



PATIENT

Darcy Torcuato

SPECIES

Canine

BREED

Cavachon

SEX

Neutered male

AGE

10 years

WEIGHT

23.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Leanna Boyd

HOSPITAL NAME

Oakridge VC

REFERRING VET

Dr. Boyd

INVOICE

73734

DATE

3/23/26

PRESENTING CLINICAL SIGNS

- Patient presented in early March for a dental cleaning and checking skin masses. History of elevated ALP and has been on Denamarin. Has palpated with hepatomegaly in the past but is always tense and difficult to differentiate other organs. During dental anesthesia was able to palpate the abdomen and a distinct mass was felt in the mid abdomen. AFAST showed no free fluid but cavitated mass in what was thought to be attached to the spleen. Unsure today during SDEP protocol if mass attached to spleen or separate but near the caudal tail. Radiographs do not show metastasis to the lungs (being send out to radiologist for confirmation)
- R/o: splenic mass vs lymphoid enlargement/mass vs colonic vs intestinal mass.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment.

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 4.5 cm, right measured 4.2 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 both kidneys.

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 1.4 cm in length x 0.35 cm and 0.38 cm in width. The right adrenal gland measured 1.6 cm in length x 0.51 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 1.2 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 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.

An irregular, hyperechogenic cystic mass is noted in the midabdomen situated caudal to the spleen. However, there was no obvious connection to the tail of the spleen. The mass measures 3.8 x 4.1 cm in size.

ULTRASONOGRAPHIC FINDINGS

- Abdominal mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the abdominal mass would be organized hematoma, granuloma and possibly neoplasia. The most likely organ of origin would be mesentery.

Further assessment would be FNA cytology of the mass. Laparotomy should be considered as it could be both diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis.



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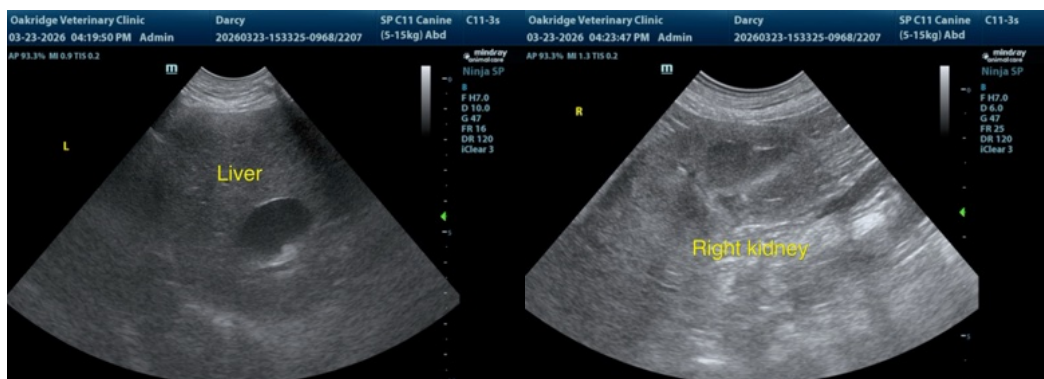
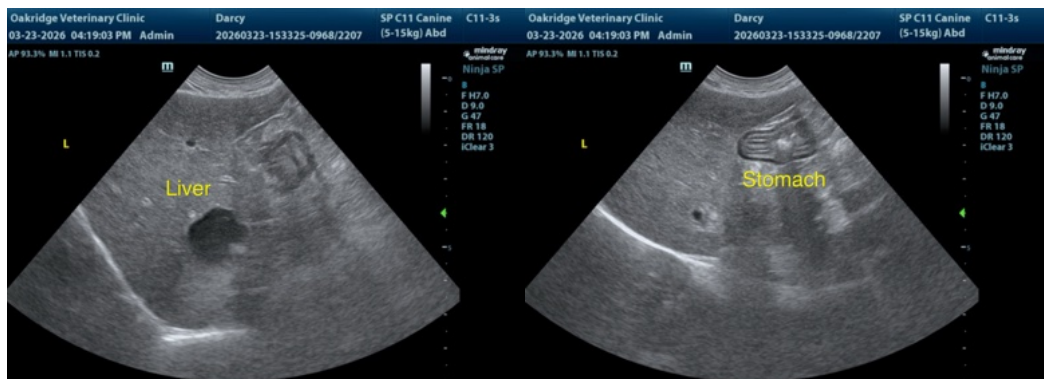
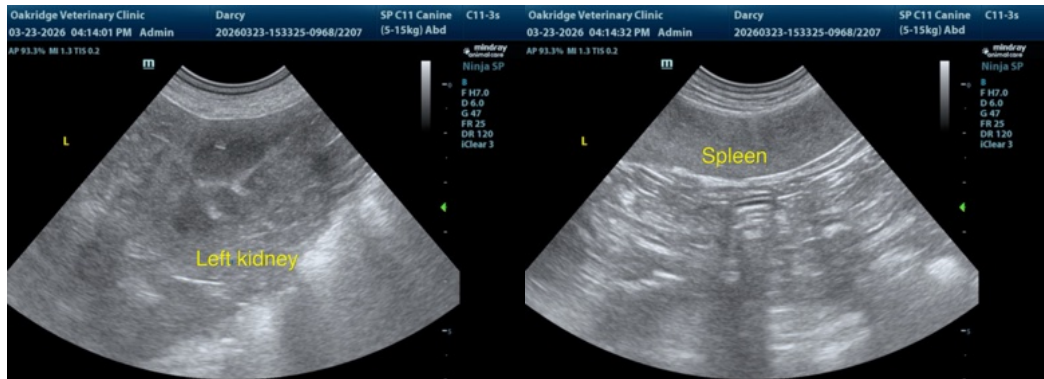
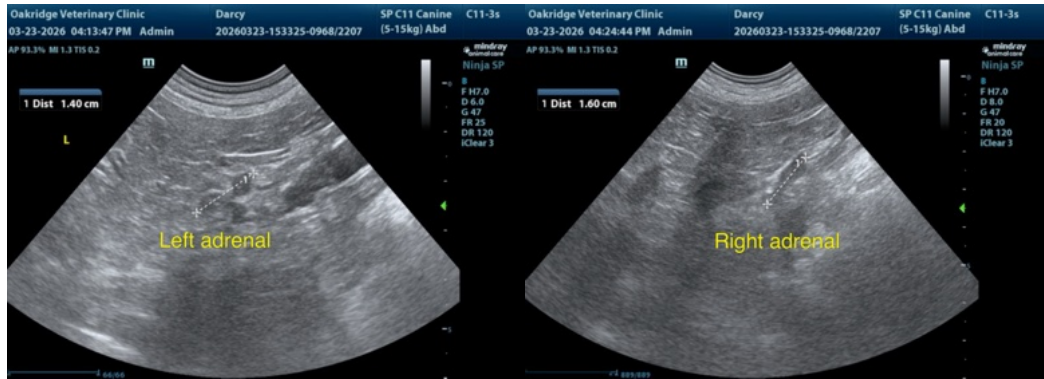
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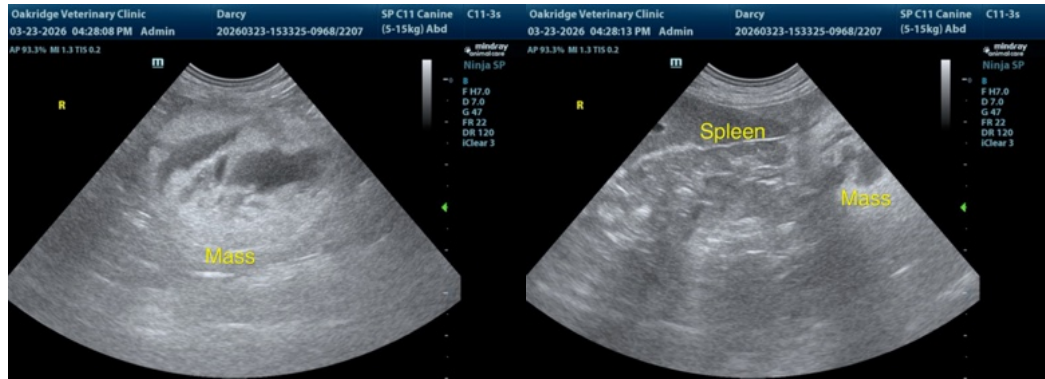
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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