



PATIENT

Cotton Candy Kreider

SPECIES

Canine

BREED

Coton de Tulear

SEX

Neutered male

AGE

15 years

WEIGHT

10 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jack Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

Dr. Miller

INVOICE

68378

DATE

11/6/25

PRESENTING CLINICAL SIGNS

History: Patient presented for diarrhea and GI upset at local ER clinic 1 week ago. Abdominal palpation performed at time of exam indicated cranial organomegaly. Patient was treated symptomatically and follow-up recommended at our clinic. Follow up exam and bloodwork indicative of hepatomegaly, splenomegaly and anemia with elevated ALP. Abdominal U/S recommended as next step. Abnormal PE/Chem/CBC/UA Results: RBC 4.07 (5.65 - 8.87 M/ μ L) Hematocrit 21.5 (37.3 - 61.7 %) Hemoglobin 7.6 (13.1 - 20.5 g/dL) MCV 52.8 (61.6 - 73.5 fL) MCH 18.7 (21.2 - 25.9 pg) ALP 307 (23 - 212 U/L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder revealed a small, mottled echogenic, poorly vascularized mass on the dorsal wall measuring 0.4 x 0.7 cm in size. The rest of the wall is of normal thickness with a smooth appearance. A small amount of dependent hyperechogenic sediment is present. No uroliths are 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 4.6 cm, right measured 4.2 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

The prostate is not visualized.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.59 cm and 0.65 cm in width. The right adrenal gland measured 0.51 cm and 0.48 cm in width.

Spleen

The spleen was enlarged (2.0 cm in width) with a mottled echogenic appearance, but maintained a smooth homogenous parenchyma with a scalloped appearance of the capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Incidental myelolipomas are present.

Liver

The liver is enlarged with rounded edges, diffuse increased echogenic and coarse appearance, normal 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 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

Two hypogenic mural nodules are in the fundus of the stomach. One measured 1.2 x 1.7 cm in size and the other measure 1.5 x 1.5 cm in size. Mineralization is evident within the nodules. The remainder of the gastric wall is of normal thickness with no loss of layering and maintained a 1:3 muscularis to mucosa ratio. A small amount of ingesta is present in the stomach. Normal appearance of the 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. Fecal material was noted in the colon.

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

- Hepatopathy.
- Splenomegaly.
- Gastric nodules.
- Urinary bladder mass.
- Age related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia a less likely differential diagnosis.

Etiologies for the splenomegaly would be reactive hyperplasia, splenitis and infiltrative neoplasia.

Etiologies for the gastric nodules would be granulomas and emerging neoplasia.

Etiologies for the urinary bladder mass would be chronic bacterial cystitis, granulomatous disease and neoplasia.



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Taking the patient's age into consideration further assessment would be urinalysis, urine culture, BRAF analysis and FNA cytology of the liver, spleen and gastric nodules.

Specific therapy would be dependent on an etiological diagnosis.

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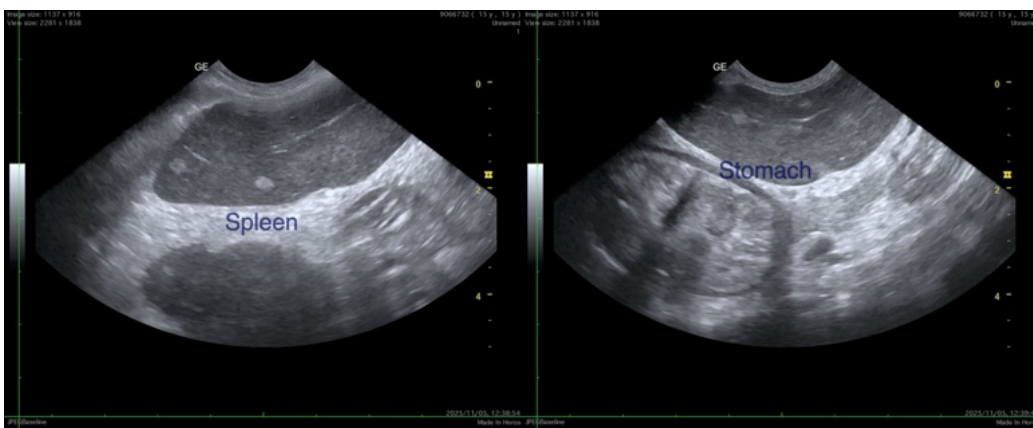
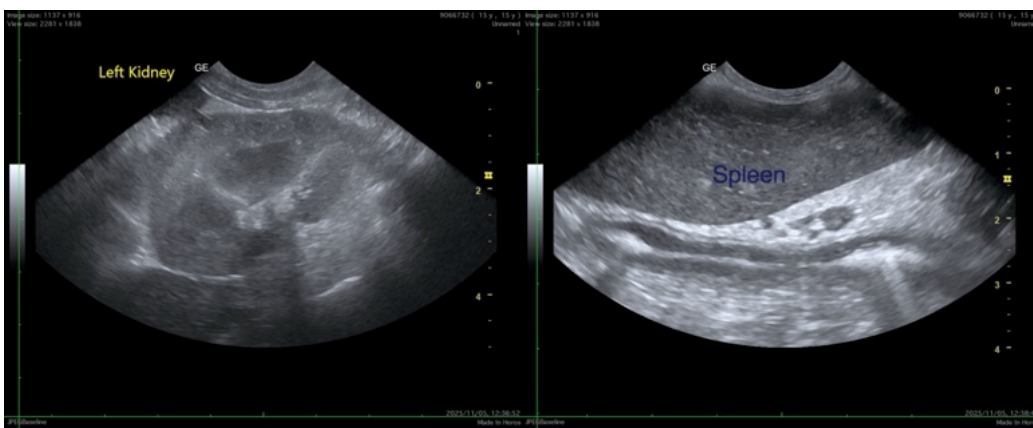
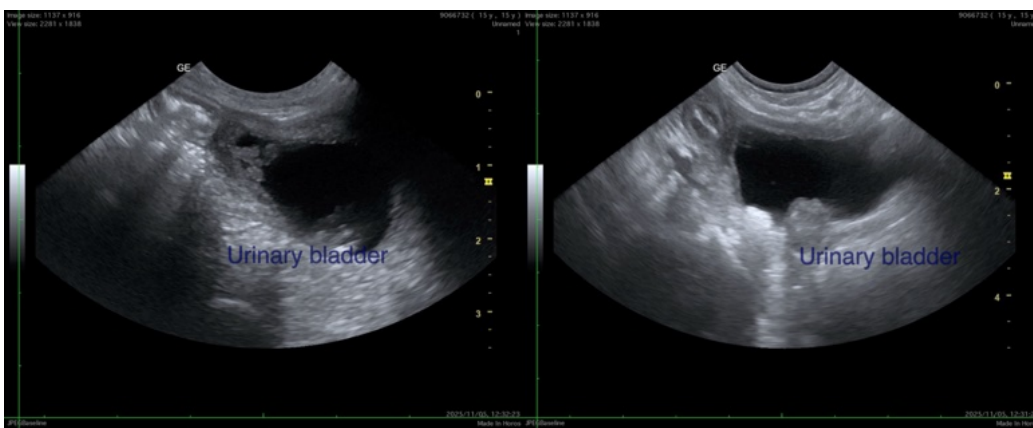
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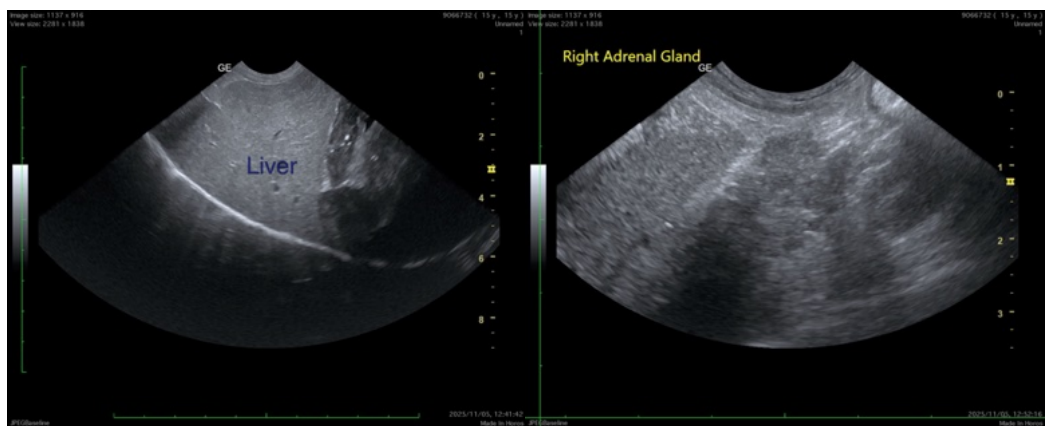
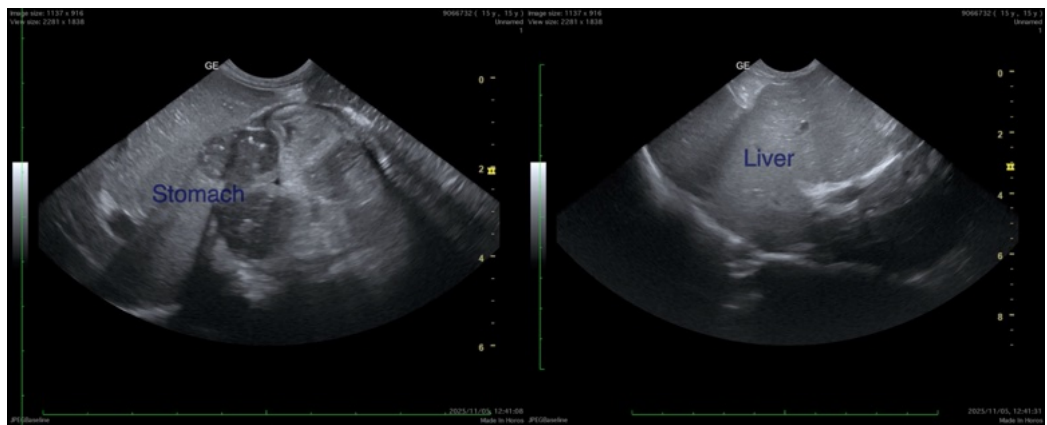
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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