



PATIENT

Astro Volvey

SPECIES

Canine

BREED

Great Dane

SEX

Spayed female

AGE

12 years

WEIGHT

25.8 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Maria Lara, DVM

HOSPITAL NAME

Allure Veterinary
Hospital & Urgent Care

REFERRING VET

Dr. Lara

INVOICE

74550

DATE

4/16/26

PRESENTING CLINICAL SIGNS

History: Patient presents for a second opinion, rDVM consult was performed on 4/14 for inappetence and decreased water intake. Ultrasound performed at the time was reported with splenic nodules and other changes on the liver. Owner was advised to performed splenectomy and liver biopsies while in surgery. At the time mild anemia was seen, patient was started on liquid tincture which seemed to help.

Abnormal PE/Chem/CBC/UA Results: 4/14 CBC HCT 36.9% 37.3-61.7 LOW MCV 51.3 fL 61.6-73.5 LOW MCH 18.2 pg 21.2-25.9 LOW RDW 23.2% 13.6-21.7 HIGH RETIC-HGB 17.3 pg 22.3-29.6 LOW PLT 138 K/pL 148-484 LOW 223 K/μL MPV 13.4 fL 8.7-13.2 HIGH 4/14 Chem ALKP 1626 U/L 23-212 HIGH CI 108 mmol/L 109-122 LOW

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 6.9 cm, right measured 8.1 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. 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 0.94 cm and 0.86 cm in width. The right adrenal gland measured 0.86 cm and 0.82 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 cystic mass is noted in the tail of the spleen measuring 4.2 x 4.4 cm in size. The spleen measures 2.6 cm in width.

Liver

Normal size with a diffuse, increased echogenic and coarse appearance, normal 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 a moderate amount of non-adhered, hyperechogenic sediment. 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 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 mass.
- Hepatopathy.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenic mass would be neoplasia, granuloma and hematoma.

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with infiltrative neoplasia and hepatitis unlikely differential diagnosis.

The gallbladder sediment is most likely an incidental finding.

Further assessment would be three view thoracic radiographs, echocardiography to evaluate the right atrium and FNA cytology of the liver and possibly splenic mass. A tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis.

Although ideal management of the splenic mass would be splenectomy, in this case, the patient's age needs to be taken into consideration.



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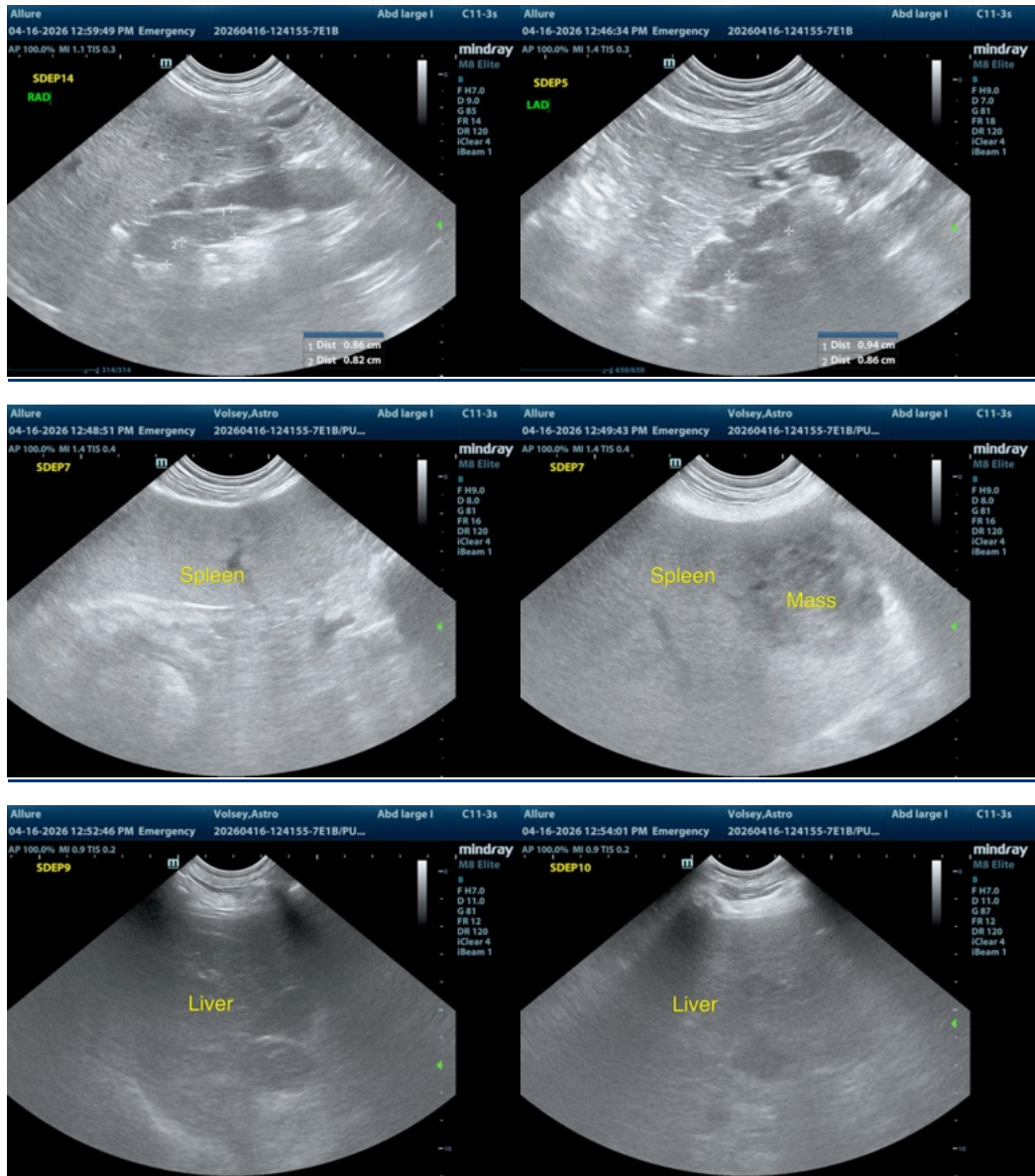
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Symptomatic management that can be considered for the hepatopathy and the gallbladder sediment would be the use of Ursodiol with regular monitoring of the liver enzyme activity.





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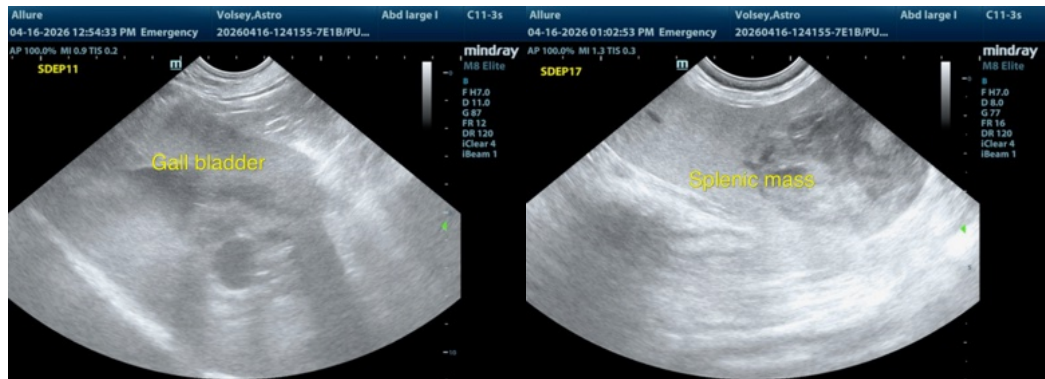
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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