



PATIENT

Ash Herried

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Neutered Male

AGE

14 Years

WEIGHT

49.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Emma Flott

HOSPITAL NAME

Portland VWC

REFERRING VET

Dr. Jane Erickson

INVOICE

35826

DATE

2/12/26

PRESENTING CLINICAL SIGNS

- Patient came in for wellness exam and aging changes
- P has been more sluggish per o, has gained weight, and more picky about food
- Baseline labwork was recommended which had some abnormalities prompting the AUS
- Abnormal PE/Chem/CBC/UA Results: PE - BCS 8/9, dental disease grade III/IV Chem - ALT 324, ALP 531, Lipase 273 USG - 1.019, 1+ hyaline casts

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder 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. Small hypoechogenic prostate was noted.

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. The left kidney measured 5.7 cm. The right kidney measured 5.9 cm. Normal color flow pattern was evident in both kidneys. Two small cortical cysts were present in both kidneys. The left kidney cyst measured approximately 0.6 cm in size. The right kidney cyst measured approximately 0.2 cm in size.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.71 cm and 0.68 cm in width. The right adrenal gland measured 0.68 cm and 0.67 cm in width.

Spleen

Normal size (2.2 cm in width) 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. Patchy parenchymal mineralization/calcification was noted. Incidental myelolipomas were present.

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

Small gallbladder, containing normal anechoic bile. Thickened and hyperechogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal



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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.

Pancreas

The pancreas was not clearly visualized, but visualized 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

- Splenic mineralization
- Previous cholecystitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the splenic mineralization is most likely an incidental finding, splenitis and possibly neoplasia should still be considered. Although the liver appears sonographically normal, if elevated liver enzyme activity, the most likely etiology would be age related reactive hyperplasia, with vacuolar and metabolic differential diagnoses. Hepatitis and infiltrative neoplasia would be a highly unlikely differential diagnoses.

Further assessment that could be considered would be FNA cytology of both the spleen and the liver.

Specific therapy would be dependent on an etiological diagnosis.



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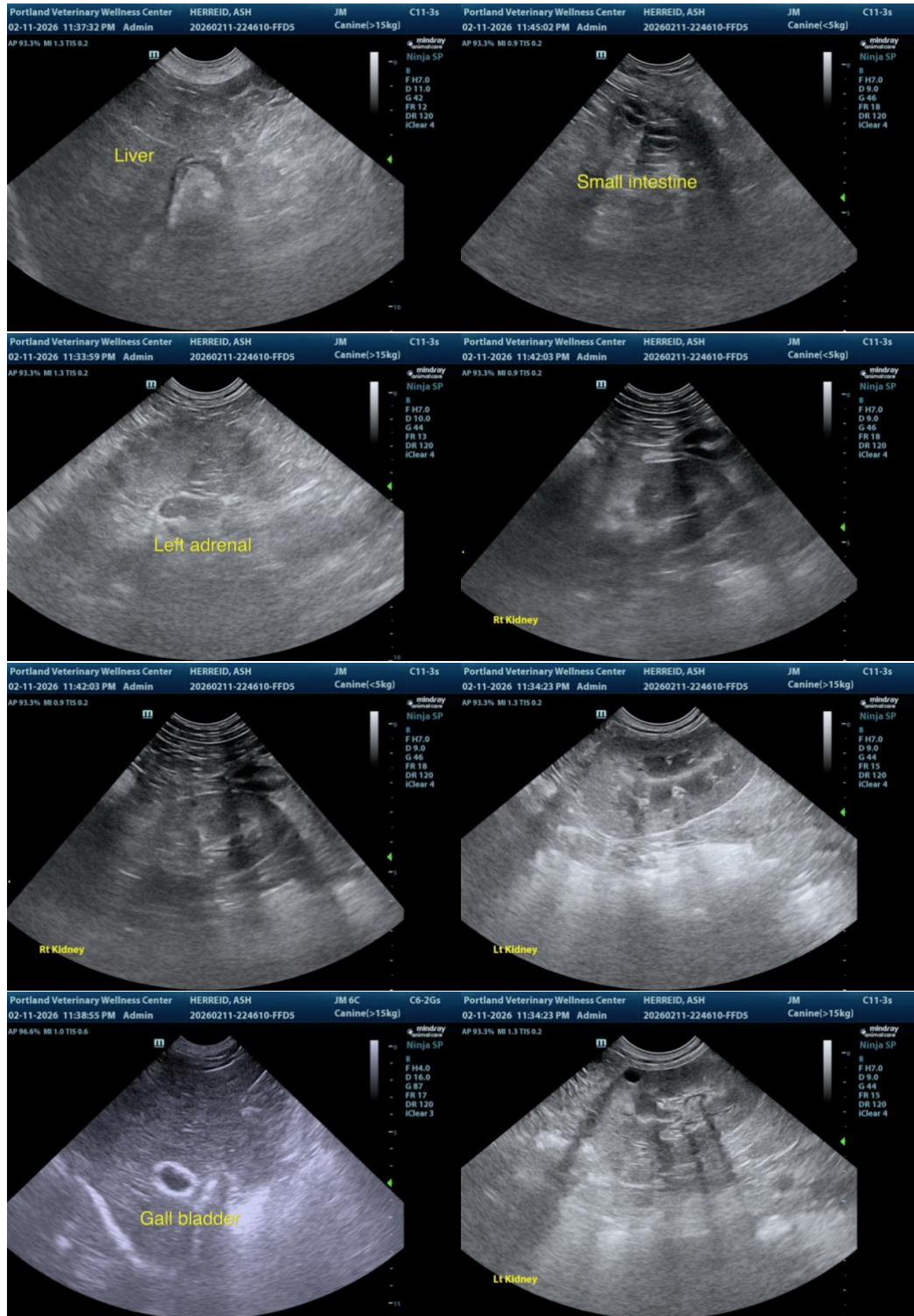
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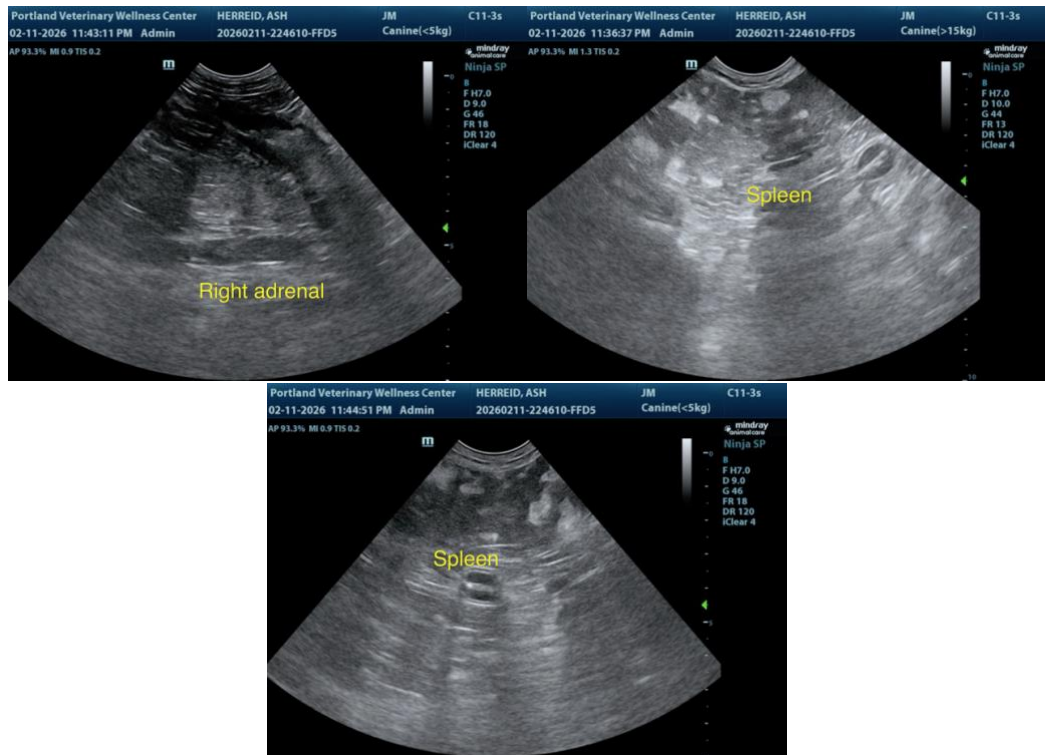
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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