



PATIENT

Guinness Dobson

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered male

AGE

9 years

WEIGHT

57.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ruth Loomis

HOSPITAL NAME

Brookwood AC

REFERRING VET

Dr. Michelle Cloud

INVOICE

69322

DATE

12/4/25

PRESENTING CLINICAL SIGNS

History: 9 month history of progressing diarrhea. No weight loss. Appetite has been up and down but this is not uncommon for P.

All labs including GI panel, chemistry panel, CBC and ACTH stim were within normal limits 3 views thorax - no evidence of mets

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small almost empty 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 6.6 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.

The prostate is not visualized.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.5 cm in length x 0.4 cm and 0.56 cm in width. The right adrenal gland measured 0.44 cm and 0.46 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Small, focal, hypoechogenic parenchymal nodule is noted in the body of the spleen measuring 0.5 x 0.8 cm in size. The spleen measures 1.6 cm in width.

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, 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. Focal, hypoechoic mass is noted in a loop of small intestine measuring 3.0 x 3.0 cm in size with no luminal obstruction evident. Hyperechoic appearance of the mesentery surrounding the mass. The rest of the small intestine had no loss of layering, 1:3 muscularis to mucosa ratio and normal wall thickness and peristaltic activity.

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

- Small intestinal mass.
- Splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the small intestinal mass would be neoplasia, granuloma and possibly focal perforation.

The most likely etiology for the splenic nodule would be extramedullary hemopoiesis/nodular hyperplasia with granuloma, hematoma, and emerging neoplasia a less likely differential diagnosis.

Further assessment would be FNA cytology of the small intestinal mass. Laparotomy should be considered as it could be both diagnostic and therapeutic.

Further specific therapy would be dependent on an etiological diagnosis. Monitoring of the splenic nodule would be recommended and if there any progressive enlargement or bulging of the overlying capsule noted then splenectomy would be indicated.



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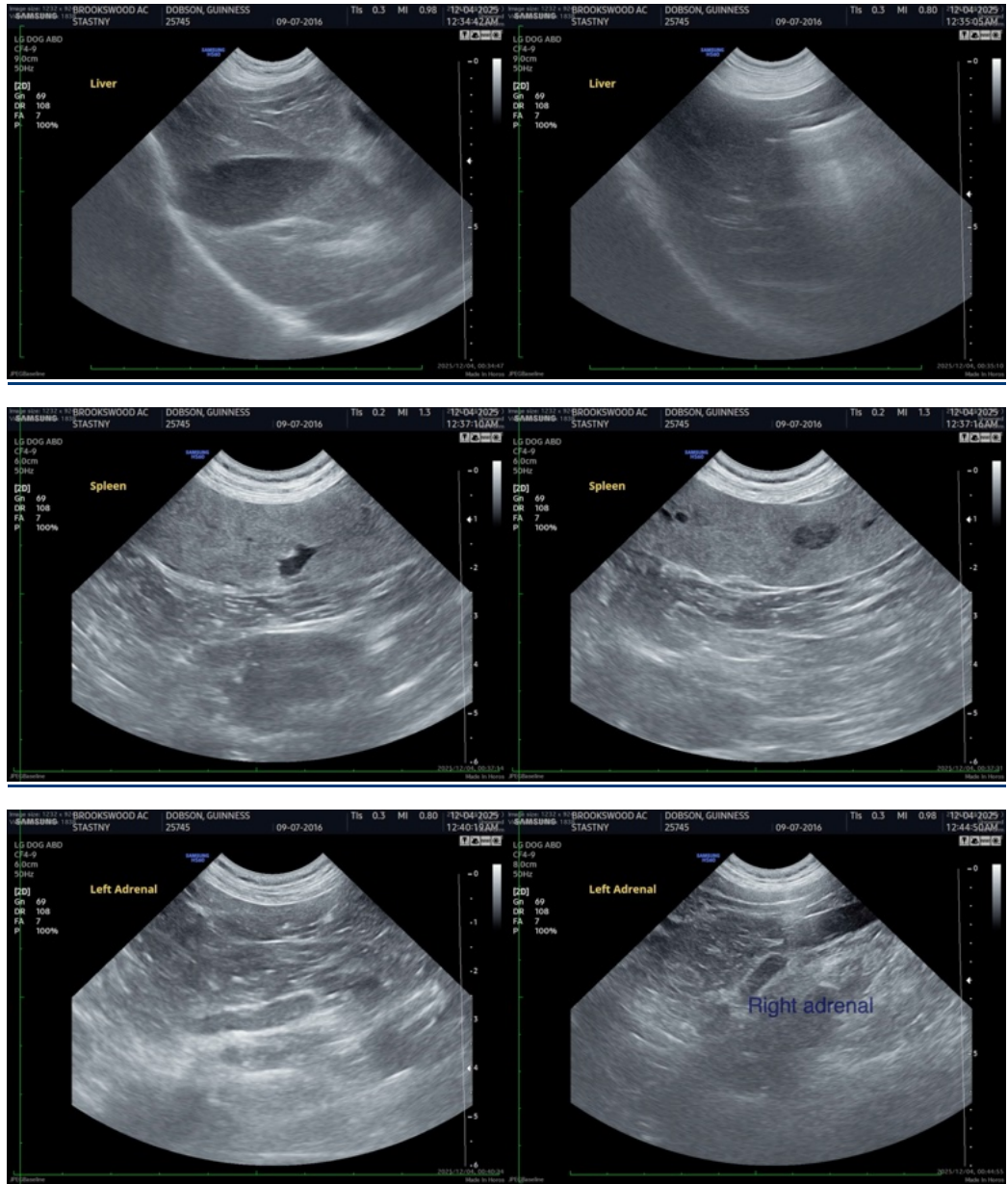
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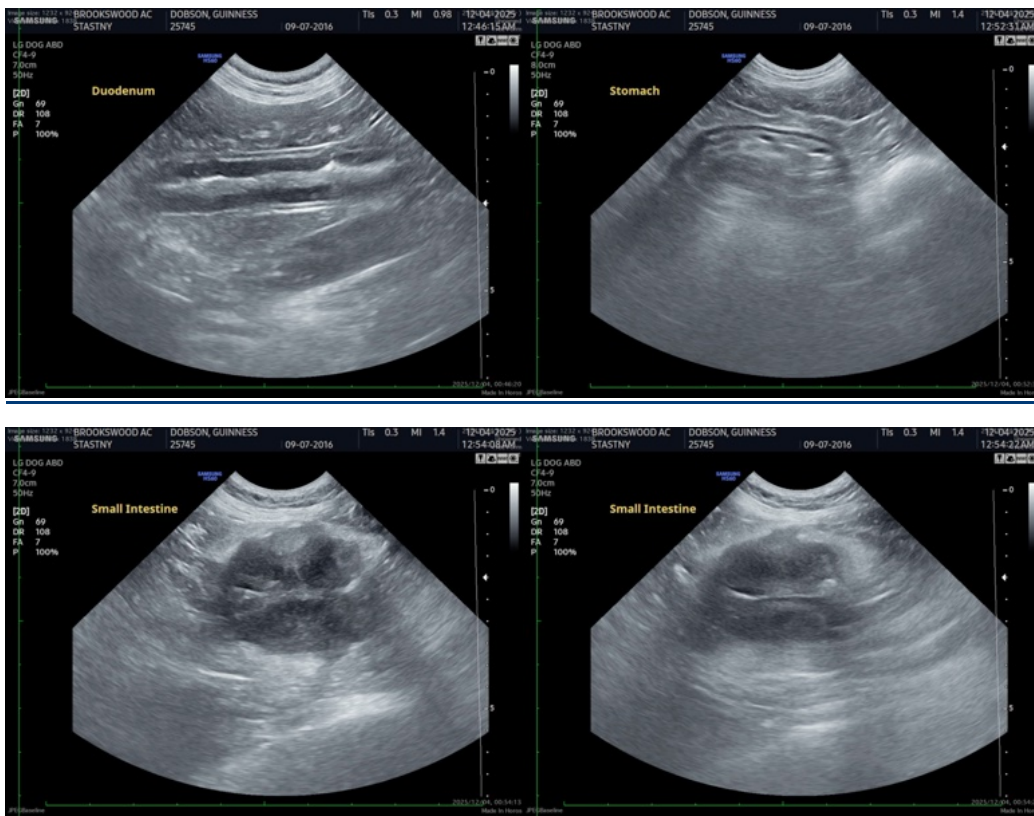
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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