



## PATIENT

Ranger Bowman

## SPECIES

Canine

## BREED

Yorkie Mix

## SEX

Neutered Male

## AGE

7 kg

## WEIGHT

11 Years

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Van Nieuwal

## HOSPITAL NAME

AEH Volusia

## REFERRING VET

Dr. Van Nieuwal

## INVOICE

35975

## DATE

12/20/25

## PRESENTING CLINICAL SIGNS

History: Patient presented for evaluation after Owner states that patient is lethargic and not acting right. Patient has a history of pancreatitis and is on a GI diet. This morning patient was lethargic and did not want to get up. Ate okay. Whimpered when walking. No vomiting, diarrhea, coughing or sneezing. Urinating normally. No current medications.

Abnormal PE/Chem/CBC/UA Results: CPL: Normal Dri Chem: High: ALB 4.1, ALP 235

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

Full urinary bladder 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.

Small hypoechogenic prostate was visualized.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 4.2 cm. The right kidney measured 4.1 cm. Incidental small cortical cysts were noted, measuring approximately 0.5 cm in the cranial pole of the left kidney.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.4 cm in width. The right adrenal gland measured 0.35 cm.

### *Spleen*

Normal size (0.8 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Mottled echogenic parenchymal mass was present in the body of the spleen, measuring approximately 1.3 cm x 1.4 cm in size, with bulging of the overlying capsule present.

### *Liver*

Normal size, with a diffuse mottled echogenic and coarse appearance, normal portal markings, and a regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

### *Gallbladder*

Full gallbladder, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

### *Gastrointestinal*



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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. Gas was present within the stomach.

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### *Pancreas*

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.

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### *Free Abdomen*

Normal mesenteric lymph nodes.

## SEX

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No ascites evident.

## AGE

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- Splenic mass
- Hepatopathy

## ULTRASONOGRAPHIC FINDINGS

## WEIGHT

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar, and metabolic, with hepatitis and infiltrative neoplasia highly unlikely differential diagnoses.

Further assessment would be 3 view thoracic radiographs, echocardiography to evaluate the right atrium and right auricle, and FNA cytology of the splenic mass and liver.

Specific therapy would be dependent on an etiological diagnosis.

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Splenectomy could be considered, as it could be both diagnostic and therapeutic, as well as allowing for a wedge biopsy of the liver.

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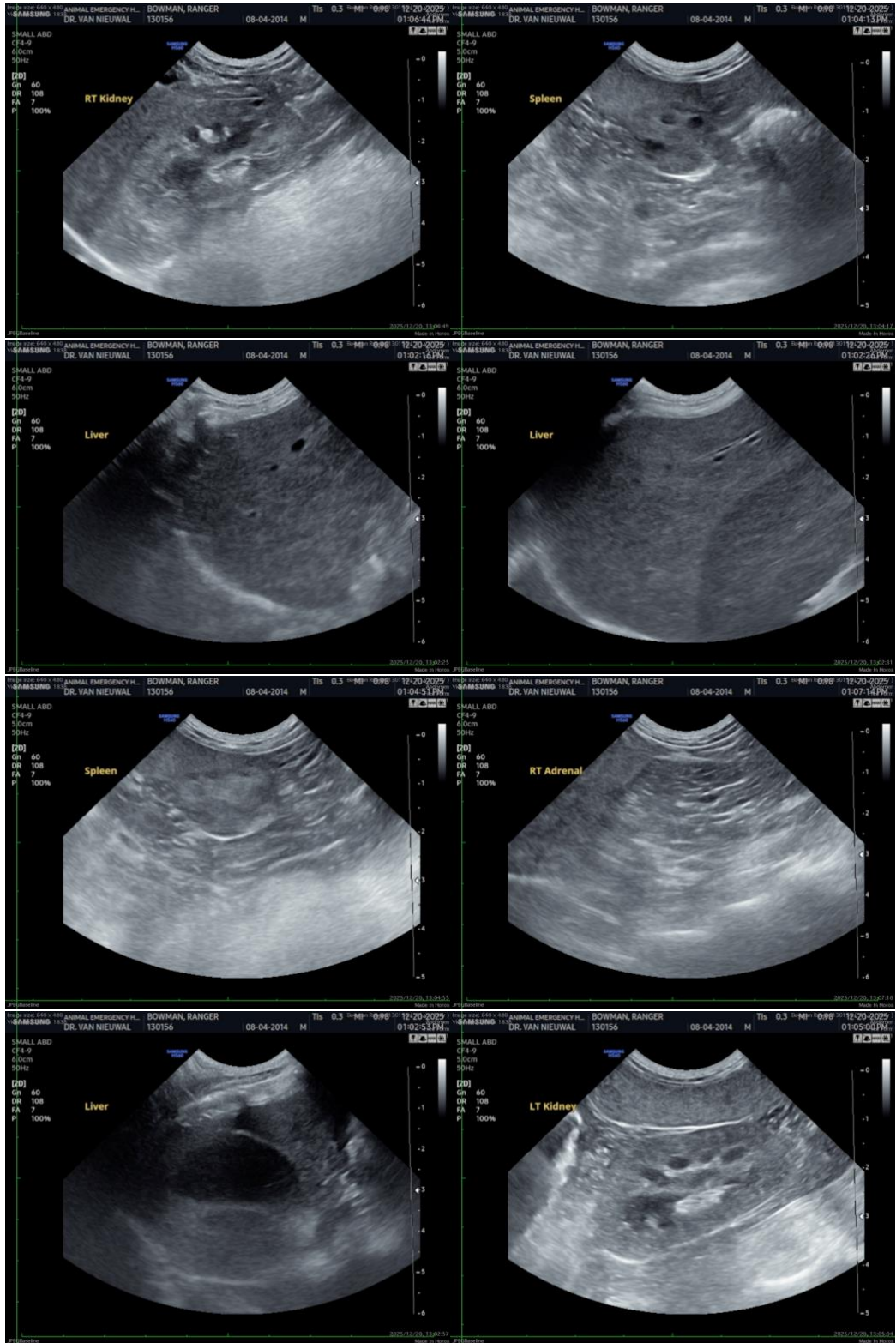
Dr. Van Nieuwal

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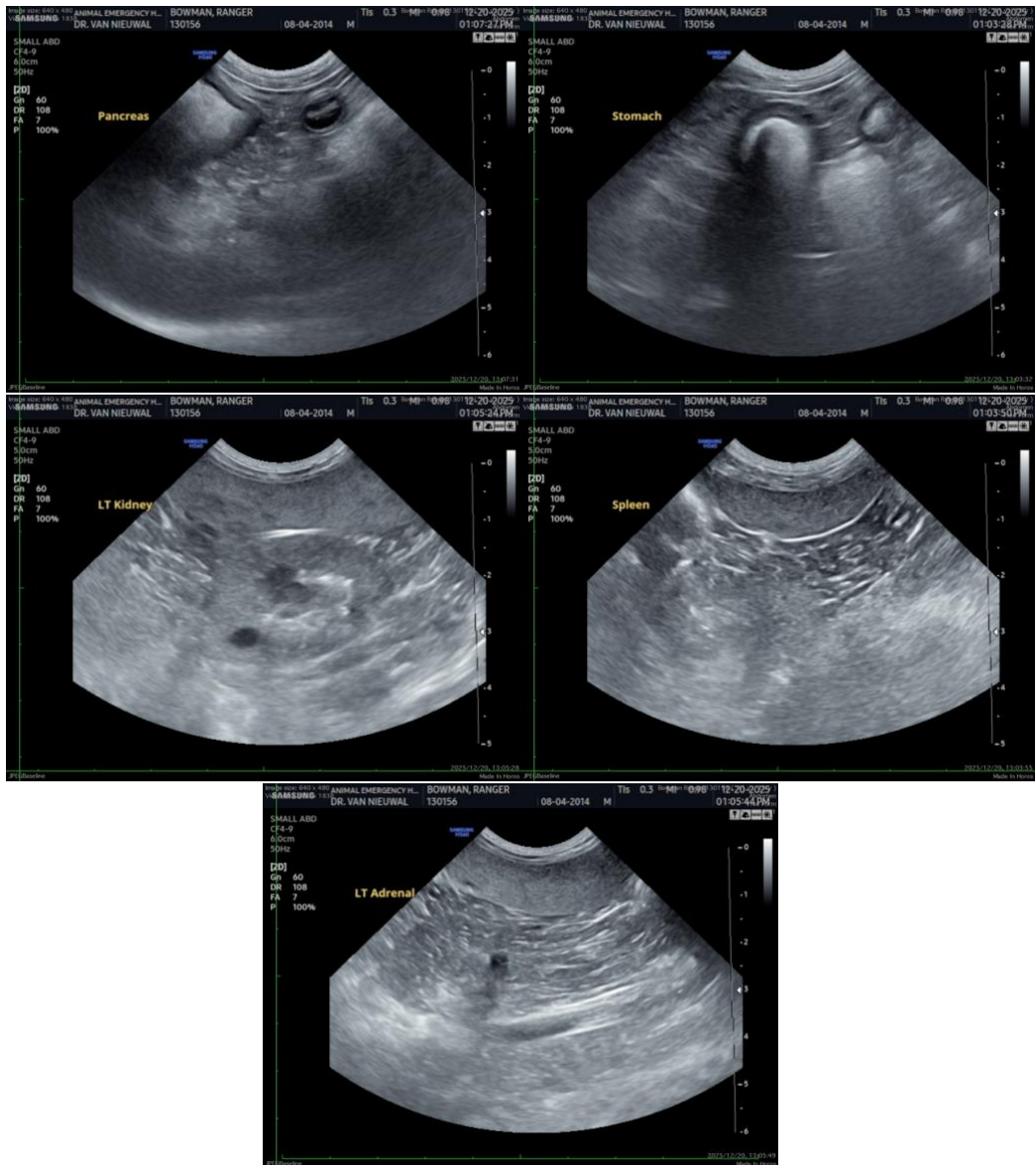
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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