



PATIENT

Sven Knapp/Sallot

SPECIES

Canine

BREED

Mini Schnauzer

SEX

M

AGE

8

WEIGHT

12.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Boudreaux-
Milligan DVM

HOSPITAL NAME

Dockside Veterinary
Imaging

REFERRING VET

Dawn Morgan-Winter
DVM

INVOICE

23132

DATE

12/5/2025

PRESENTING CLINICAL SIGNS

Unintentional weight loss last 2-3 months. Hyporexic, vomiting. Periodontal disease stage 3.

Abnormal PE/Chem/CBC/UA Results: Please see attached records.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and smooth appearance of the wall. The urinary bladder contained a small amount of floating hyperechogenic sediment

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, 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 evident in both kidneys.

The left kidney measured 5.2 cm in length.

The right kidney measured 5.5 cm in length.

Normal size and appearance of the testicles. Symmetrically enlarged prostate measuring ~ 2.6 by 3.8 cm in size with a diffuse hypoechogenic appearance and irregular curvilinear capsule. Normal appearance of the periprostatic tissue.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-renal vasculature.

The left adrenal gland measured 0.49 cm and 0.44 cm in width.

The right adrenal gland measured 0.44 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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.3 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.

Gallbladder

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



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Gastrointestinal

Normal appearance of the stomach 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, small intestinal mass with a hypoechoic appearance measuring ~ 0.8 by 2 cm in size with no luminal obstruction evident. Hyperechoic appearance of mesentery surrounding the mass.

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Prominent mesenteric lymph nodes in the region of the small intestinal mass.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Small intestinal mass-neoplasia, granuloma and possibly focal perforation
- Regional mesenteric lymphadenomegaly-reactive hyperplasia, lymphadenitis and infiltrative neoplasia
- Prostatomegaly-the appearance of the prostate is consistent with benign prostatic hyperplasia in line with the patient's age and intact nature
- Urinary bladder sediment. The most likely etiology for the urinary bladder sediment would be incidental debris with crystalluria and bacterial cystitis unlikely differential diagnoses.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further assessment would be three view thoracic radiographs and FNA cytology of the mass. Laparotomy could be considered as being both diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis.



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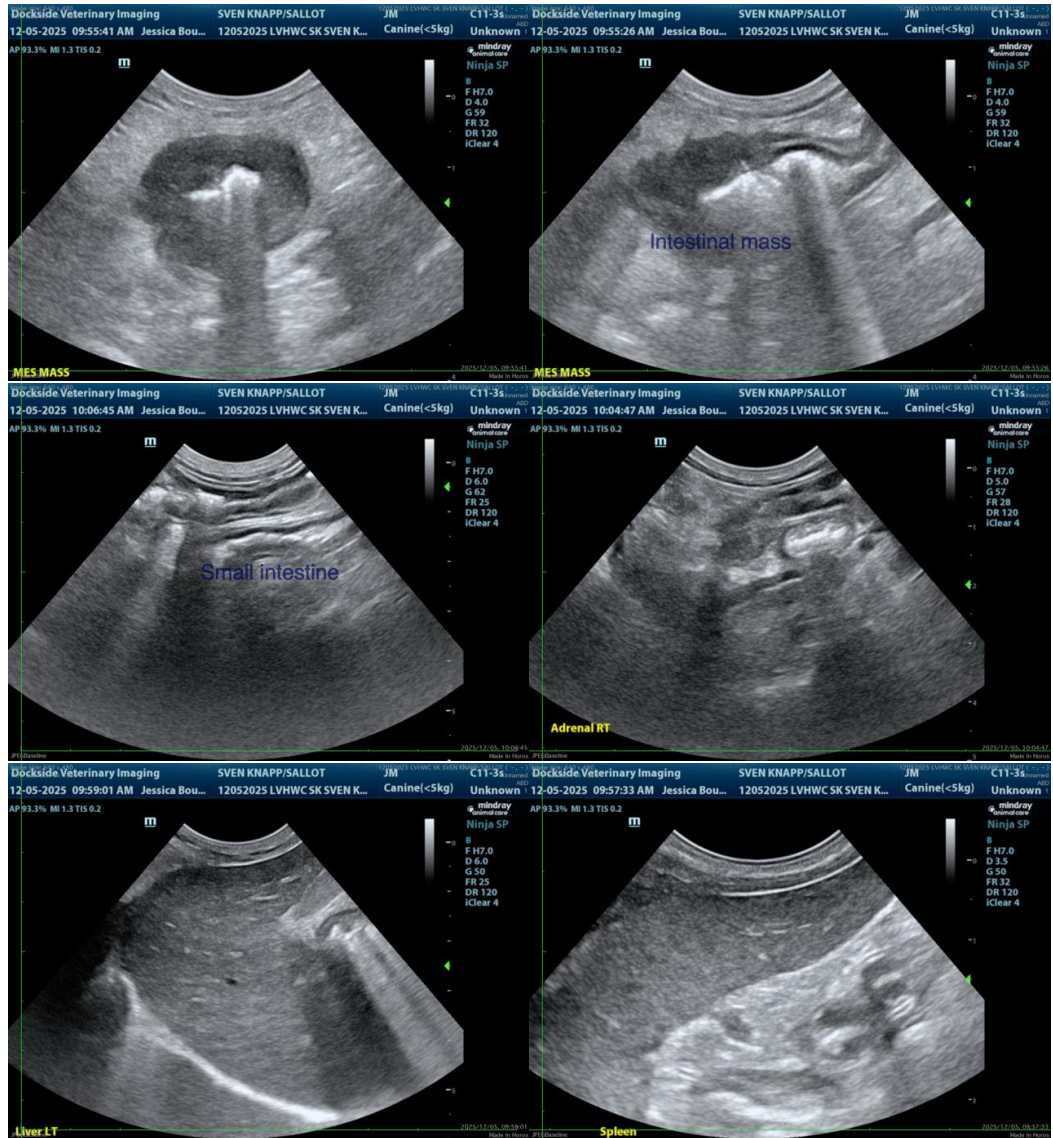
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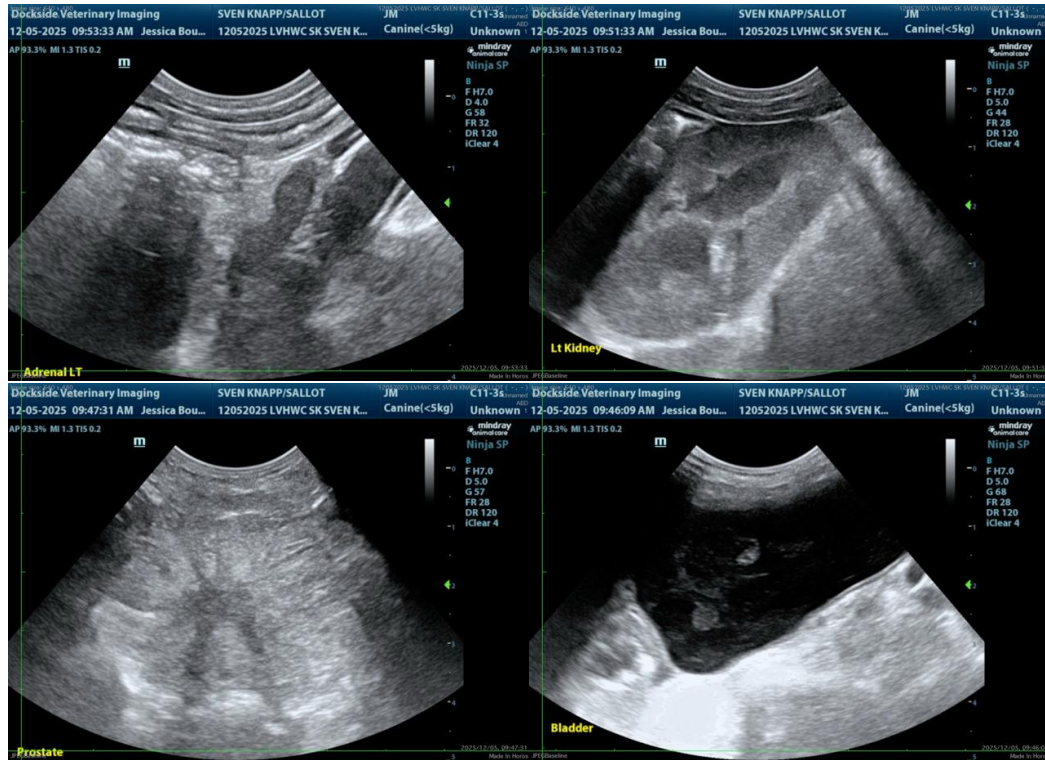
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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