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