



PATIENT

Sagan Spengler

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered male

AGE

11 years

WEIGHT

43.15 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Barnes

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Barnes

INVOICE

69273

DATE

12/3/25

PRESENTING CLINICAL SIGNS

History: Intermittent vomiting, diarrhea, lethargy
Abnormal PE/Chem/CBC/UA Results: CBC: RBC 4.78 5.65 - 8.87 x10¹²/L L 7.00 Hematocrit 0.285 0.373 - 0.617 L/L L 0.474 Hemoglobin 103 131 - 205 g/L L 170 MCV 59.6 61.6 - 73.5 fL L WBC 3.91 5.05 - 16.76 x10⁹/L L Neutrophils 2.90 2.95 - 11.64 x10⁹/L L 5.83 Lymphocytes 0.52 1.05 - 5.10 x10⁹/L L Platelets * 45 148 - 484 x10⁹/L L 185 IDEXX SDMA a 26 0 - 14 µg/dL H ALT 891 10 - 125 U/L H 124 ALP 1,517 23 - 212 U/L H T4: 23 SDMA: 26 PL: 38 (normal) Cancer DX consistent with B cell lymphoma

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 measuring up to 2.0 x 3.4 cm in size with a mottled echogenic appearance and a rounded shape. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 7.7 cm, right measured 7.4 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.

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 3.17 cm in length x 0.73 cm and 0.69 cm in width. The right adrenal gland measured 3.57 cm in length x 0.89 cm in width.

Spleen

The spleen is enlarged with a diffuse, mottled echogenic and coarse appearance, but maintained a regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. The spleen measures 5.2 cm in width.

Liver

Normal size with a 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

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. Fecal material was present 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

A few, enlarged mesenteric lymph nodes measuring up to 1.6 x 2.4 cm in size with a hypoechoic appearance and a rounded shape.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Splenic pathology.
- Iliac and mesenteric lymphadenomegaly.
- Hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely diagnosis for the splenic pathology and lymphadenomegaly would be lymphoma.

Etiologies for the hepatopathy would be infiltrative neoplasia, reactive hyperplasia, nodular hyperplasia and possibly breed associated hepatopathy.

Further assessment that can be considered would be FNA cytology of the liver, spleen and lymph nodes.

Management of the lymphoma would either be palliative therapy or chemotherapy.



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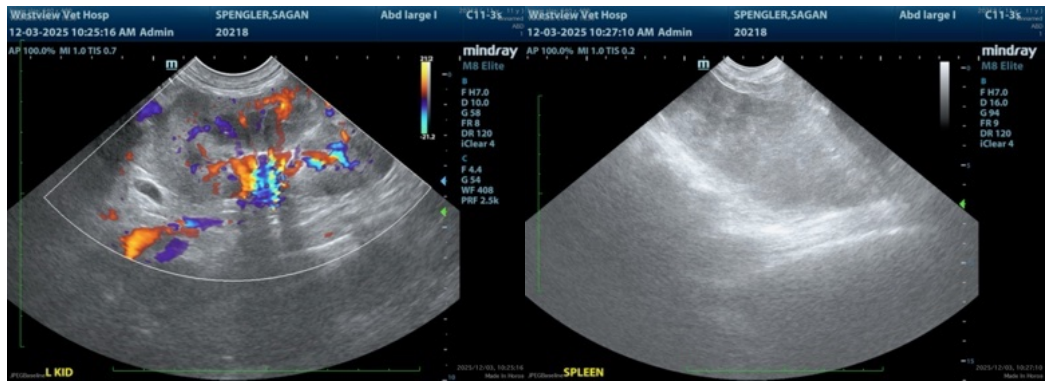
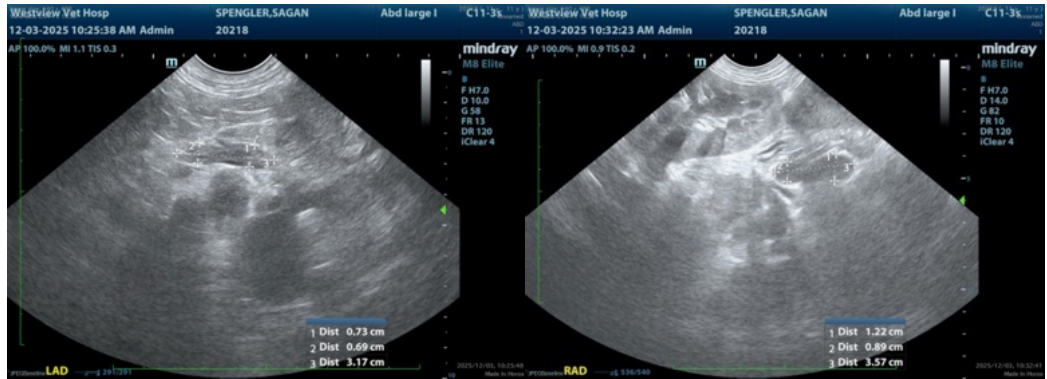
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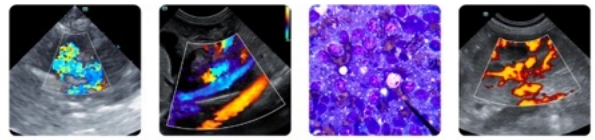
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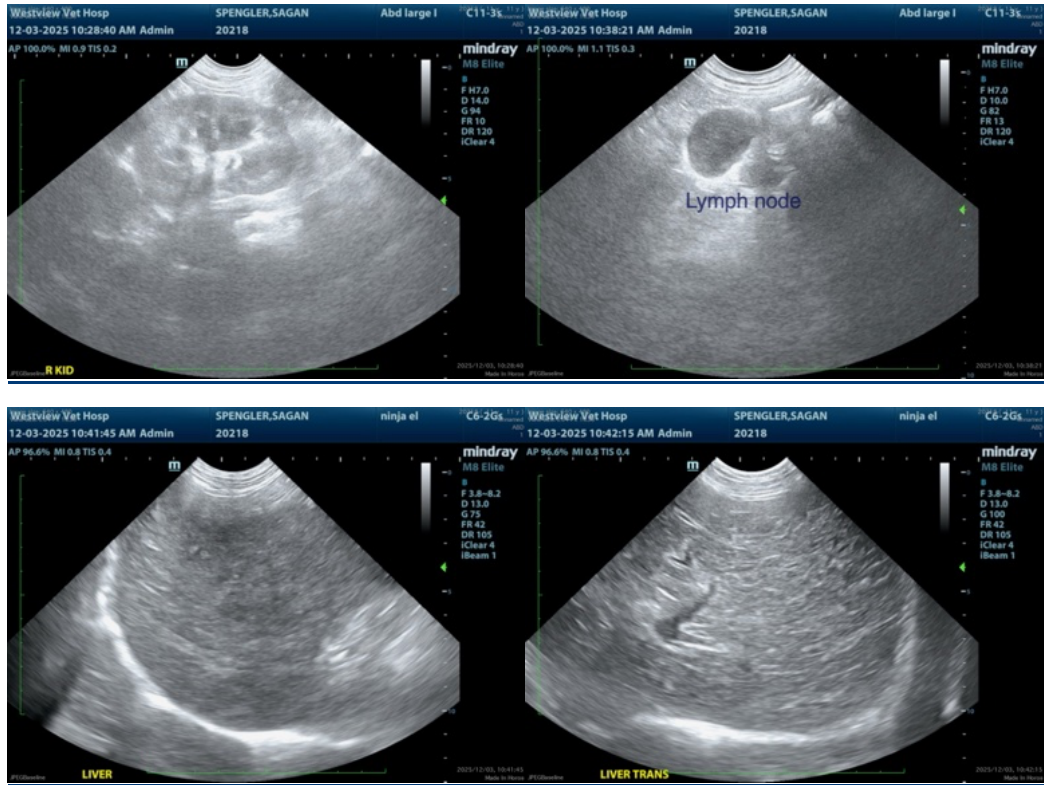
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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