



## PATIENT

Miss Polly O'Grady

## SPECIES

Canine

## BREED

Labrador Mix

## SEX

Spayed female

## AGE

10 years

## WEIGHT

35 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Brandi Kurzowski.

## HOSPITAL NAME

Corfu VC

## REFERRING VET

Dr. Gardner

## INVOICE

73496

## DATE

3/17/26

## PRESENTING CLINICAL SIGNS

- P last seen 2/4/26 for increased appetite, lethargy, and having a firm/distended abdomen
- Abdomen distended, firm, and pot-bellied. Radiographs reveal obstipation with fecal retention in all quadrants. Stomach, abdomen, and colon all full. Possible small ball-shaped mass off tail of spleen, obscured by feces.
- P started on cisapride
- Other current medications: Vetmedin, Galliprant, Gabapentin, Trazodone, Milk Thistles
- No recent labs- CBC, Chem 21, T4 results pending from Idexx

## 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.

The left kidney is small in size measuring 4.6 cm. The right kidney is normal in size and measured 6.2 cm. Both kidneys have normal 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*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.4 cm and 0.45 cm in width. The right adrenal gland measured 0.58 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. Focal, hypoechoic parenchymal nodule in the head of the spleen measuring 0.9 x 1.0 cm in size. The spleen measures 2.5 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, 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. Fecal material is present within the colon.

## ***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**

- Splenic nodule.
- Small left kidney.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The likely etiologies for the splenic nodule would be nodular hyperplasia/extramedullary hemopoiesis, hematoma and granuloma with emerging neoplasia a less likely differential diagnosis.

The small left kidney can be considered an incidental, congenital anomaly.

Monitoring of the splenic nodule would be recommended and if there is any progressive enlargement or bulging of the overlying capsule noted, then a splenectomy should be considered.

Further assessment and therapy needs to be based on the pending results.



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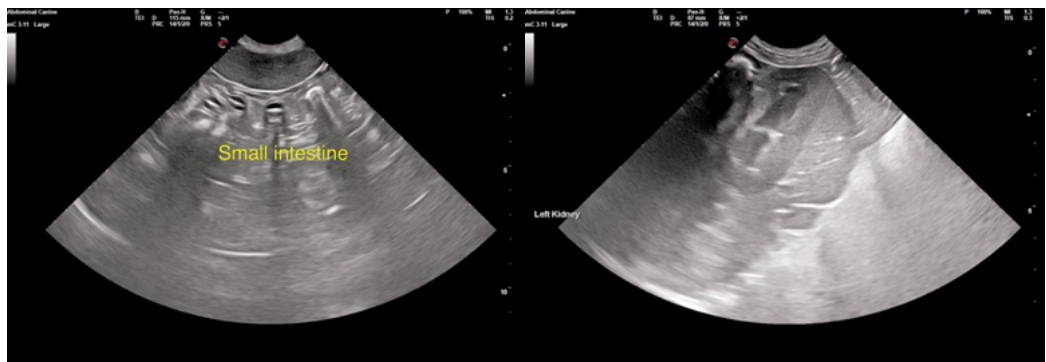
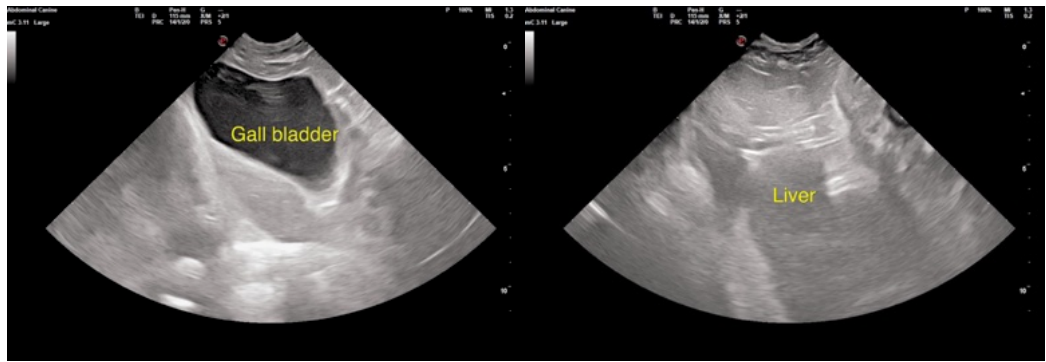
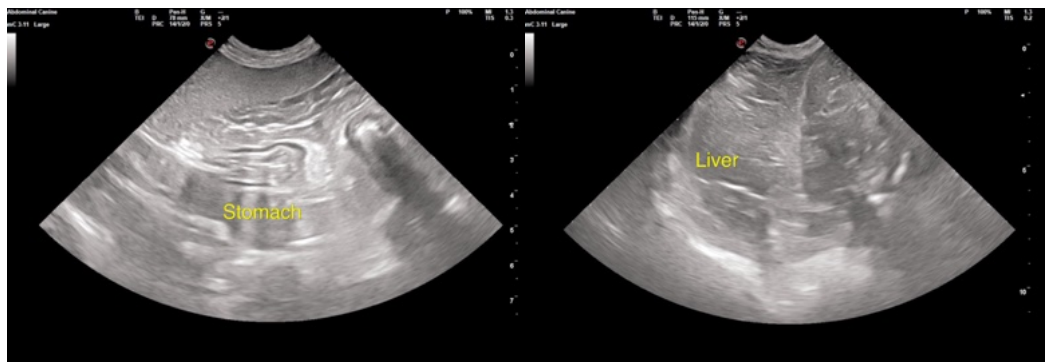
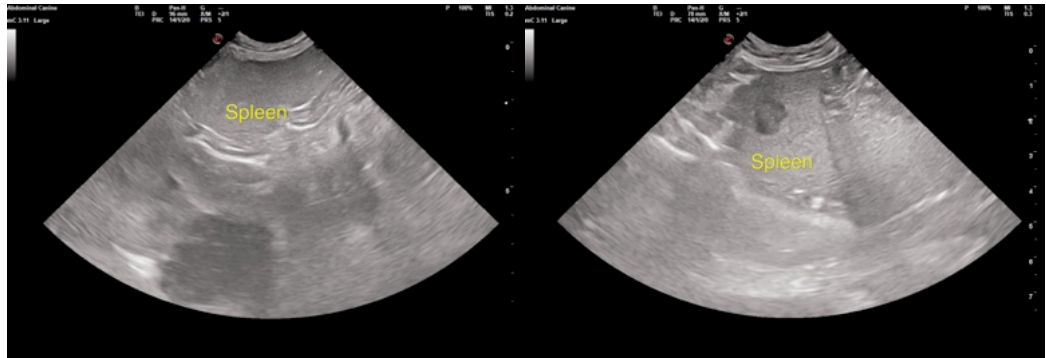
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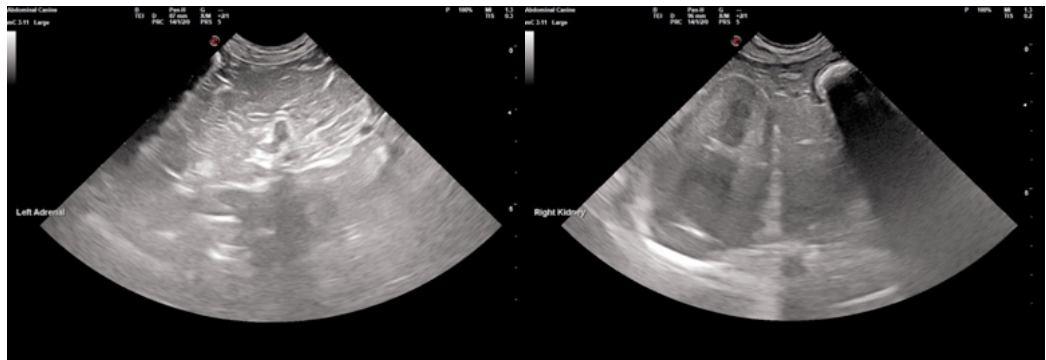
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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