



PATIENT

Pixel Deets

SPECIES

Canine

BREED

Rottweiler Mix

SEX

Spayed female

AGE

10 years

WEIGHT

87.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Robert Mason

HOSPITAL NAME

Straley VA

REFERRING VET

Dr. Hubler

INVOICE

74068

DATE

4/2/26

PRESENTING CLINICAL SIGNS

- Patient had routine bloodwork done at wellness appointment. Bloodwork showed elevations in kidney and liver values as well as hypercalcemia.
- O' wanted to pursue further diagnostics. Abdominal radiographs showed round, soft tissue opacity structure on left lateral projections of T12-T13.
- O' opted to do abdominal ultrasound to explore possible abdominal mass.
- ALKP- 1794 U/L ALT- 149 U/L AMYL- 1519 U/L BUN/UREA- 53 mg/dL CA- 12.1 mg/dL

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 6.7 cm, right measured 7.3 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. A hyperechogenic parenchymal nodule measuring 0.5 x 0.8 cm in the left adrenal caudal pole. Left adrenal gland measured 2.59 cm in length x 0.81 cm and 0.53 cm in width. The right adrenal gland measured 1.89 cm in length x 0.49 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. Small, focal, hypoechoic parenchymal nodule measuring 1.0 cm in size in the body of the spleen. The spleen measures 2.6 cm in width. Incidental myelolipomas are present.

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 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 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

- Left adrenal nodule.
- Splenic nodule.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the left adrenal nodule would be an incidental, non-functional adenoma.

The likely etiologies for the splenic nodule would be reactive hyperplasia/extramedullary hemopoiesis, hematoma and granuloma with emerging neoplasia an unlikely diagnosis.

The gallbladder sediment can be considered an incidental finding.

On this ultrasound there is no obvious etiology for either the elevated ALP activity or the hypercalcemia.

Further assessment would be a hypercalcemic malignancy panel and FNA cytology of the liver.

Further assessment of the opacity visible on the survey radiographs would be CT scan and if possible FNA cytology.

Specific therapy would be dependent on an etiological diagnosis.



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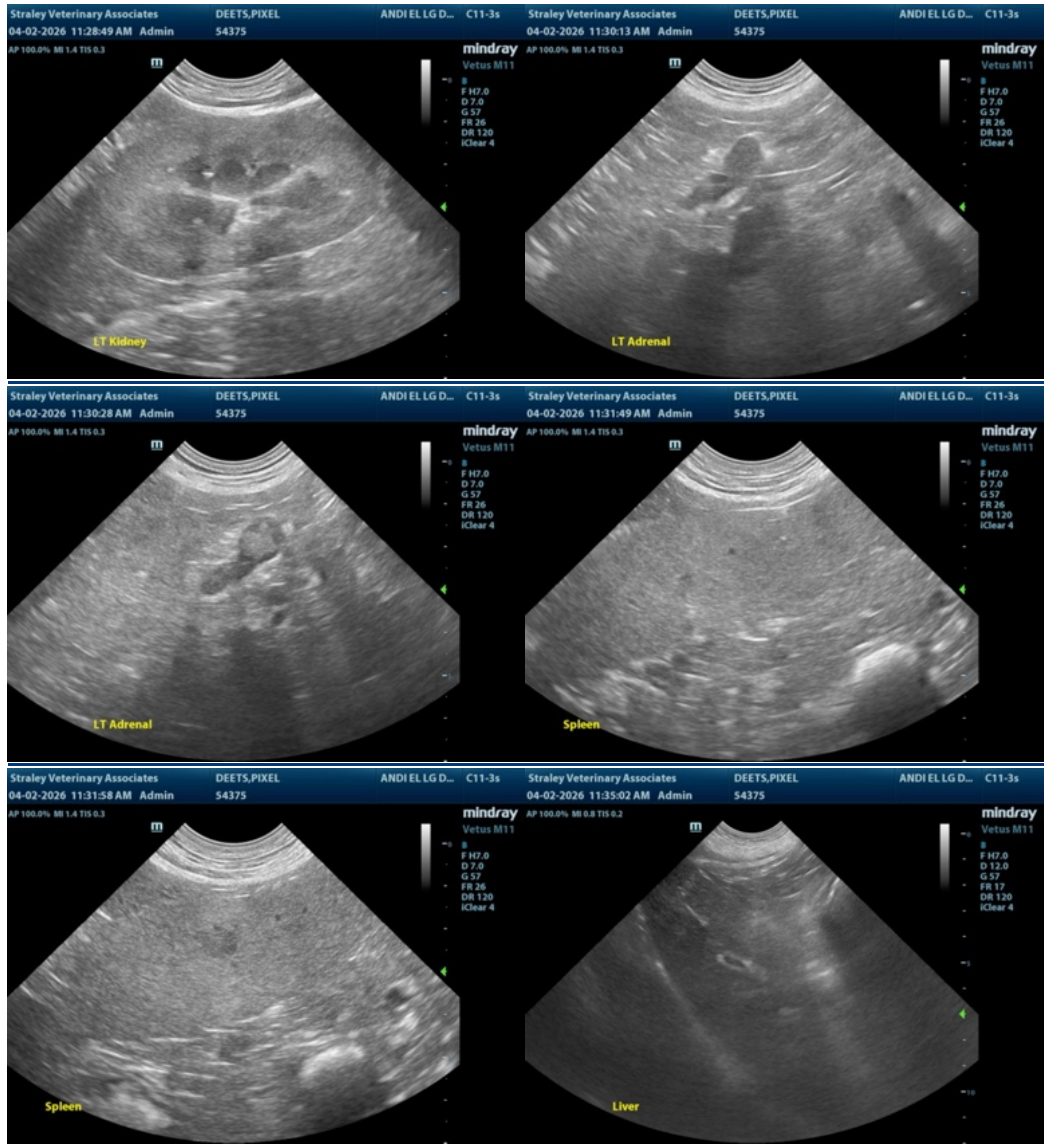
Dr. Hubler

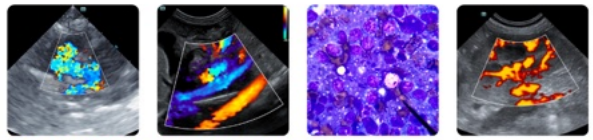
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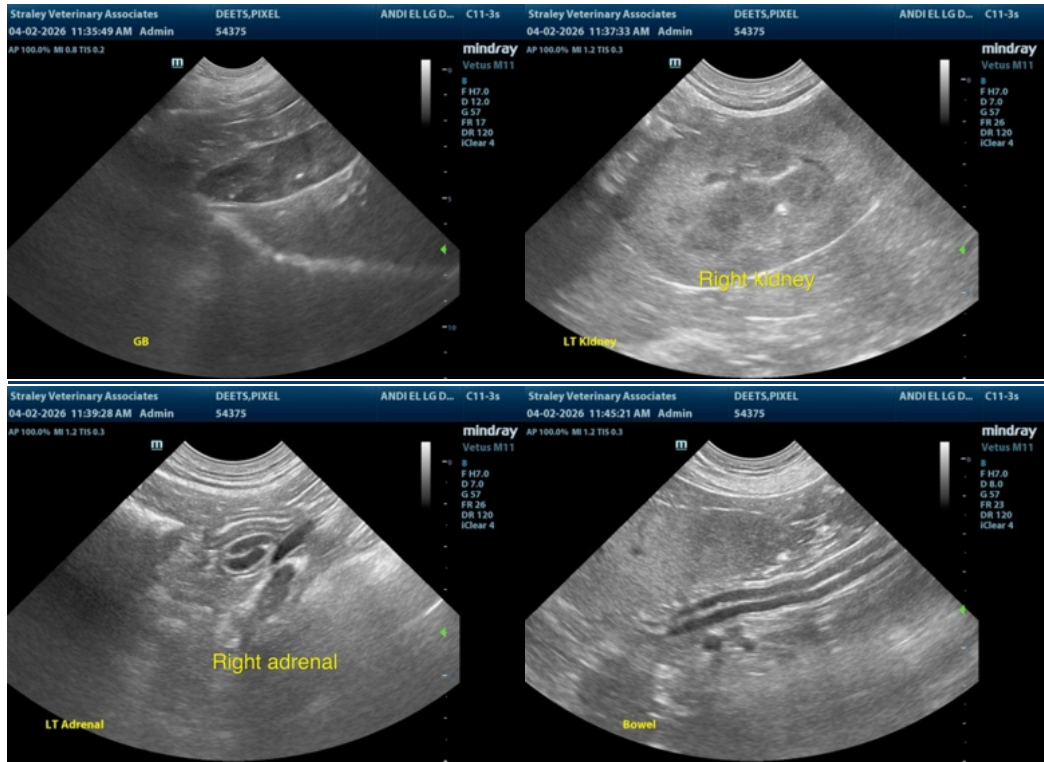
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com