



PATIENT

Bella Bryant

SPECIES

Canine

BREED

German Shepherd

SEX

Female

AGE

12 years

WEIGHT

96 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandon

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Amber

INVOICE

73842

DATE

3/26/26

PRESENTING CLINICAL SIGNS

- Bella presented for a right caudal mammary gland mass on 2/19/26 that had been present for about a month. radiographs of abdomen were performed and showed mass effect, most likely splenic. mineralization of mammary mass noted. last heat was in Oct of 2025. Cytology of mass showed mixed mammary neoplasm. Overall cytology did not lean heavily towards a benign lesion.
- Abnormal PE/Chem/CBC/UA Results: labs from 10/25 showed PHOS 5.3, TRIG 163, rest WNL

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 7.6 cm, right measured 7.1 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.24 cm in length x 0.64 cm and 0.74 cm in width. The right adrenal gland measured 2.26 cm in length x 0.8 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. Mottled, echogenic, poorly vascularized mass measuring 4.7 x 6.4 cm originating off the head of the spleen. The spleen measures 2.2 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules evident. Focal, irregular, mottled echogenic mass on the caudal aspect of the left lobe measuring 2.4 x 3.4 cm in size. 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 pancreas is not clearly visualized, but the visible sections 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.

Fluid-filled structure in the caudal abdomen adjacent to the urinary bladder measuring approximately 2x 3 cm in size.

Mammary Gland

Large, irregular, mottled echogenic mineralized mass is present.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Hepatic mass.
- Mammary gland mass.
- Fluid structure.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely diagnosis for the splenic mass would be neoplasia with granuloma and hematoma a less likely differential diagnosis.

Etiologies for the hepatic mass would be metastatic disease from either the splenic or the mammary gland mass or emerging primary hepatocellular carcinoma.

The most likely diagnosis for the mammary gland mass would be neoplasia.



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Etiologies for the fluid structure would be uterine loop or a mesenteric cyst.

Bella Bryant

Further assessment would be three view thoracic radiographs (if not already done), echocardiography to evaluate the right atrium and right auricle and FNA cytology of the hepatic and splenic masses, and possibly of the cystic structure.

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If surgery is being contemplated, especially for the hepatic mass, then a CT scan would be recommended. Palliative therapy is most likely indicated for this patient.

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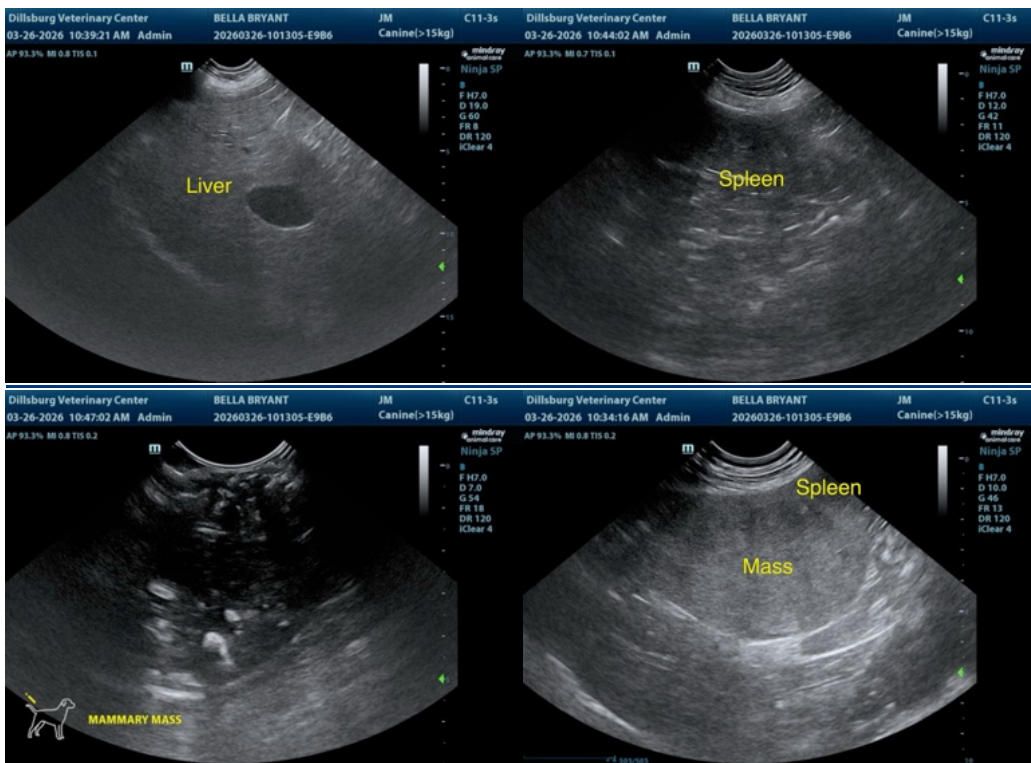
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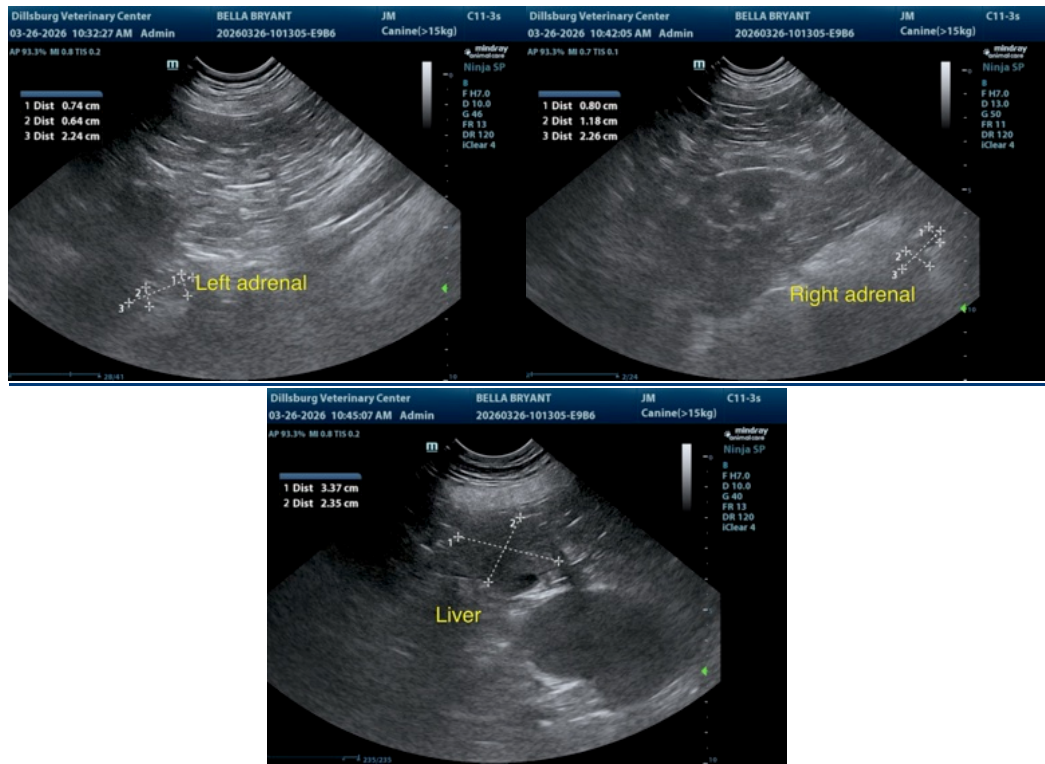
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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