



PATIENT

Lotti Swann

SPECIES

Canine

BREED

Beagle

SEX

Spayed female

AGE

11 years

WEIGHT

24.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cassie Jackson

HOSPITAL NAME

Huntsville AH

REFERRING VET

Dr. Jackson

INVOICE

71723

DATE

2/19/26

PRESENTING CLINICAL SIGNS

- Behavior change at home - O notes restlessness at night with significant lethargy during the day. Not wanting to go for walks. Wakes O in the night to go out but then refuses to go out.
- Becoming more fearful of people over time
- Has also been having intermittent diarrhea
- Eating and drinking normally, no V/C/S
- Had multiple masses removed in June 2025 - one was a grade 2 STS with clear but narrow margins
- BCS 8/9 on PE with moderately distended abdomen - Mild generalized muscle wasting - Many subcutaneous masses present - Rest of PE NSF - Full blood panel revealed mildly increased ALP otherwise NSF - Random cortisol pending

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 7.4 cm, right measured 7.5 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 is evident in both kidneys.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.27 cm in length x 0.45 cm and 0.57 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

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 2.3 cm in width.



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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Few small parenchymal hypoechogenic nodules, measuring up to 0.8 cm in size. No 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.

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.

Small, focal, hyperechogenic nodule in the midabdomen measuring 0.6 x 1.1 cm in size.

ULTRASONOGRAPHIC FINDINGS

Abdominal nodule
Hepatic nodules

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal nodule can be considered an incidental finding representing an organized hematoma, granuloma or previous episode of steatitis.

The appearance of the hepatic nodules is consistent

On this ultrasound there is no obvious etiology for the presenting clinical signs. With the presenting clinical signs neurological disease needs to be considered.



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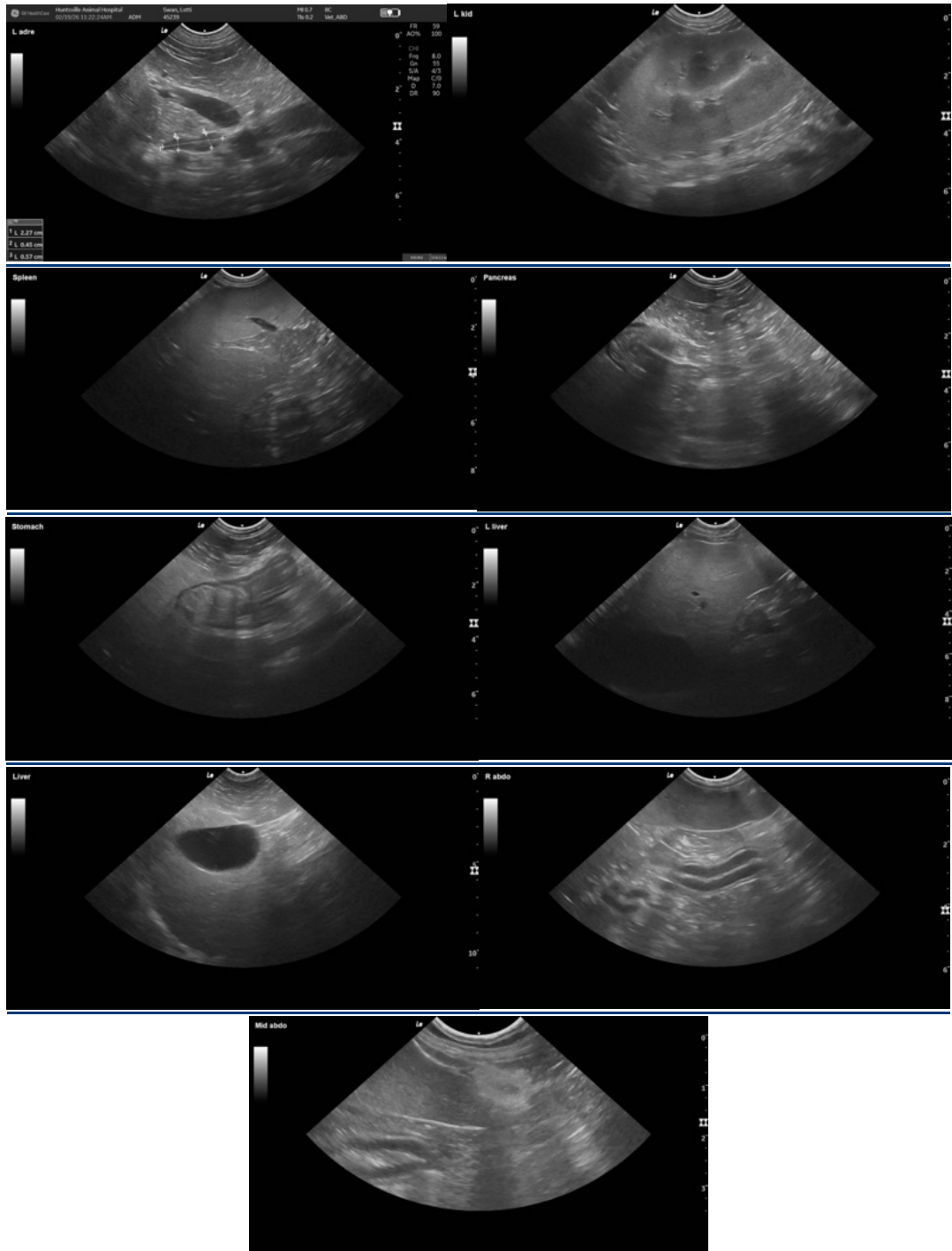
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Liver: normal size as the edges are not rounded. There are a few parenchymal hypoechoic nodules (± 0.8 cm in size), which would be incidental age-related nodular hyperplasia - will add this to the report.



The information and recommendations provided are based on the images presented by the



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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)

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