



PATIENT

Sammy Royer

SPECIES

Canine

BREED

Dachshund

SEX

Neutered male

AGE

14 years

WEIGHT

12.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jack Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

Dr. Molly Arnold

INVOICE

68379

DATE

11/6/25

PRESENTING CLINICAL SIGNS

History: Patient diagnosed with small intestinal mass in May of this year. Resection and anastomosis performed for removal - biopsy indicated likely sarcoma (GIST or other spindle cell sarcoma). Biopsy indicated complete resection. Recheck U/S recommended every 3-6 months for monitoring. Abnormal PE/Chem/CBC/UA Results: No abnormalities on recent labwork.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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.

Right normal renal size (3.7 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. Normal color flow pattern is evident.

The left kidney is not visualized.

The prostate is small and hypoechogenic measuring 0.9 cm in width.

Adrenal Glands

Th adrenal glands are bilaterally enlarged with a rounded shape, but maintained a normal echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.66 cm and 0.72 cm in width. The right adrenal gland measured 0.6 cm and 0.72 cm in width.

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 1.2 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. A focal, well-circumscribed, mottled echogenic mass in the cranial aspect of the left lobe measuring 1.6 x 1.6 cm in size. No nodules or additional masses are 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 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

- Hepatic mass.
- Bilateral adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The likely etiologies for the adrenomegaly would be reactive hyperplasia and disease stress with emerging pituitary dependent Cushing's disease a less likely differential diagnosis.

Further assessment would be three view thoracic radiographs and FNA cytology of the hepatic mass.

A tru cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

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



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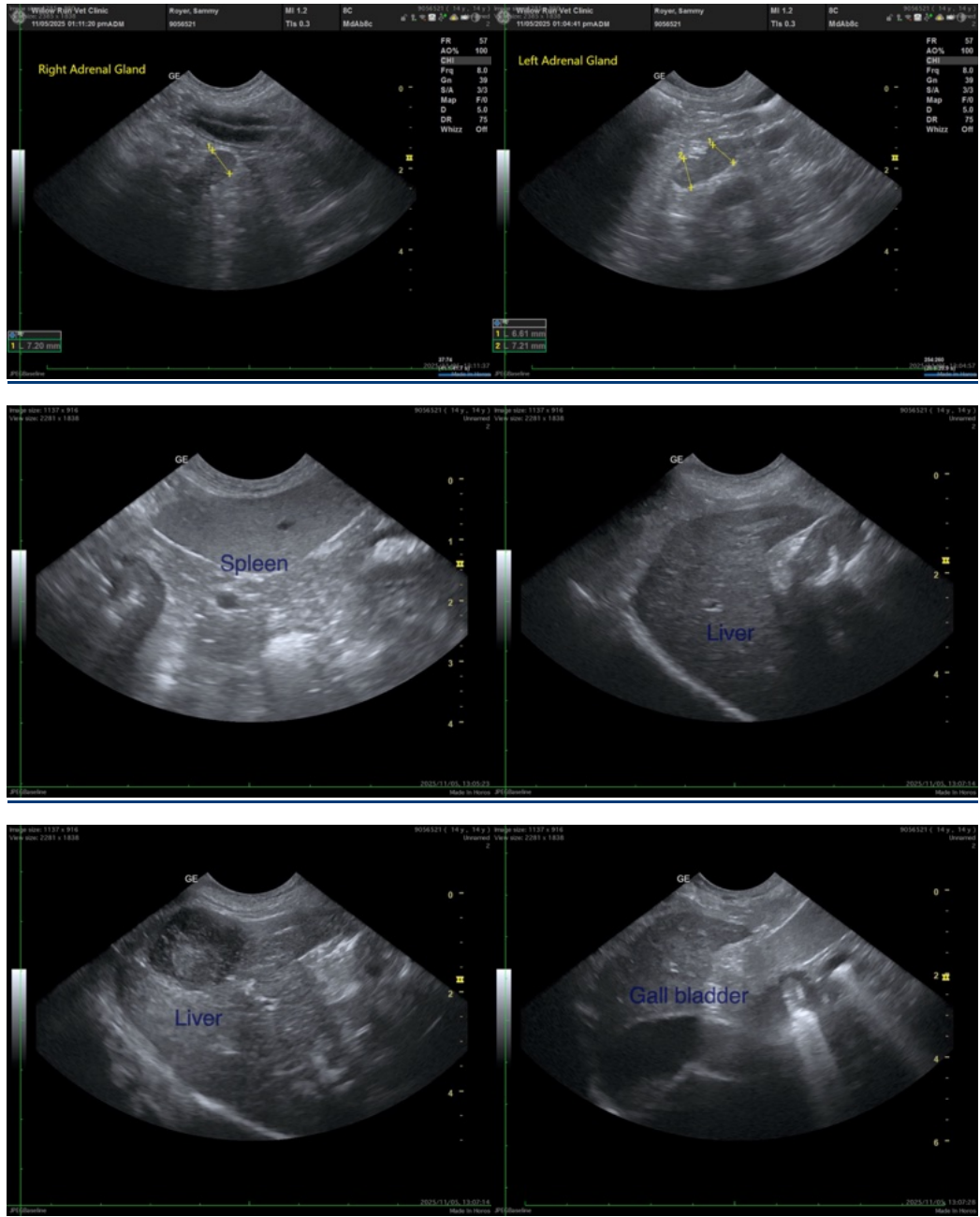
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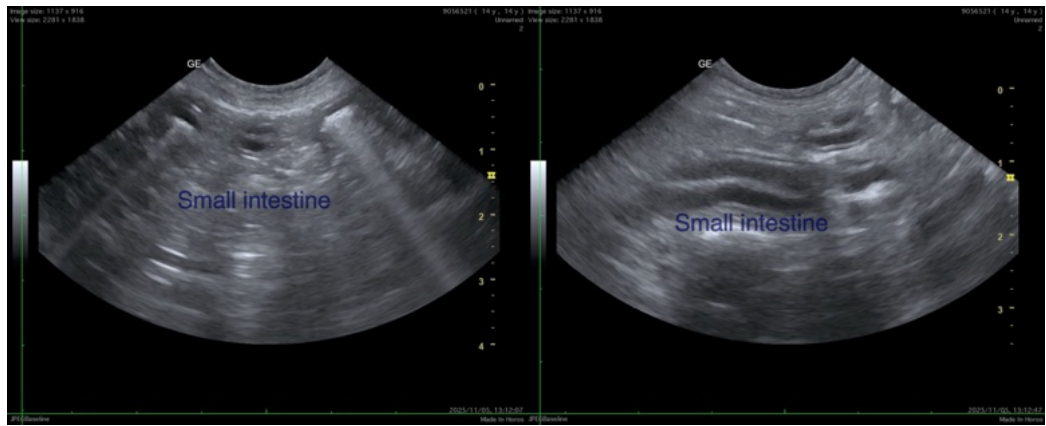
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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