



## PATIENT

Sadie Hill

## SPECIES

Canine

## BREED

German Shepherd

## SEX

Spayed female

## AGE

10 years

## WEIGHT

47 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Grace Jayne CVT

## HOSPITAL NAME

Ark AH

## REFERRING VET

Dr. Dingle

## INVOICE

69432

## DATE

12/18/25

## PRESENTING CLINICAL SIGNS

History: Daughter reports Sadie is still being very picky and will only eat small amounts of the fresh food they have been giving as long as someone is there just about feeding it to her. They are giving multiple types of food just to see what she will eat. Also seems to be drinking more. Normal BM and still no vomiting. Urination seems normal if not just slightly elevated.

Abnormal PE/Chem/CBC/UA Results: Temp 104.3 Oral- mild tartar BCS- 5/9 Rectal: formed brown stool with suspected carrots Assessment Fever - r/o infectious vs. inflammatory v Anemia - r/o bleeding tumor vs. infectious vs. chronic dz vs other Hyporexia CBC RBC 4.11 L 5.65 - 8.87 M/ $\mu$ L L 4.02 Hematocrit 29.4 L 37.3 - 61.7 % L 30.1 Hemoglobin 9.2 L 13.1 - 20.5 g/dL Reticulocytes 7.0 L 10.0 - 110.0 K/ $\mu$ L Lymphocytes 0.96 L 1.05 - 5.10 K/ $\mu$ L Platelets 138 n L 148 - 484 K/ $\mu$ L slide review: HCT on 12/15 was 30.1 - stable 4dx - neg x 4 Pending diagnostics: fecal with giardia, anemia panel, UA, AUS report, thoracic rad report

## 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.

Normal renal size (left measured 6.0 cm, right measured 6.3 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. Normal color flow pattern is evident in both kidneys.

### 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 0.63 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

### Spleen

The spleen was diffusely enlarged and measured up to 3.2 cm in width, but maintained a normal echogenic appearance, a smooth homogenous parenchyma and irregular curvilinear capsule.

### 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. A moderate amount of ingesta is present in the stomach compatible with a recent meal.

## ***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**

- Splenoemgaly.
- Gallbladder sediment.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology for the splenomegaly would be reactive hyperplasia with infiltrative neoplasia and splenitis an unlikely differential diagnosis.

The gallbladder sediment is most likely an incidental finding.

Further assessment and therapy needs to be based on the pending results, but could include FNA cytology of the spleen.



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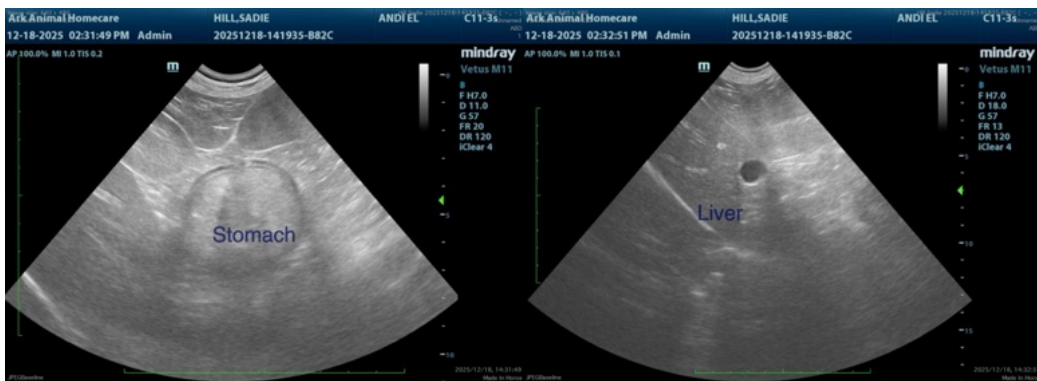
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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