



PATIENT

Cash Moore

SPECIES

Canine

BREED

Lab

SEX

Neutered male

AGE

11 years

WEIGHT

53 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Julia Bakker

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Dr. Lanier

INVOICE

73582

DATE

3/18/26

PRESENTING CLINICAL SIGNS

- Patient has lost ten pounds, is resistant to eating and more lethargic. Low MCS and BCS.
- Labwork shows mild anemia
- Radiographs of abdomen show possible cranial abdominal mass effect

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 5.9 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. Normal color flow pattern is evident in the left kidney.

The prostate is small and hypoechogenic.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.06 cm in length x 0.44 cm and 0.49 cm in width. The right adrenal gland measured 2.28 cm in length x 0.83 cm and 0.7 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 1.8 cm in width.

Liver

Normal size with a diffuse, increase echogenic and coarse appearance, prominent 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 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

Thickening of the gastric wall with a hypoechoic appearance and loss of layering. The gastric wall measured up to 2.3 cm. A focal, irregular, hyperechoic mural nodule was present in the gastric wall measuring 1.9 x 2.1 cm in size. A small amount of fluid was present in the stomach. Normal appearance of the 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.

Enlarged gastric lymph nodes measuring 1.7 x 2.5 cm in size with a rounded shape and hypoechoic appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Gastric mass, gastric lymphadenomegaly.
- Hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Etiologies for the gastric lymphadenomegaly would be reactive hyperplasia, lymphadenitis and infiltrative neoplasia the latter a more likely differential diagnosis.

Etiologies for the hepatopathy would be reactive hyperplasia, vacuolar, metabolic, previous cholangitis and breed specific hepatopathy. Hepatitis would be a less likely differential diagnosis.

Further assessment would be three view thoracic radiographs and FNA cytology of the gastric mass, gastric nodule and liver.



Specific therapy would be dependent on an etiological diagnosis.

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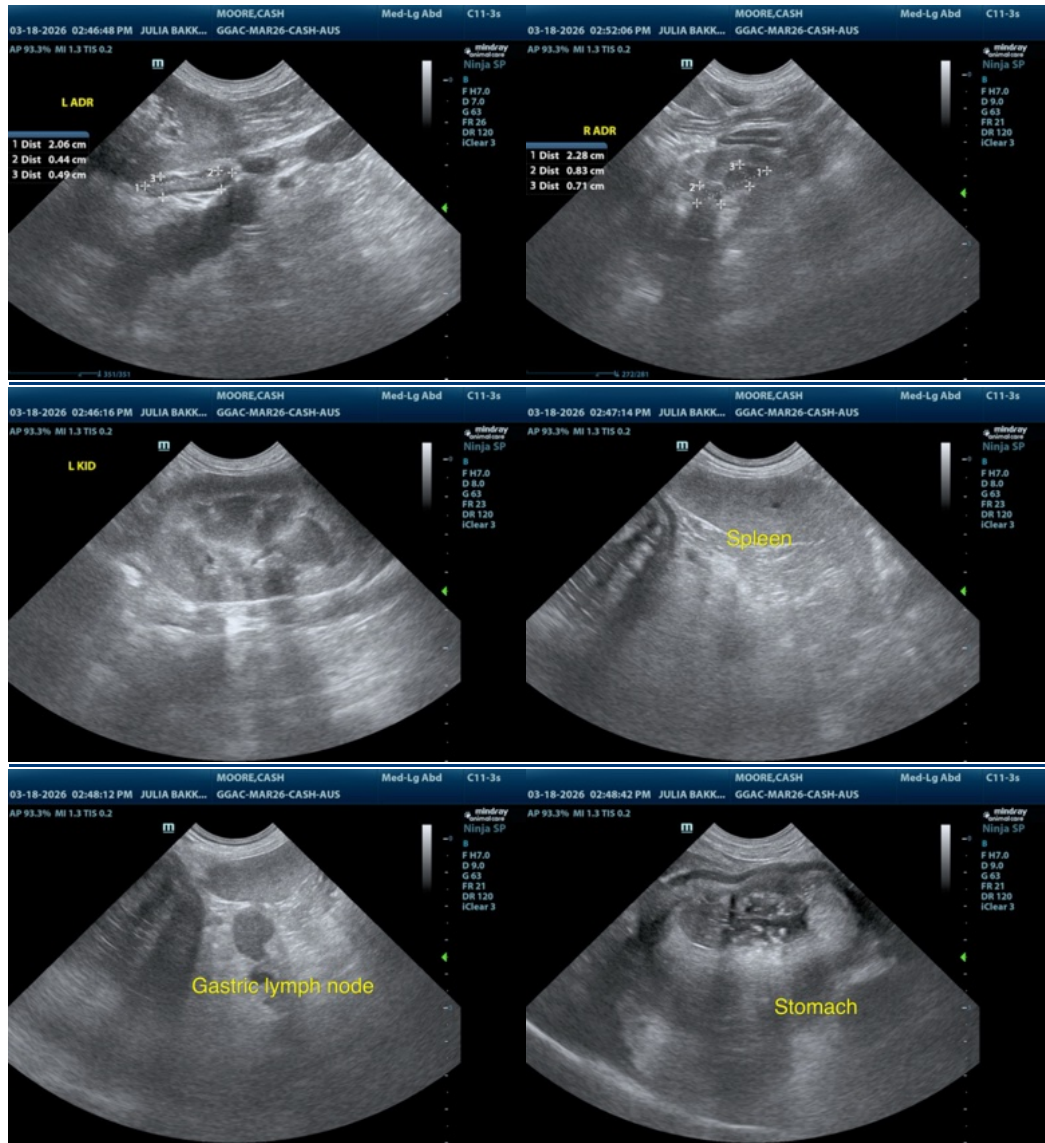
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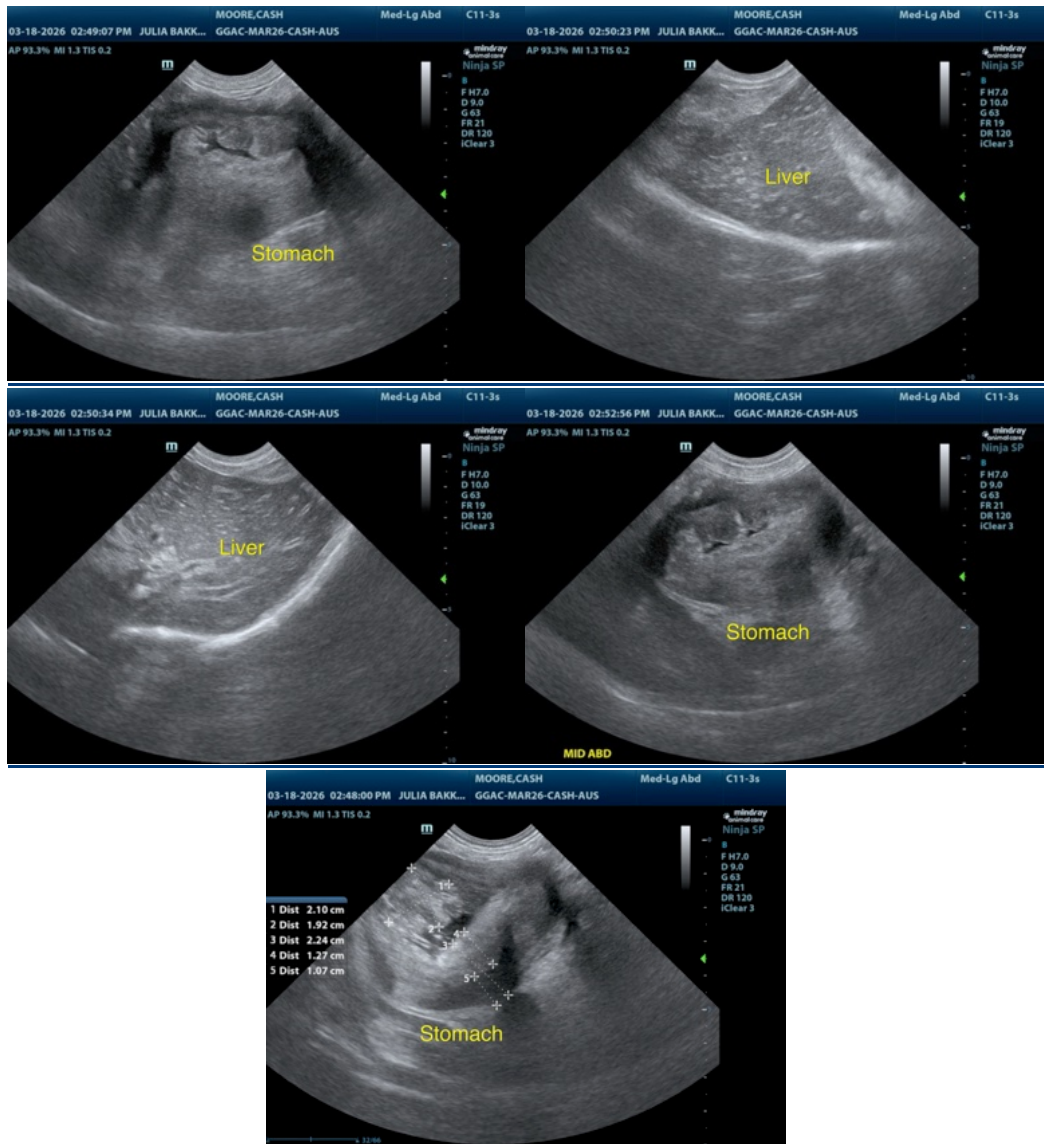
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com