



PATIENT

Goose Nichols

SPECIES

Canine

BREED

Labrador Mix

SEX

Neutered male

AGE

10 years

WEIGHT

76 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Tiffany Brady, DVM

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Owings

INVOICE

73490

DATE

3/17/26

PRESENTING CLINICAL SIGNS

- One year ago gastrotomy for FB foam and cardboard obstruction. Severe bloody diarrhea and anemia post op. Otherwise recovered well.
- Recent- Two month history of erythema skin lesions that responded to prednisone and cefpodoxime at first. Recurrence 2 weeks ago and no response to medications. Platelets 111 (with clumping). Radiographs 3/10/26 showed mid abdominal mass. Lungs clear.
- Current medications prednisone 20mg EOD. Clinically acting normal.
- Summary of current diagnostics performed: ALT 261 ALP 312 PLT 111, RBC normal. PT, PTT normal clotting times. 4dx negative, NC state tick panel pending. T4 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 6.7 cm, right measured 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 prostate was small and hypoechogenic.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.58 cm in width. The right adrenal gland measured 0.59 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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 3.0 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules evident. Two, focal, hypoechogenic parenchymal masses were noted. One was in the left lobe and



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measured 3.0 x 5.0 cm in size. The other mass was in the right lobe and measured 1.9 x 3.0 cm in size. No additional masses are evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is small 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.

Large, irregular non-vascularized mottled echogenic and cystic mass in the mid left abdomen measuring 4.6 x 6.4 cm. The mass is not obviously associated with any obvious organ system.

ULTRASONOGRAPHIC FINDINGS

- Abdominal mass.
- Hepatic masses.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatic mass, neoplasia, hematoma and possibly granulomatous disease.

Possible organs of origin would be the pancreas, mesenteric lymph node and the mesentery. Etiologies for the hepatic masses would be incidental, nodular hyperplasia, hepatomas and possibly infiltrative neoplasia.

Further assessment would be three view thoracic radiographs and FNA cytology of the abdominal masses and the hepatic masses. .

Specific therapy would be dependent on an etiological diagnosis.



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If surgery is being contemplated for the abdominal mass then a CT scan would be recommended.

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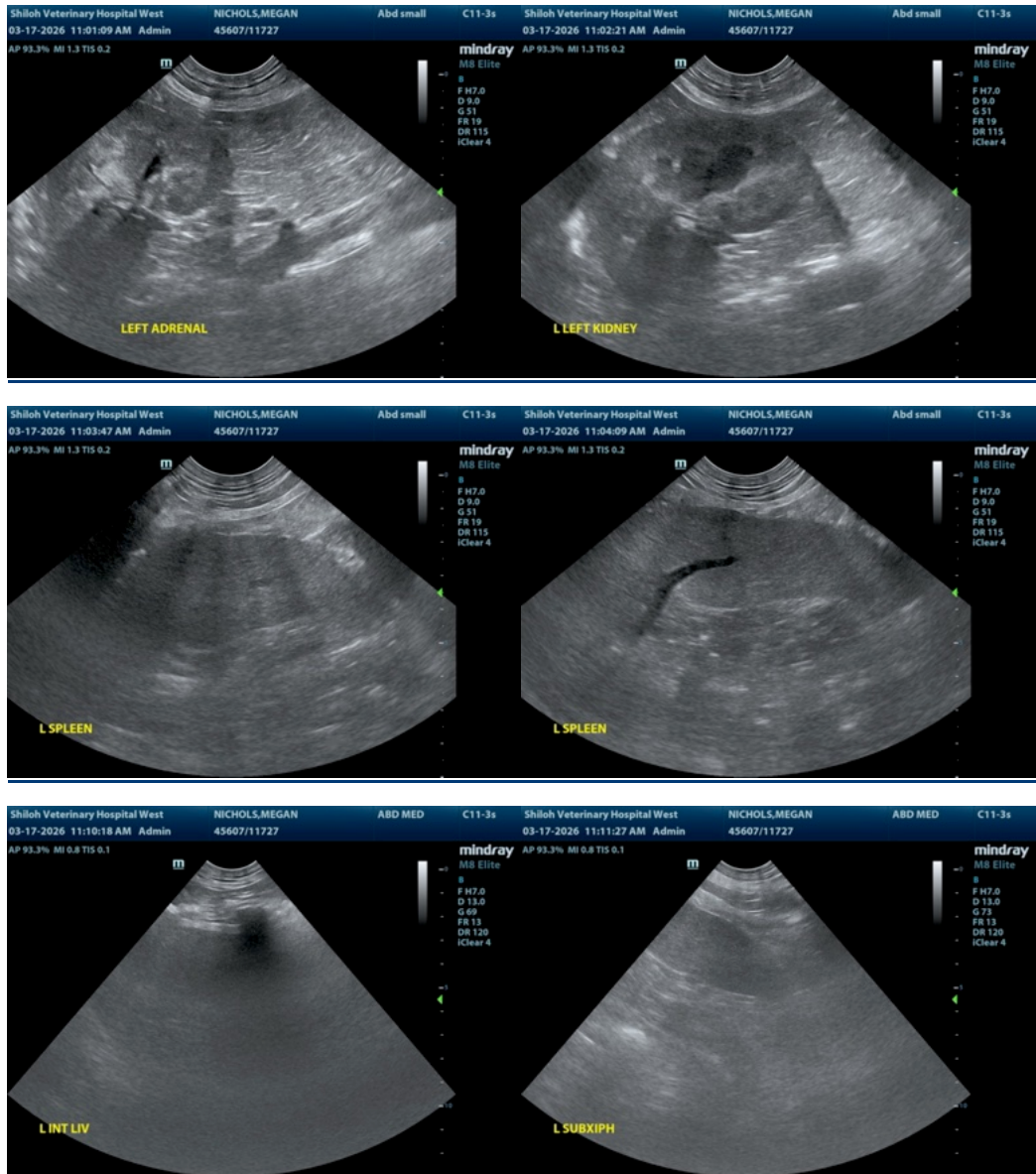
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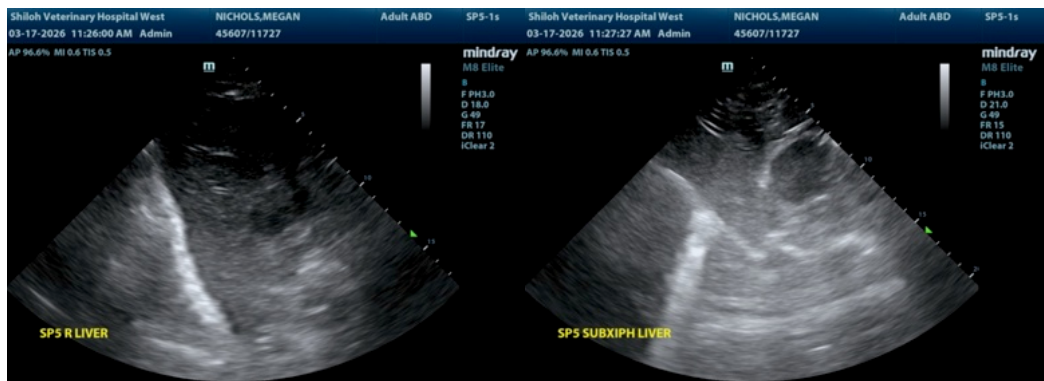
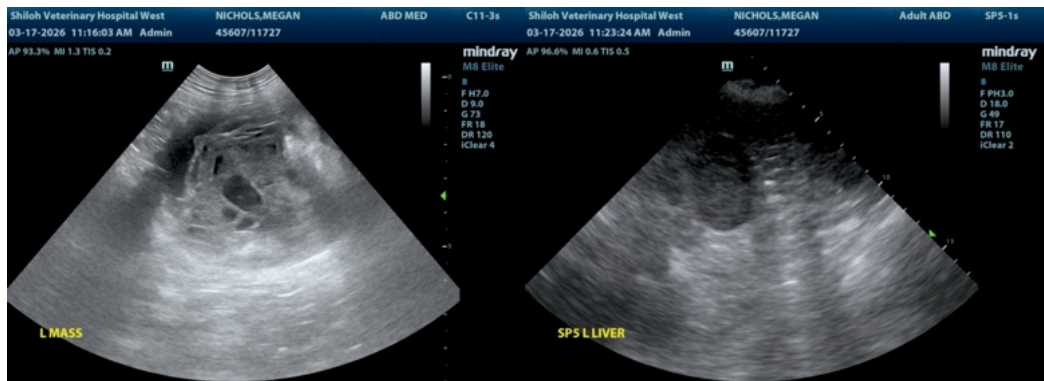
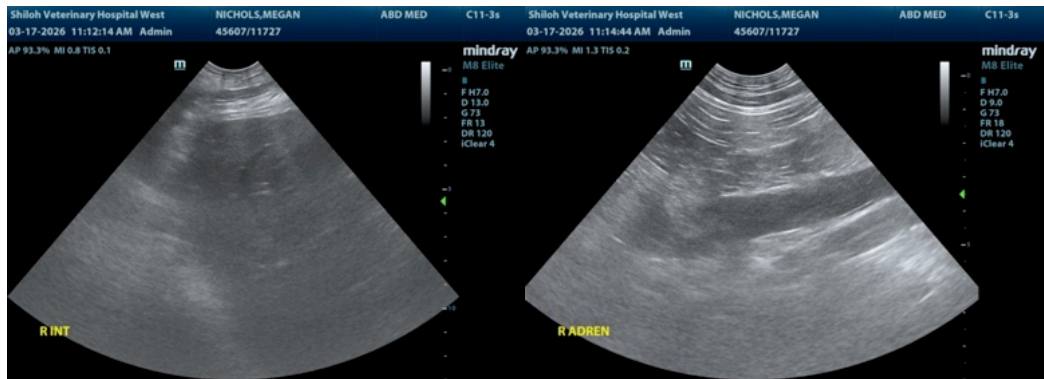
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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