



PATIENT PRESENTING CLINICAL SIGNS

Kali Smith History: Rectal mass palpated 4/7/26. HX of chronic d+ for 3 weeks and decreased appetite for 1 year. Looking for evidence of metastasis/ GI neoplasia. Abnormal PE/Chem/CBC/UA Results: Increased AST Increased Amylase, rest WNL

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Mixed

Full urinary bladder 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. Ureters not visualized, which can be considered a normal finding.

SEX

Spayed Female

Enlarged iliac lymph nodes (up to 1.4 cm x 3.2 cm in size) with a hypoechoic appearance.

AGE

13 Years

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 5.7 cm. The right kidney measured 4.9 cm. Normal color flow pattern was evident in both kidneys.

WEIGHT

59 Pounds

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 2.66 cm in length x 0.87 cm and 0.77 cm in width. The right adrenal gland measured 2.35 cm in length x 0.65 cm in width.

INTERPRETED BY

Remo Lobetti BVSc,
MMedVet, PhD,
DECVIM

Spleen

Normal size (1.8 cm in width) 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. Multiple incidental myelolipomas were present.

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

HOSPITAL NAME

Walden AC

Gallbladder

REFERRING VET

Dr. Dickey

Full gallbladder, containing normal anechoic bile. Thickened and hyperechogenic appearance of the wall. Normal size and appearance of both the cystic and common bile ducts.

INVOICE

36521

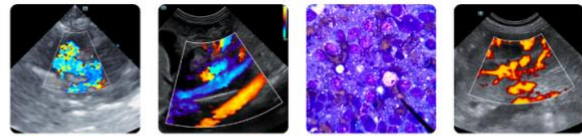
Gastrointestinal

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.

DATE

4/10/26

Pancreas



PATIENT

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.

Kali Smith

Free Abdomen

SPECIES

Normal mesenteric lymph nodes.

Canine

No ascites evident.

BREED

Non-vascularized, irregular mottled echogenic rectal mass was noted, measuring approximately 2.0 cm x 3.0 cm in size.

Mixed

Thorax

SEX

Normal appearance of the heart. No pleural or pericardial effusion was evident.

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

- Rectal mass
- Iliac lymphadenomegaly
- Previous cholecystitis

13 Years

WEIGHT

59 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the rectal mass would be neoplasia, with granulomas disease, a less likely differential diagnosis. The appearance of the iliac lymph node would be indicative of metastatic disease.

INTERPRETED BY

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MMedVet, PhD,
DECVIM

Further assessment would be FNA cytology of both the rectal mass and the iliac lymph node and 3-view thoracic radiograph.

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

Specific therapy would be dependent on an etiological diagnosis. If surgery is being contemplated, then a CT scan would be recommended.

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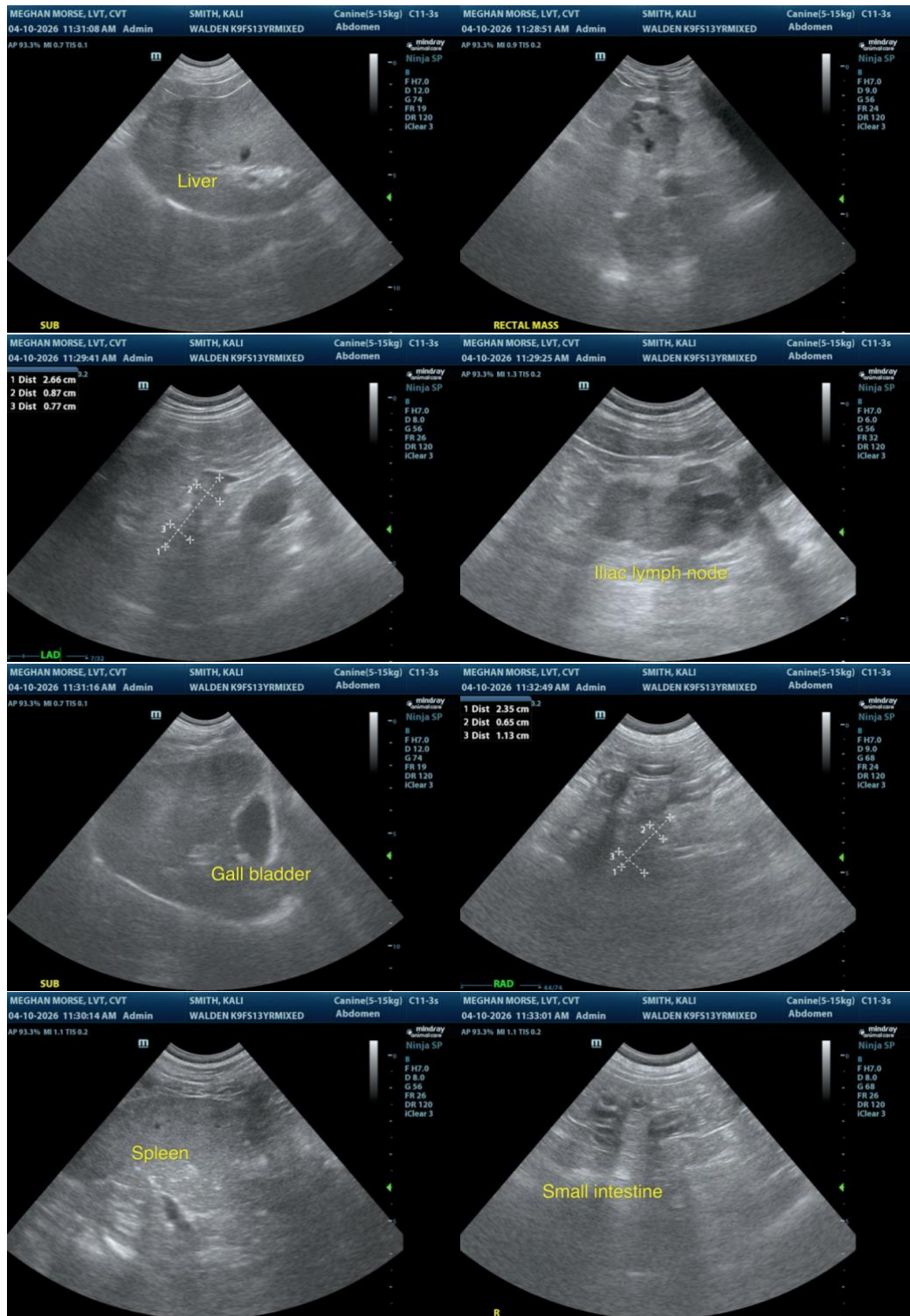
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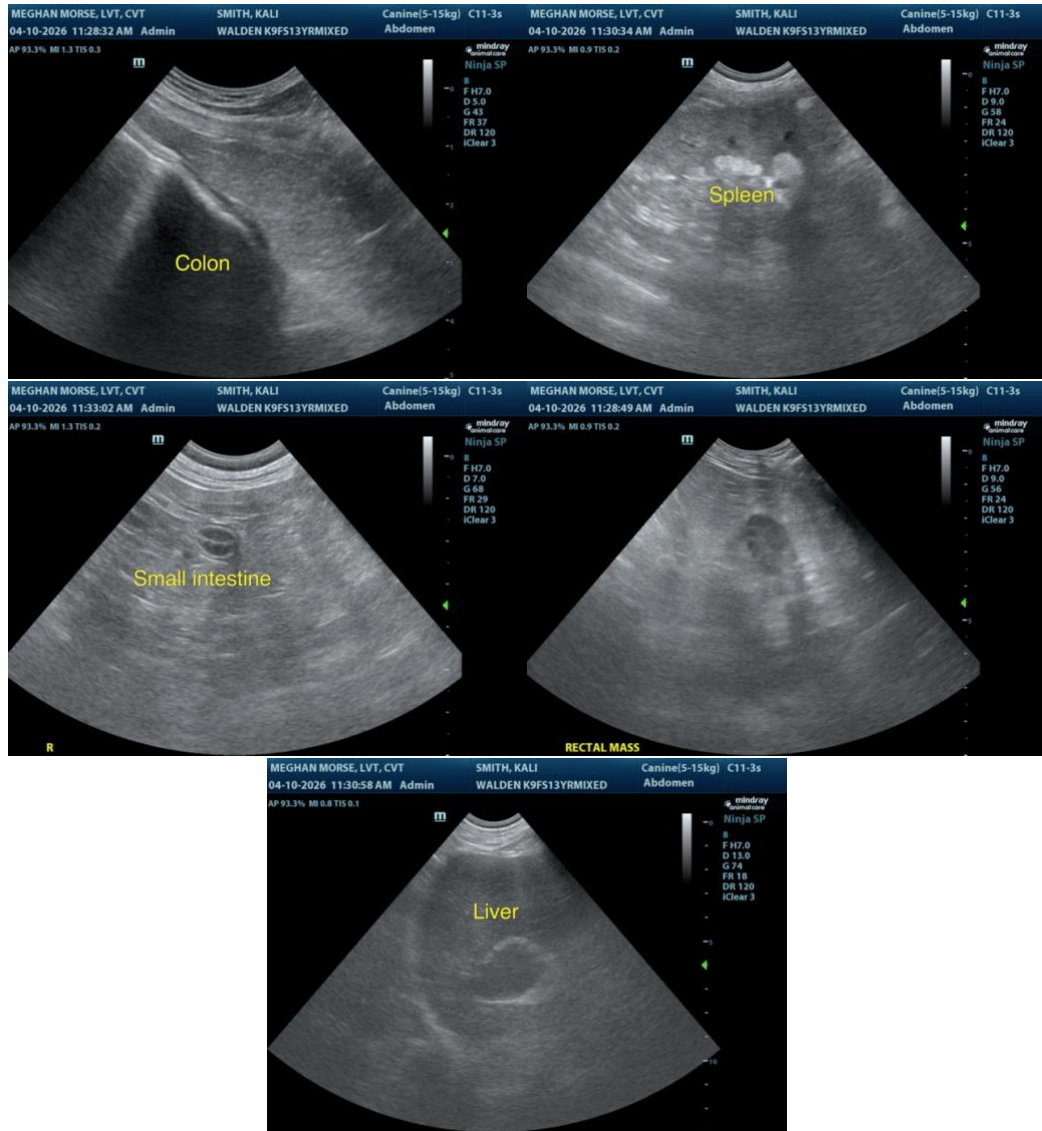
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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