



PATIENT

Henry Henzler

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

7 years

WEIGHT

63 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hougentogler

HOSPITAL NAME

K-Vet AC

REFERRING VET

Dr. Hougentogler

INVOICE

71463

DATE

2/10/26

PRESENTING CLINICAL SIGNS

- Owner noticed borborygmi for the past 2-3 weeks.
- BCS -4/9; large, palpable soft tissue mass in mid abdomen
- Abdominal mass noted on radiographs

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 6.8 cm, right measured 7.7 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 noted 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 2.4 cm in length x 0.76 cm and 0.42 cm in width. The right adrenal gland measured 2.22 cm in length x 0.66 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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.4 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 thickening of a loop of small intestine measuring up to 0.7 cm with a hypoechoic appearance and loss of layering. No luminal obstruction was evident. The rest of the small intestine has 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

Enlarged mesenteric lymph nodes in the region of the small intestinal thickening measuring up to 3.4 x 4.0 cm in size with a rounded shape and hypoechoic appearance. The rest of the mesenteric lymph nodes are of normal size and shape.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Focal, small intestinal thickening.
- Regional lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the focal small intestinal thickening would be neoplasia with granulomatous disease and focal perforation a less likely differential diagnosis.

The most likely etiology for the regional lymphadenomegaly would be metastatic neoplasia with lymphadenitis a less likely differential diagnosis.

Further assessment would be three view thoracic radiographs and FNA cytology of the lymph nodes and the intestinal thickening.

Specific therapy would be dependent on an etiological diagnosis.



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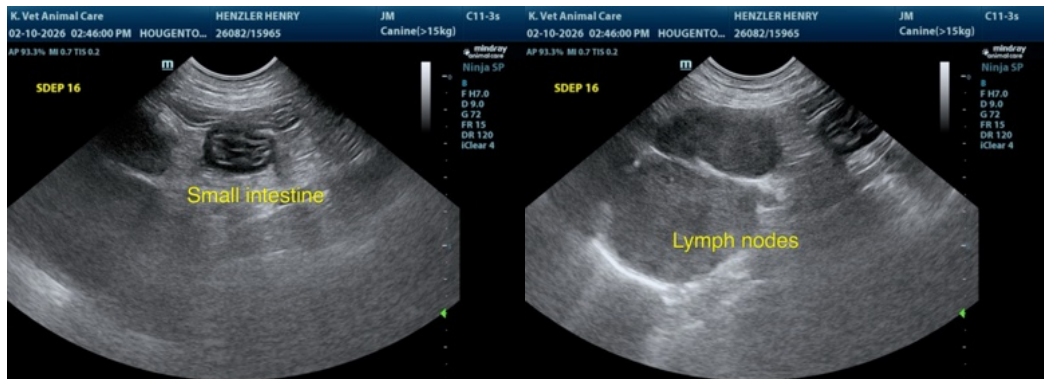
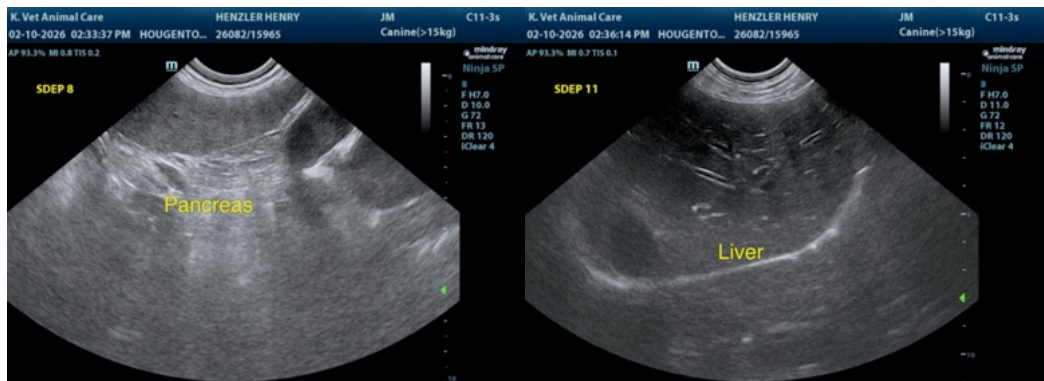
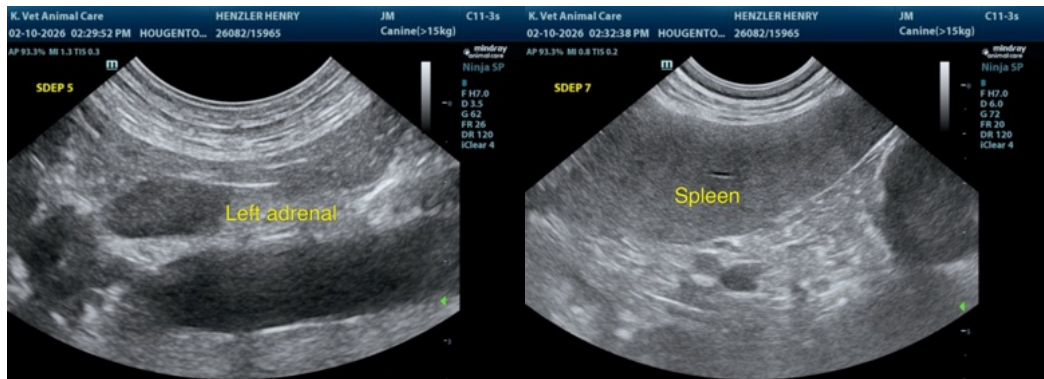
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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