



**PATIENT**

Pumpkin Doumbe

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

13 Years 7 Months

**WEIGHT**

57.2 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Andover Animal  
Hospital

**REFERRING VET**

Dr. Lawlor

**INVOICE**

74572

**DATE**

4/17/26

**PRESENTING CLINICAL SIGNS**

Investigate abdominal effusion, Originally presented for labored breathing, V+, Lethargy. Intermittent grade 2/6 heart murmur, free fluid noted on AFAST, possible mass ( loss serosal detail on abd. xrays)  
Meds: Furosemide 60mg q 6-8 hours

Abnormal PE/Chem/CBC/UA Results: Anaplasma (+) ALP 175 (H)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Small 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.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

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. Left kidney measures 5.6 cm. Right kidney measures 5.8 cm. Normal color flow pattern evident in both kidneys.

**Adrenal Glands**

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 2.9 cm in length x 0.84 cm and 1.01 cm in width. Right measures 1.98 cm in length x 0.56 cm and 0.72 cm in width.

**Spleen**

Normal size (1.5 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.

**Liver**

A large, irregular, mottled, echogenic and cystic poorly vascularized mass is noted in the right lobe, measuring approximately 4.3 cm x 5.5 cm. The rest of the liver is of normal size, maintaining a normal echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or additional masses evident. Normal appearance of the hepatic and portal vasculature.

**Gallbladder**

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.



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**Pancreas**

Visible sections present normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**Free Abdomen**

Normal mesenteric lymph nodes.

No ascites evident.

**Thorax**

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

**ULTRASONOGRAPHIC FINDINGS**

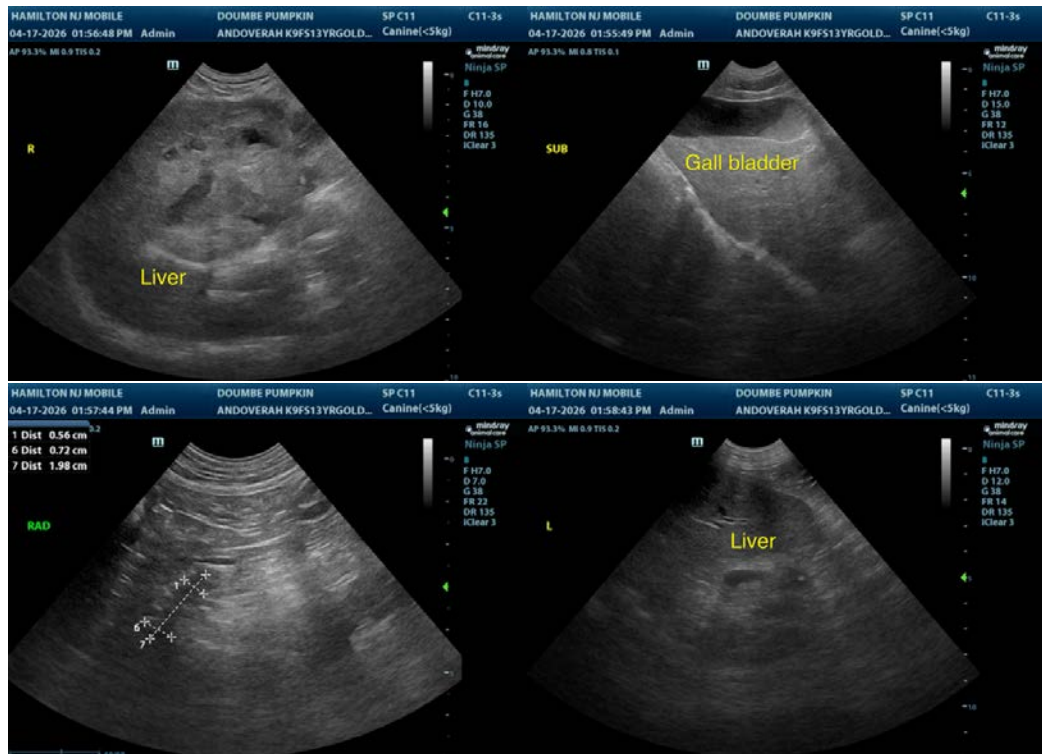
- Hepatic mass.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology for the hepatic mass would be neoplasia, with granuloma and organized hematoma being less likely differential diagnoses.

Further assessment would include 3-view thoracic radiographs, and FNA cytology of the mass. A tru-cut or wedge biopsy of the mass may, however, be required for a final etiological diagnosis.

If surgery is being contemplated for the mass, then a CT scan would be recommended.





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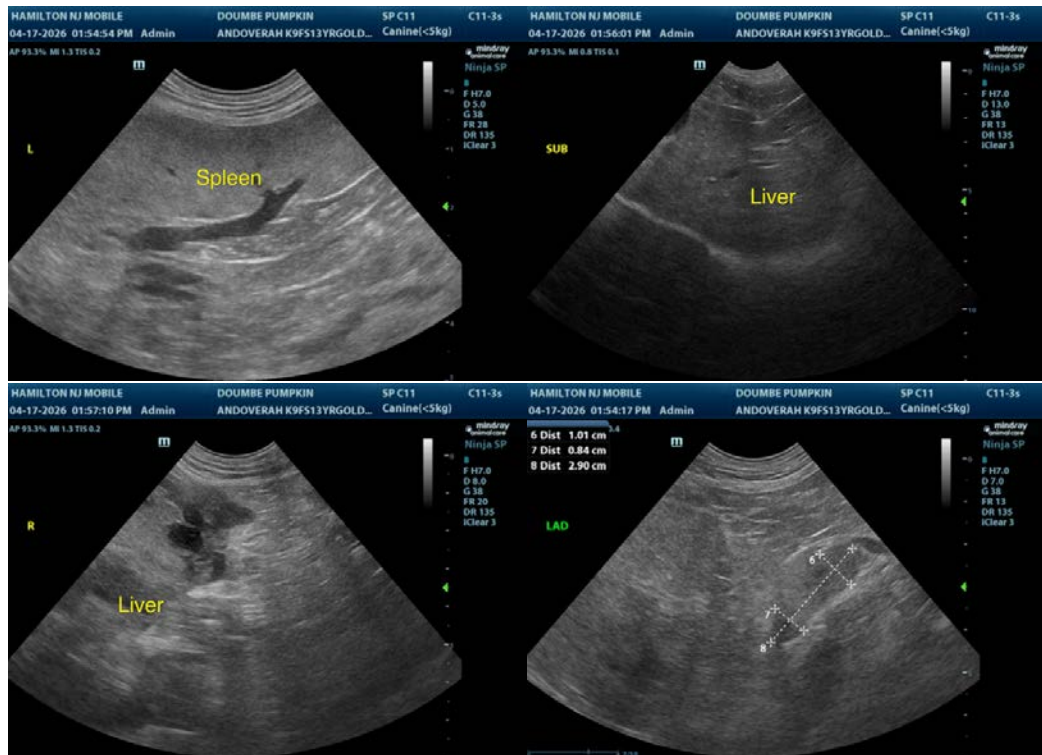
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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