



## PATIENT

Isabel Larson

## SPECIES

Canine

## BREED

Mix

## SEX

Spayed female

## AGE

8 years

## WEIGHT

46 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Fiamango

## HOSPITAL NAME

Slade VH

## REFERRING VET

Dr. Rottman

## INVOICE

71844

## DATE

2/24/26

## PRESENTING CLINICAL SIGNS

- Isabel Larson, an 8.5-year-old female spayed mixed breed dog, presented for a follow-up abdominal ultrasound. This visit is a recheck from an appointment on 19/02/2026 with Dr. Rottman for a 2-week history of progressive inappetence and lethargy.
- History Updates:
  - - At the visit on 19/02/2026, survey radiographs revealed a potential mass effect in the cranial abdomen with some loss of serosal detail, raising concern for splenomegaly.
- Complete blood count: A mildly low white blood cell count was noted at 5.4 k/microliter, which is reported to be a historical finding for this patient. Chemistry panel: Generally unremarkable. SPEC cPL: Within normal limits at 30 micrograms/L. Cardiopet ProBNP: Markedly elevated at 1,600 picomoles/L, a significant increase from a test in February 2024. Total T4: Mildly low at 0.8 micrograms/deciliter, which is lower than previous values of 1.3 micrograms/deciliter in 2024 and 1.4 micrograms/deciliter in 2020. Serology: Historically positive for Lyme, but the Quant C6 was less than 10 U/microliter, which is not consistent with active infection. - No treatment was initiated at the previous visit pending the results of the ultrasound.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is small 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 5.6 cm, right measured 5.4 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.

### Adrenal Glands

The adrenal glands are not clearly visualized, but appear 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 2.1 cm in width.



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## *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*

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.

## ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the elevated pro BNP, echocardiography would be recommended.



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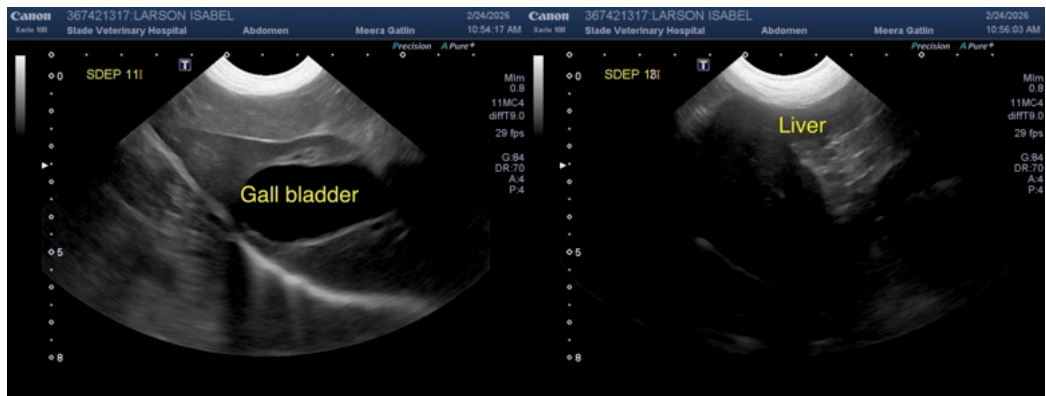
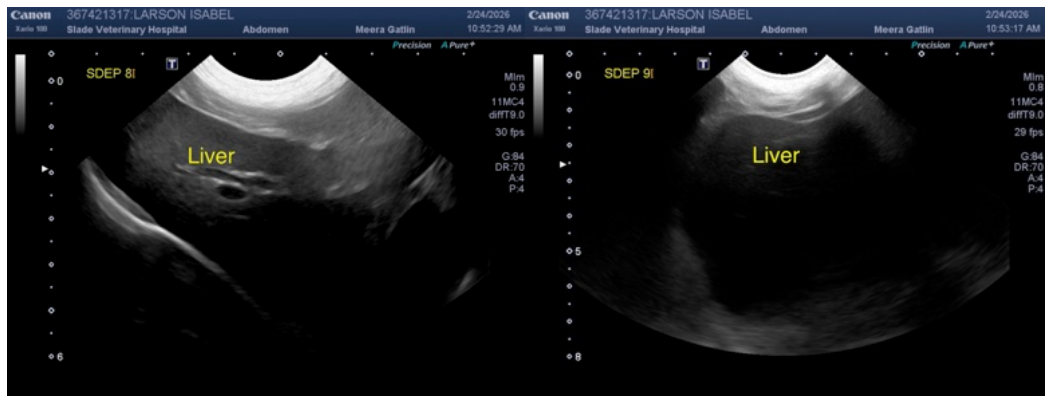
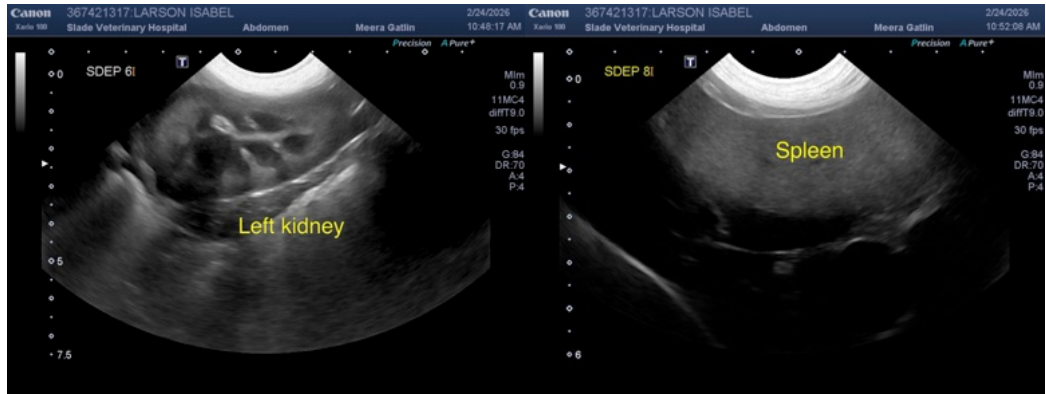
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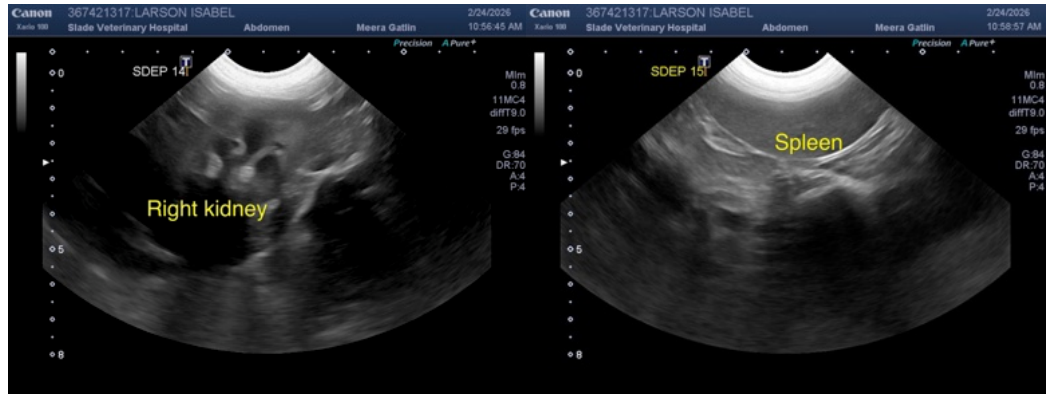
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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