



PATIENT

Phoebe Beckwith

SPECIES

Canine

BREED

Border Collie Mix

SEX

Spayed female

AGE

7 years

WEIGHT

38 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Miranda Fritz

HOSPITAL NAME

Richmond AH

REFERRING VET

Dr. Fritz

INVOICE

74001

DATE

4/1/26

PRESENTING CLINICAL SIGNS

- P had gastroenteritis end of Jan and a brief AUS done to check for FB. No FB seen and p responded well to supportive care. However, on AUS two 1cm small splenic nodules noted. O's other dog recently had splenectomy due to splenic mass also found incidentally on AUS.
- Full AUS today to recheck splenic nodules and further assess internal organs.
- P clinically doing great, no v/d/c/s, no PU/PD. Goo appetite and energy.
- PE: WNL CBC: WNL Chem: WNL Fecal: NOS 4dx: Anaplasma pos (chronic)

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.

Normal renal size (left measured 5.5 cm, right measured 5.7 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.4 cm in width. The right adrenal gland measured 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. Two, focal, hypoechoic, parenchymal nodules both measuring 1.2 cm in size were noted. One nodule was in the tail of the spleen and the other was in the body of spleen. The spleen measures 2.63 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 in 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 nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely etiologies for the splenic nodules would be reactive hyperplasia/extramedullary hemopoiesis, hematoma and granulomas with emerging neoplasia a less likely differential diagnosis.

Further assessment would be FNA cytology of the splenic nodules.

Ultrasound monitoring of the splenic nodules would be a suitable alternative and if there is any progressive enlargement or bulging of the overlying capsule noted, then a splenectomy would be indicated.



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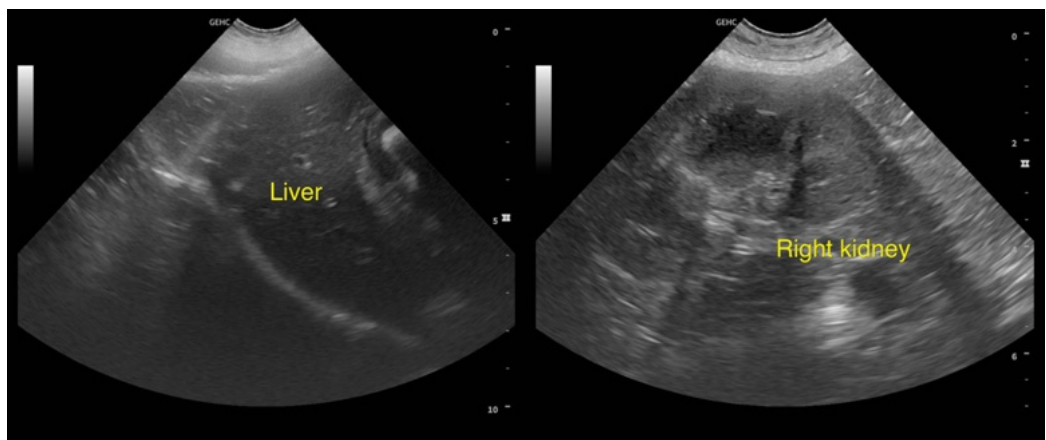
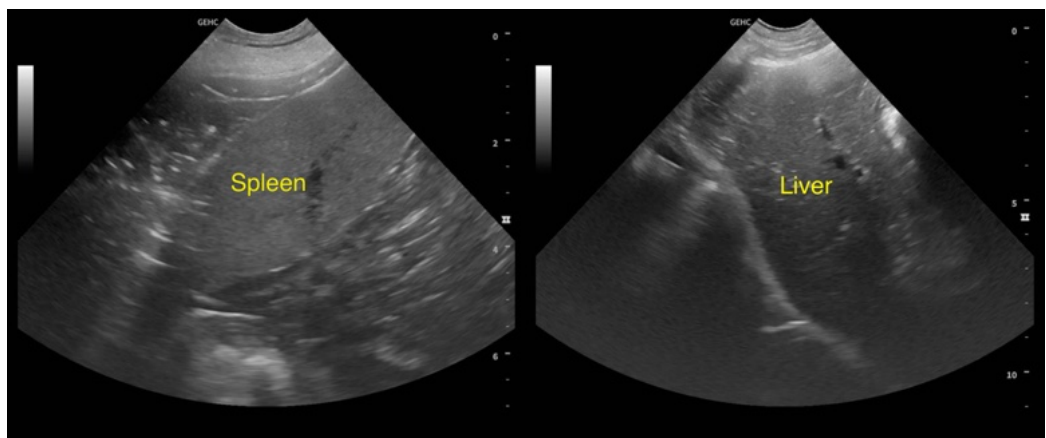
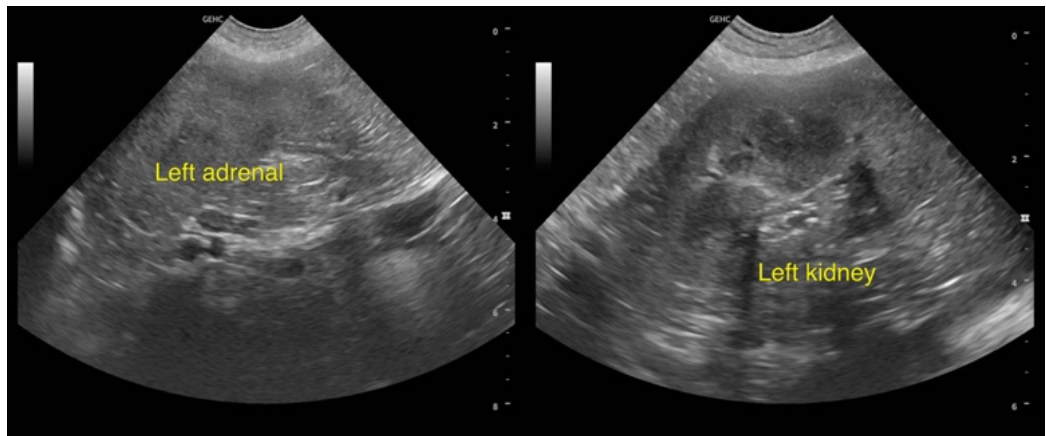
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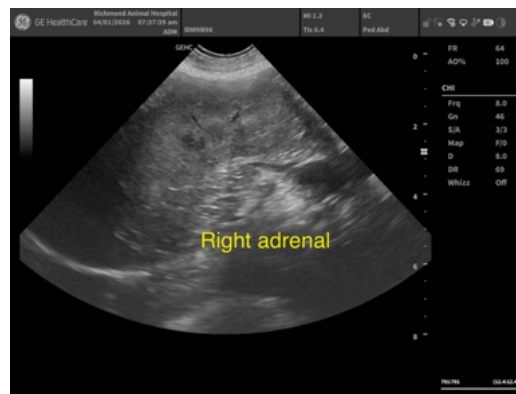
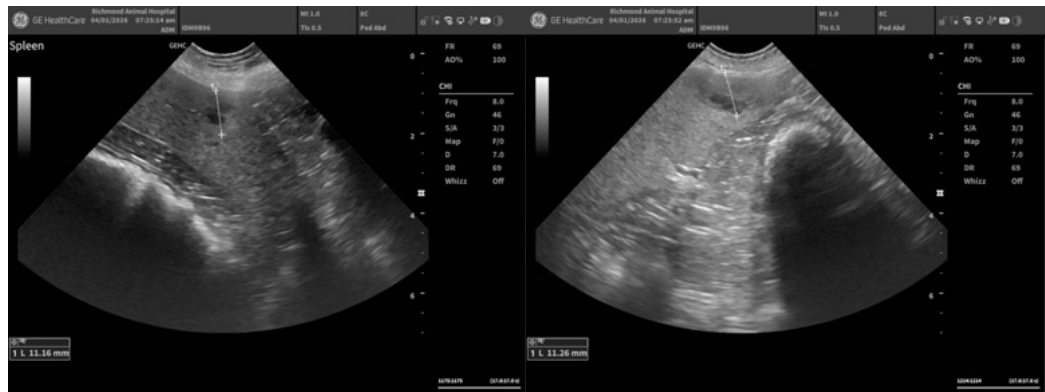
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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