



PATIENT

Markie Hiller

SPECIES

Canine

BREED

Nova Scotia Duck
Tolling Retriever

SEX

Neutered male

AGE

13 years

WEIGHT

13.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle RVT

HOSPITAL NAME

Orchard VC

REFERRING VET

Dr. Orchard

INVOICE

74751

DATE

4/22/26

PRESENTING CLINICAL SIGNS

History: Patient had Addison's. Recheck AUS from August 2025. Doing well at home. Owner wanting full work up to make sure he is okay to go under GA for a dental
Abnormal PE/Chem/CBC/UA Results: ALP: 545 U/L ALT: 218 U/L UA: NSF Mild anemia, mild leukocytosis, mild neutrophilia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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 and iliac blood vessels. The proximal urethra was not visualized.

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

Normal renal size (left measured 5.2 cm, right measured 5.5 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

The adrenal glands are bilaterally small in size and dorsoventrally flattened, but maintained a normal echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.34 cm in width. The right adrenal gland measured 0.31 cm in width.

Spleen

A large, irregular, hypoechogenic, poorly vascularized mass that originated off the head of the spleen and measured 3.8 x 4.0 cm in size. Smaller, mottled echogenic parenchymal mass was noted in the tail of the spleen measuring 1.3 x 1.7 cm in size. The rest of the spleen is of normal size (1.8 cm in width) maintaining a normal echogenic appearance, smooth homogenous parenchyma and a regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.

Liver

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

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.



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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

- Splenic masses.
- Bilaterally small adrenal glands
- Gallbladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenic masses would be hematomas, granulomas and neoplasia.

The appearance of the adrenal glands would be consistent with Addison's disease as per the patient's history.

The gallbladder sediment is most likely an incidental finding.

Further assessment would be three view thoracic radiographs, echocardiography to evaluate the right atrium and right auricle and possibly FNA cytology of the splenic masses.

Splenectomy should be considered as it could be both diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis.



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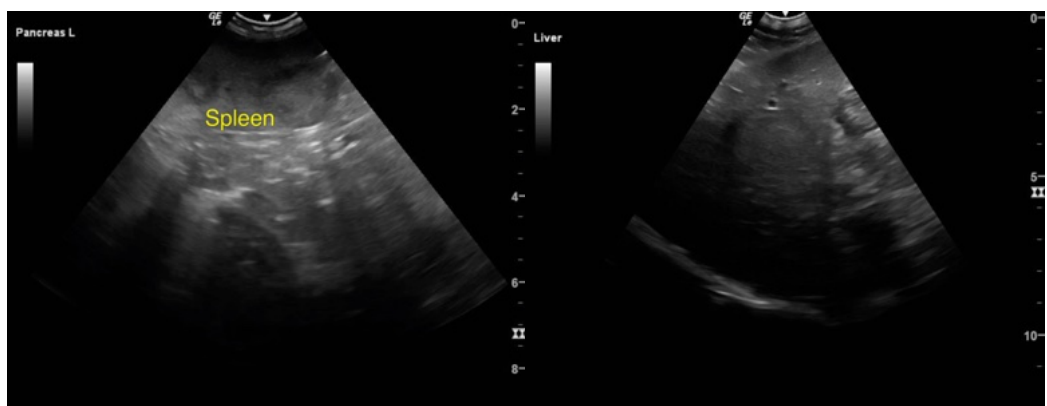
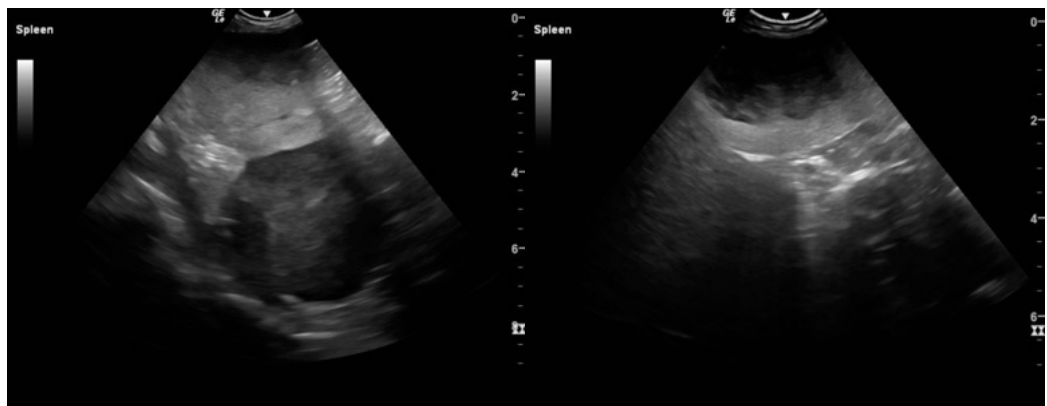
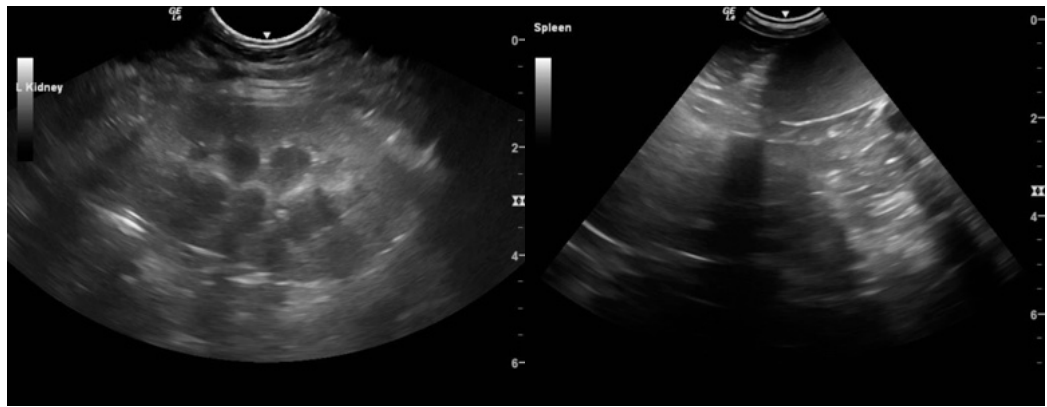
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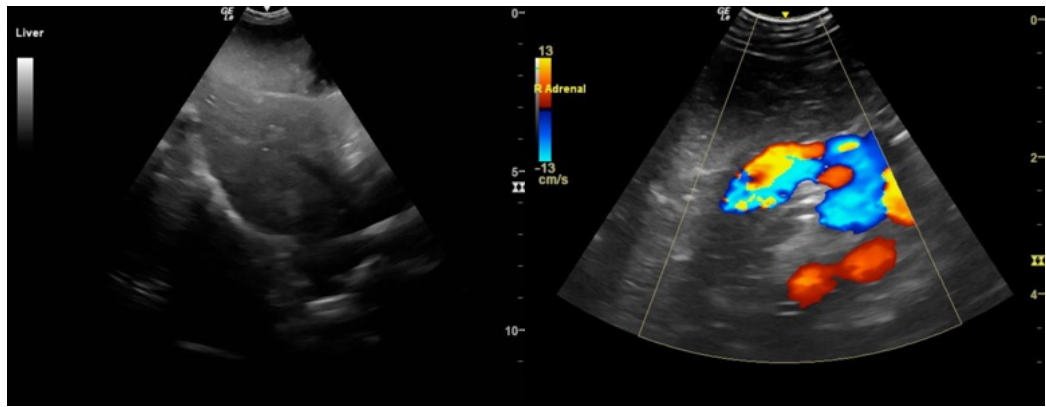
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com