



PATIENT

Cody Klooster

SPECIES

Canine

BREED

Labrador

SEX

Neutered male

AGE

12 years

WEIGHT

65 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Julia Bakker

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Dr. Taylor

INVOICE

69506

DATE

12/22/25

PRESENTING CLINICAL SIGNS

History: 2/4/25 placed on carprofen 12/19/25 began drooling/ not eating/ lethargic Hct 18%, Retic 207.8, WBC 17.26, plt 119 D/c carprofen began doxy 300mg bid, Waiting to start pred 12/22/25 Icteric, all liver enzymes elevated

Abnormal PE/Chem/CBC/UA Results: Labwork attached

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 5.9 cm, right measured 6.2 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.

The prostate is small and hypoechogenic.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 3.11 cm in length x 0.5 cm and 0.52 cm in width. The right adrenal gland measured 2.34 cm in length and 0.48 cm and 0.51 cm in width.

Spleen

Two, large, irregular vascularized mottled echogenic and cystic masses were noted. One mass was on the tail of the spleen and measured 5.0 x 7.0 cm in size. The other was on the head of the spleen and measured 8.0 x 9.0 cm in size. The rest of the spleen is of normal size (1.9 cm in width) maintaining a normal echogenic appearance, smooth homogenous parenchyma and a regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.

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 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.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Splenic masses.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenic masses would be neoplasia with hematomas and granulomatous highly unlikely differential diagnosis. With the anemia and icterus, secondary to associated immune mediated hemolytic anemia needs to be considered.

Further assessment would be three view thoracic radiographs and NSAID agglutination or a Coomb's test.

Splenectomy would be indicated as it could be diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis.

If immune mediated hemolytic anemia is present then immunosuppressive doses of cortisone would be indicated.



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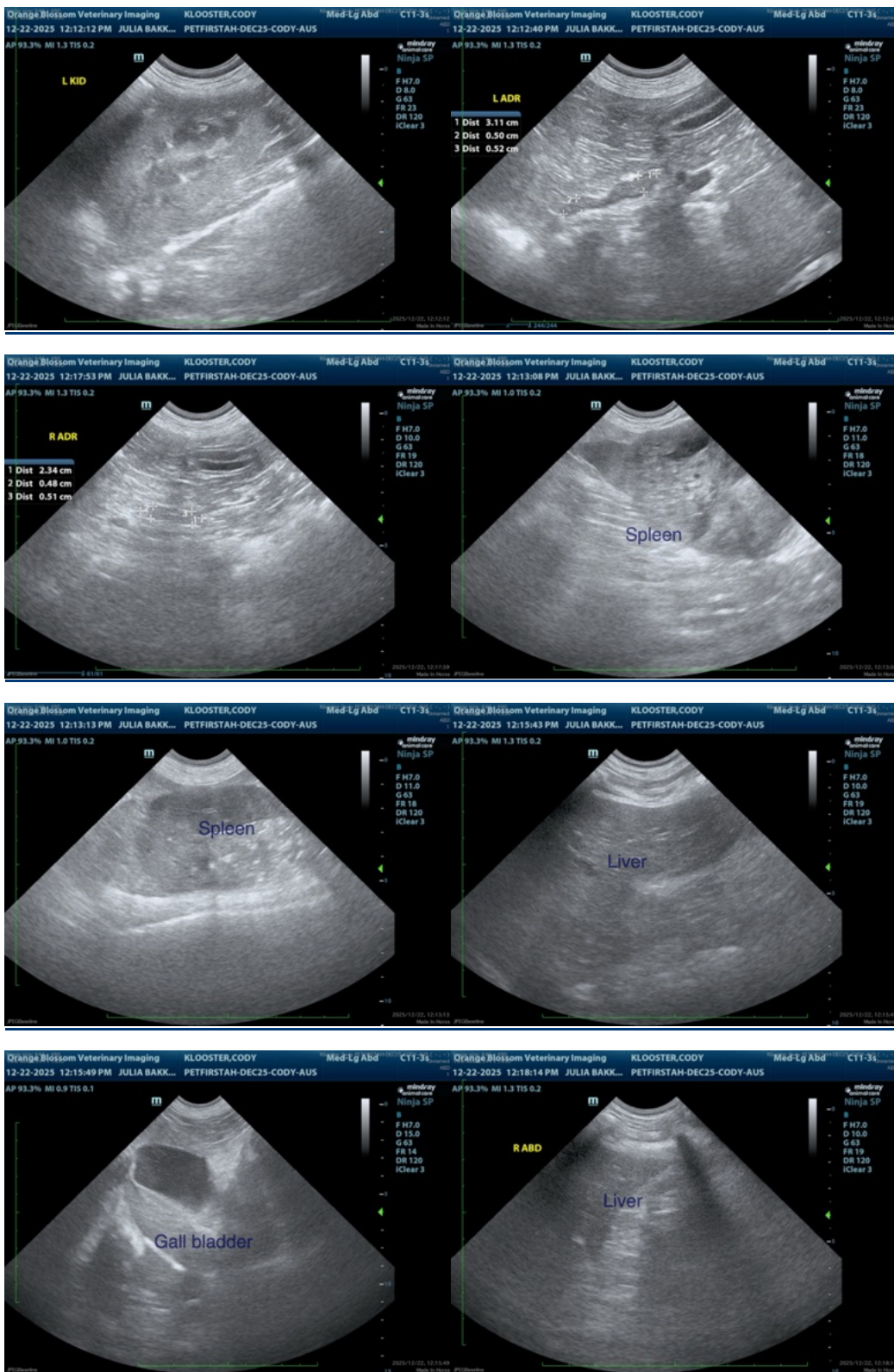
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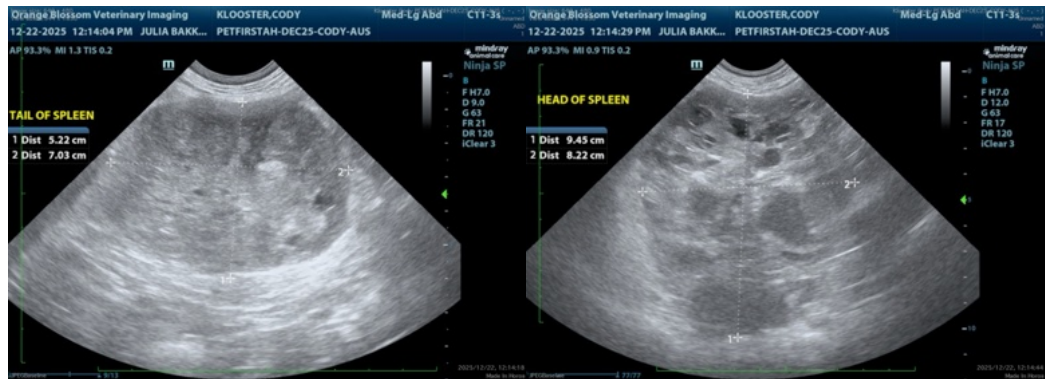
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com