



PATIENT

Escrow Sandt

SPECIES

Canine

BREED

Greyhound

SEX

Spayed Female

AGE

12 Years 8 Months

WEIGHT

63.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Magnolia Veterinary
Practice

REFERRING VET

Dr. Goldstein

INVOICE

74728

DATE

4/23/26

PRESENTING CLINICAL SIGNS

BCS 5/9. Acute mid abdominal pain, suspect peritoneal effusion, anorexic.
Current Medications: Pheno, Benazepril, Provable (Gaba/Traz)

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 6.2 cm. Right kidney measures 6.4 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 0.60 cm and 0.64 cm in width. Right measures 0.84 cm and 0.84 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. A mottled echogenic vascularized mass is noted in the tail of the spleen, measuring approximately 1.9 cm x 2.4 cm in size. The spleen measures 2.5 cm in width.

Liver

The liver is small, with a diffuse hyperechogenic appearance, normal portal markings, and regular curvilinear capsule. A few small hypoechogenic parenchymal nodules are noted measuring up to 0.50 cm in size. No 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.

Pancreas

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



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Free Abdomen

Normal mesenteric lymph nodes.

Moderate amount of acellular ascites present.

Hyperechogenic and nodular appearance of the mesentery noted.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Hepatic nodules.
- Splenic mass.
- Mesenteric inflammation.
- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be chronic hepatitis and cirrhosis. The most likely etiology for the hepatic nodules would be incidental nodular hyperplasia.

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

Etiologies for the mesenteric inflammation would be sterile peritonitis, possibly bacterial peritonitis, and abdominal carcinomatosis.

Further assessment would include 3-view thoracic radiographs, analysis of the ascitic fluid, and FNA cytology of the mesentery and splenic mass. FNA cytology of the liver could also be considered.

However, a tru-cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.





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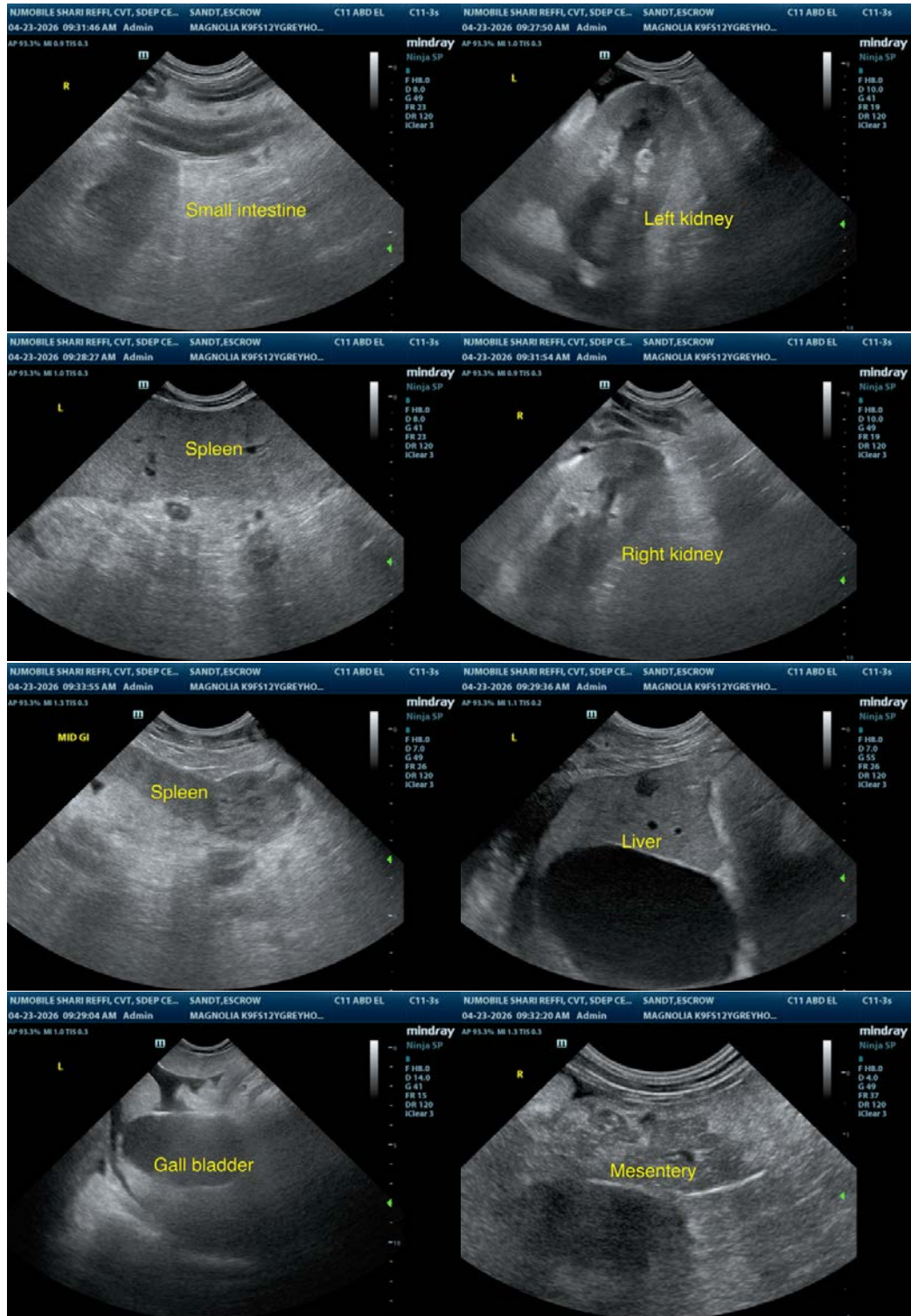
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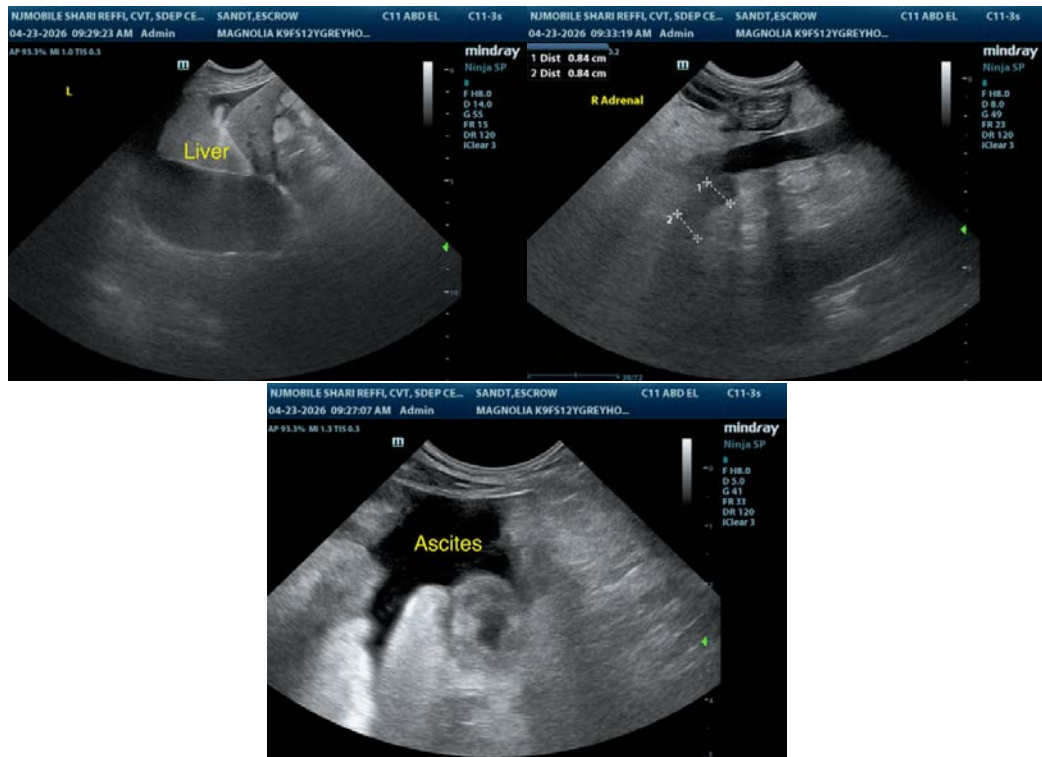
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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