



PATIENT

George Hendricks

SPECIES

Canine

BREED

Cur

SEX

Neutered male

AGE

7 years

WEIGHT

64 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Warner

HOSPITAL NAME

VT NH Vet Clinic

REFERRING VET

Dr. Warner

INVOICE

69667

DATE

12/30/25

PRESENTING CLINICAL SIGNS

History: George presented initially 11/18/25 for lameness of 1 week's duration. Struggling to stand w/hind legs, lethargy, AQR, occ skipping breakfast. 5lbs weight loss since wellness exam in January. No c/s/v/d, no changes in e/d/u overall. Consistent elevated T in clinic. Seems uncomfortable, started on carprofen but not adequately controlling discomfort per owners. 11/25/25 doxycycline trial, no improvement Treated for mild bacterial prepucial overgrowth w/some blood (licking) - resolved 12/30/25

Abnormal PE/Chem/CBC/UA Results: 11/19/25 mild anemia (HCT 36%), WBC 26.4 (16.76), PMN 9.92, lymph 13.94K w/monocytosis(1.14), eosinophilia (1.37), normal chemistry 11/25/25 Normal cortisol, lymph node cytology, lymphocytosis increasing to 15K, monocytes normalized, mild eosinophilia, anemia resolved Xrays chest & abd reviewed by radiologist - unremarkable thorax, IVDD T12-13, mild bilateral coxal joint OA, 'postprandial' abd (p was fasted) 12/3/25 NuQ elevated, negative fecal w/antigen 12/30/25 weight loss continues, T 102.6, anemia w/o reticulocytosis has recurred HCT 35.6 (37.3), Hg 12.5 (13.1), MCV 57.3 (61.6), MCH 20.1 (21.2), retic Hg 21.6 (22.3), WBC 30.08 (16.6), PMN 13.83 (11.64) immat/toxic noted, lymph 13.078 (5.10), mono 1.59 (1.15), eos 1.56 91.23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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.

Enlarged iliac lymph nodes measuring 0.8 x 1.6 cm in size with a rounded shape, but maintained a normal echogenic appearance. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 6.6 cm, right measured 7.1 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 1.57 cm in length x 0.67 cm and 0.48 cm in width. The right adrenal gland measured 1.2 cm in length x 0.65 cm in width.

Spleen

The spleen was mildly enlarged (measuring up to 2.7 cm in width with a rounded appearance of the head and tail of the spleen, but maintained normal 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.



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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

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. The stomach measured 0.4 cm, small intestine measured up to 0.4 cm.

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

- Splenomegaly.
- Iliac lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the iliac lymphadenomegaly and splenomegaly would be reactive hyperplasia, inflammatory reaction and possibly infiltrative neoplasia.

Further assessment would be screening for vector borne disease and FNA cytology of the spleen and iliac lymph node.

Specific therapy would be dependent on an etiological diagnosis.



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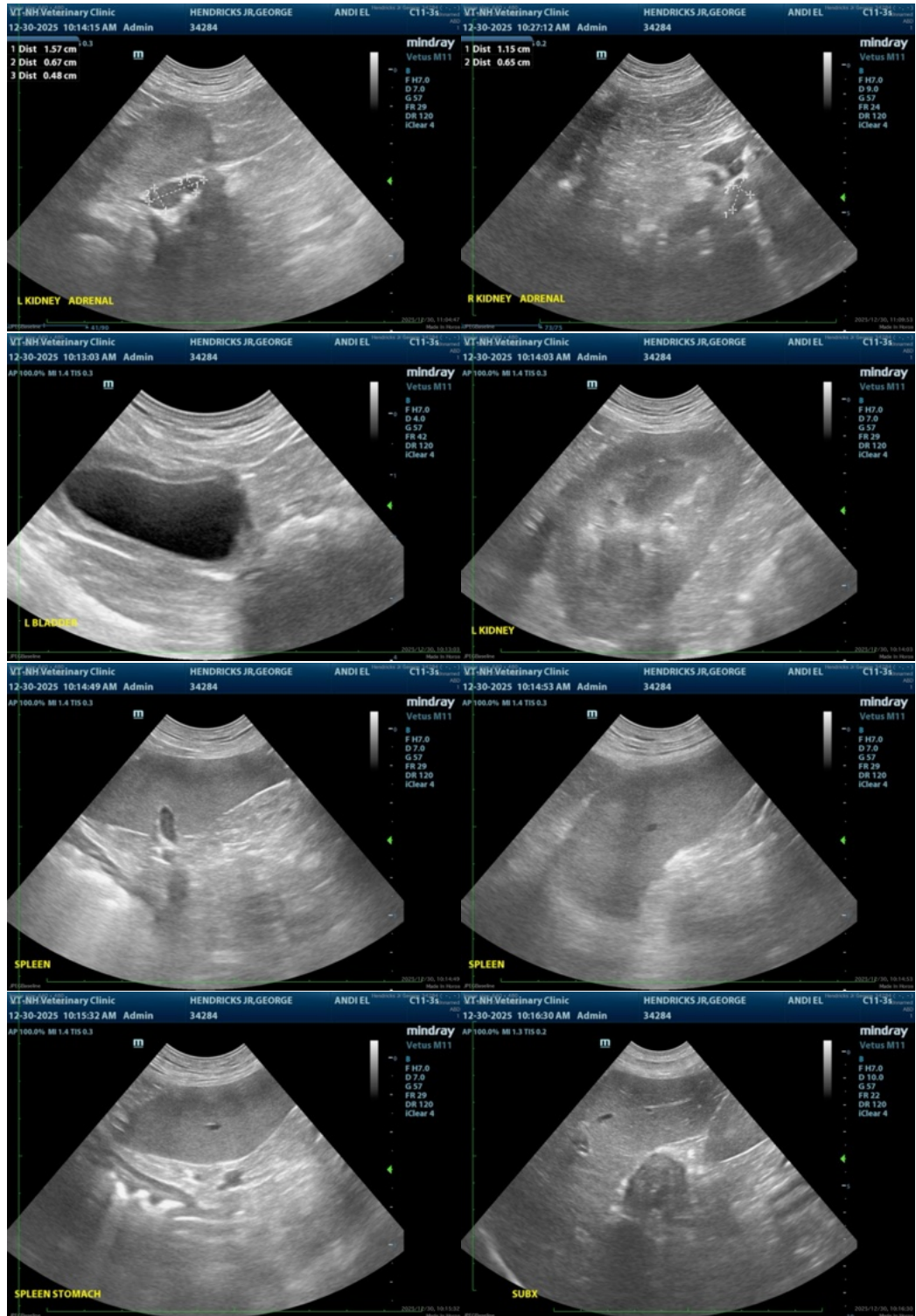
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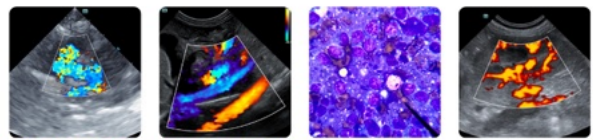
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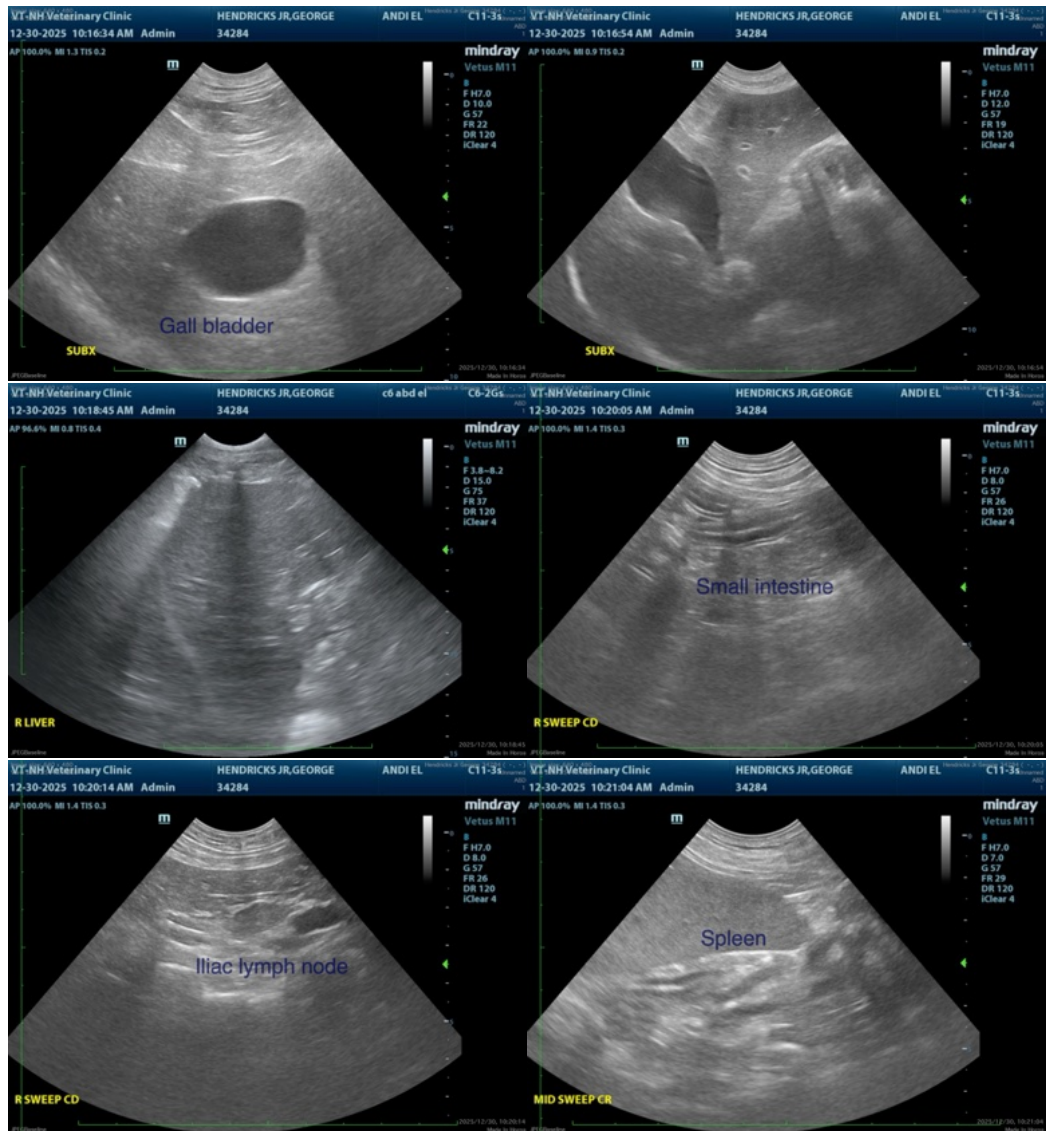
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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