



PATIENT

Greddy Bowermaster

SPECIES

Canine

BREED

Pitbull

SEX

Neutered male

AGE

9 years

WEIGHT

86 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Griffin

INVOICE

73387

DATE

3/11/26

PRESENTING CLINICAL SIGNS

- Patient is not eating well and having nausea at home. BM's are small in diameter
- PE: BCS 8/9, painful on cranial abdomen palpation CBC: HCT 28.8%, RBC 4.4, HGB 9.9, WBC 22.5, Neu 19.56 CPL: WNL

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 left renal size (6.4 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.

The right kidney is not visualized.

The prostate is not visualized.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.1 cm in length x 0.47 cm and 0.52 cm in width. The right adrenal gland measured 0.53 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. Small, focal, hypoechoic parenchymal nodule was noted in the body of the spleen measuring 0.8 cm. The spleen measures 1.7 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 small intestinal mass measuring 2.5 x 7.0 cm in size with a hypoechoic appearance, hyperechoic appearance of the surrounding mesentery with no luminal obstruction evident. The rest of the small intestine had 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 the 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

Enlarged mesenteric lymph nodes measuring up to 2.0 x 2.5 cm in size with a rounded shape and hypoechoic appearance. Hyperechoic appearance of the mesentery surrounding the lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Small intestinal mass.
- Mesenteric lymphadenomegaly.
- Splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiologies for the splenic mass would be neoplasia with granulomatous disease a less likely differential diagnosis.

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

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

Specific therapy would be dependent on an etiological diagnosis.



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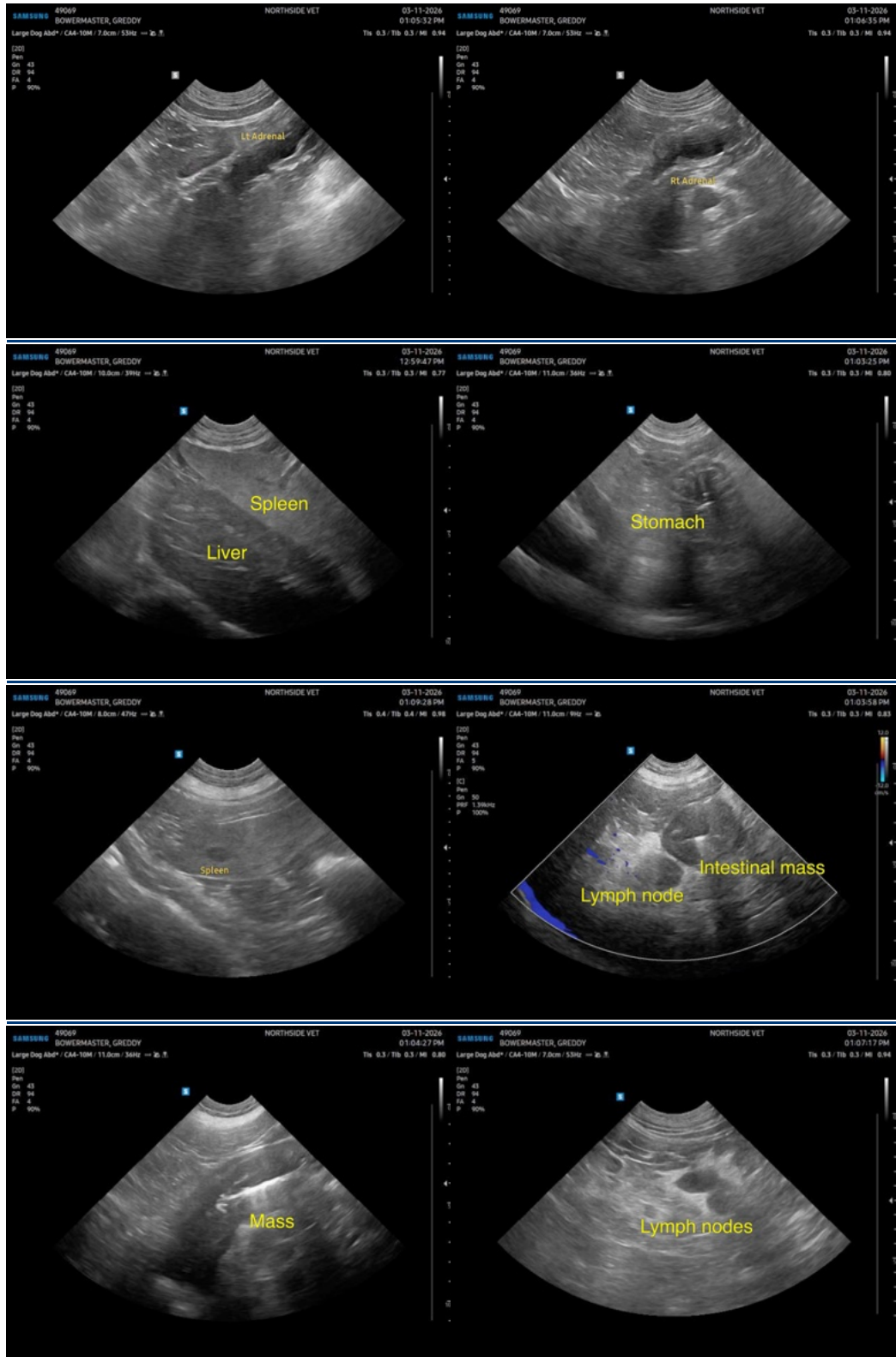
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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