



PATIENT

Maxwell Anderson

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

14 Years 4 Months

WEIGHT

9 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Carter

HOSPITAL NAME

Willamette Veterinary
Hospital

REFERRING VET

Dr. Carter

INVOICE

14266

DATE

03/12/26

PRESENTING CLINICAL SIGNS

- History of suspected IBD, has been on hydrolyzed diet. Seizures, heart disease Stage B2, mature cataracts. On Pimobendan, Phenobarbital. Has intermittent diarrhea and owner gives propectalin as needed. Presented 2-27 for diarrhea, weight loss, and excess flatulence. Has lost 14% of body wt in 6 months. Diarrhea resolved with Visbiome, but the excessive flatulence persists, and some liquid stool comes out at the same time.

Abnormal PE/Chem/CBC/UA Results: BUN normal at 24, creatinine normal at 0.5, B/C elevated at 48. T4 low at <0.5 (suspected due to phenobarbital). Otherwise chem within normal limits. CBC wnl, fecal no parasites, and Giardia neg. Urinalysis wnl

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 measuring 0.50 cm width.

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 3.6 cm in length. The right kidney measured 3.3 cm in length. Normal color flow pattern was evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature of the left adrenal gland. The left adrenal gland measured 0.42 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. The spleen measured 1.1 cm in width. Focal, hypoechogenic, non-vascularized nodule in the body of the spleen, measuring approximately 0.6 by 0.9 cm in size.

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



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Full gallbladder containing a large amount of nonadhered hypoechoic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

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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. Moderate amount of ingesta present within the stomach. Chyme present within the proximal small intestine, both compatible with a recent meal. Fecal material present within the colon.

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Pancreas

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.

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Free Abdomen

Normal mesenteric lymph nodes.

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No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Splenic nodule.
- Gallbladder sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenic nodule would be reactive hyperplasia/extramedullary hematopoiesis, hematoma, granuloma and possibly emerging neoplasia. Although the gallbladder sediment is most likely an incidental finding, monitoring for the development of a mucocele would be recommended.

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On this ultrasound, there's no obvious etiology for the presenting clinical signs. With the presenting clinical signs and the patient's history of inflammatory bowel disease, the most likely etiology would be exacerbation of inflammatory bowel disease or secondary to acute non-specific enteritis such as dietary indiscretion, toxins and viral.

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Management would be to continue with the current therapy and possibly add a course of Prednisolone. Monitoring of the splenic nodule would be recommended and if there's any progressive enlargement or bulging of the overlying capsule noted, then a splenectomy should be considered.

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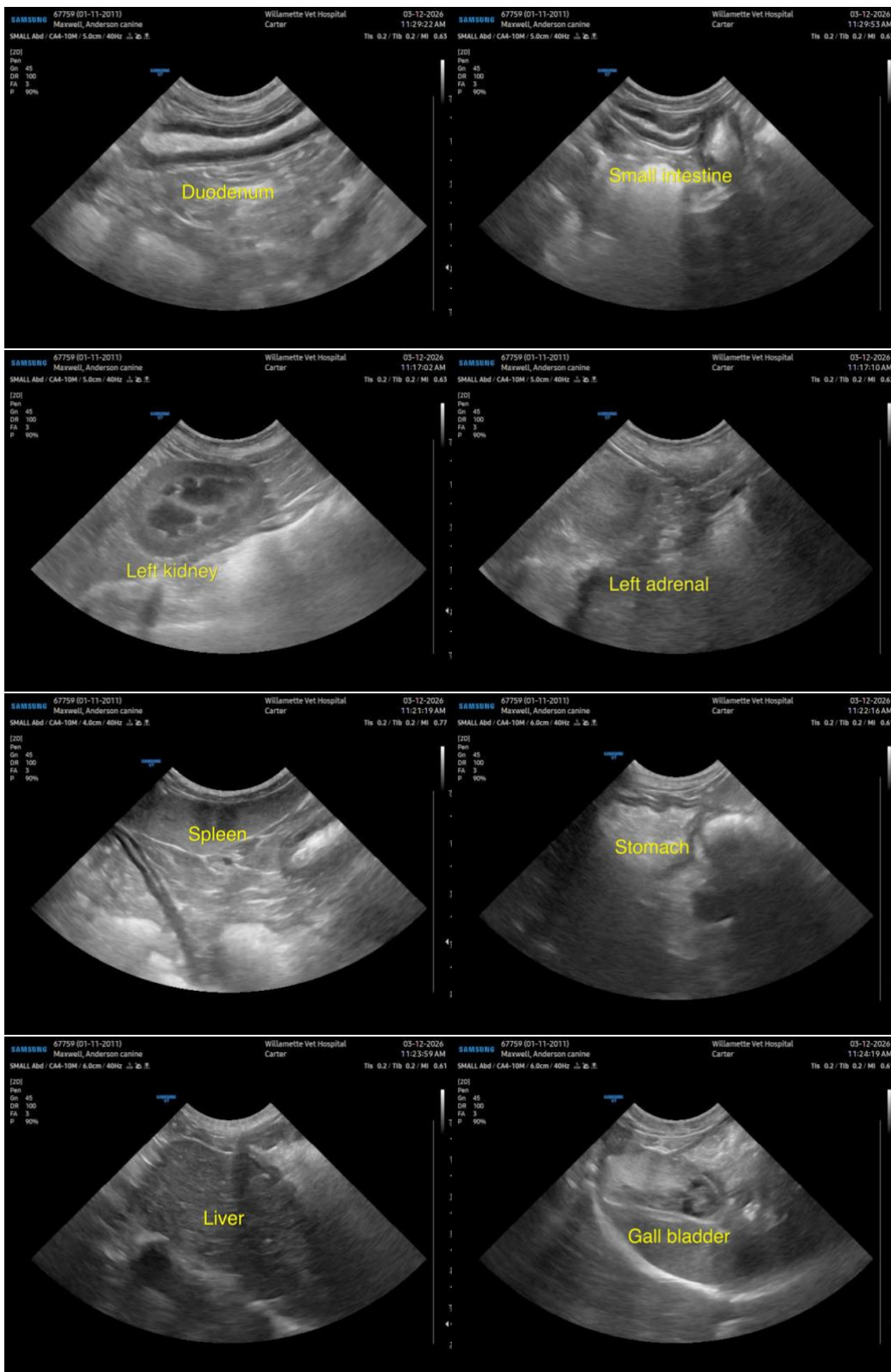
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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