



## PATIENT

Baxter Tobias

## SPECIES

Canine

## BREED

Bulldog Mix

## SEX

Neutered male

## AGE

7 years

## WEIGHT

56.8 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Casper

## HOSPITAL NAME

Hometown AH Florida

## REFERRING VET

Dr. Casper

## INVOICE

74125

## DATE

4/3/26

## PRESENTING CLINICAL SIGNS

- P developed acute lethargy, dec appetite over the past week. One episode of hematemesis and loose stool over this time period. P presented 3/30 for w/u and AFAST showed suspect cr abd mass
- Regenerative anemia (RBC 4.91, HCT 32.8, retics 22.7) leukocytosis (wbc 17.86) w/ mild neutrophilia (14.14), mild monocytosis (1.3) Dec BUN (6) tt4- 1.6 cpli - normal Rads -  
CONCLUSIONS: The numerous pulmonary nodules and masses throughout the lungs are most consistent with metastatic neoplasia. However, fungal or parasitic granulomas cannot be excluded. The rounded soft tissue structure in the ventral abdomen may represent a splenic mass, with differentials including neoplasia (e.g., hemangiosarcoma, hemangioma), hematoma, or nodular hyperplasia. Other organs of origin (gastrointestinal, pedunculated hepatic, mesenteric) are also possible. Artifact due to superimposition of overlying anatomy is less likely.

## 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 4.6 cm, right measured 5.0 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

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.85 cm in width. The right adrenal gland was not visualized.

### 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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.4 cm in width.



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### *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 small 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*

The pancreas was not visualized.

### *Free Abdomen*

Normal mesenteric lymph nodes.

No ascites evident.

Large, irregular, mottled echogenic vascularized mass measuring 5.0 x 5.3 cm in size in the cranial midabdomen. The mass is not associated with any obvious organ system.

## ULTRASONOGRAPHIC FINDINGS

- Abdominal mass

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the radiographic changes, the most likely etiology for the mass would be neoplasia. Granulomatous/fungal disease would be a less likely differential diagnosis.

Further assessment would be FNA cytology of the mass.

Specific therapy would be dependent on an etiological diagnosis.

At this point palliative therapy is most likely indicated.



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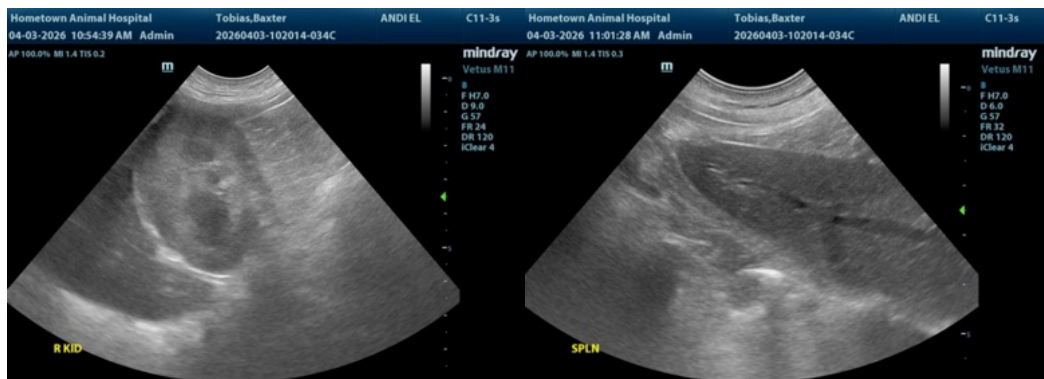
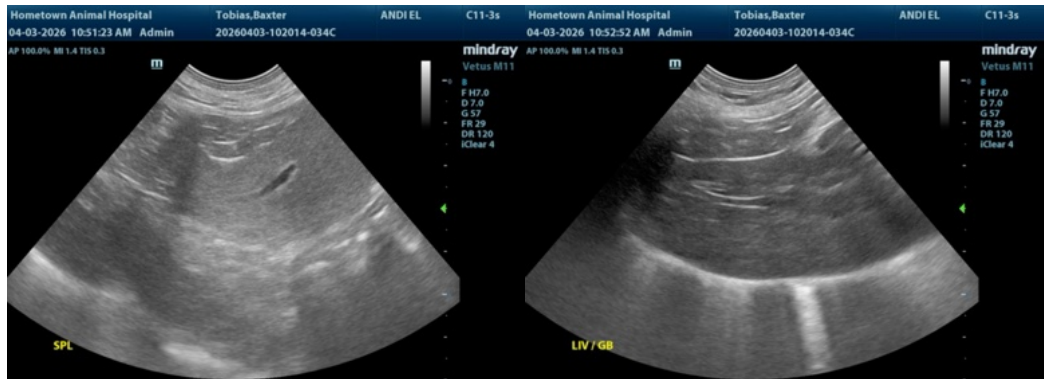
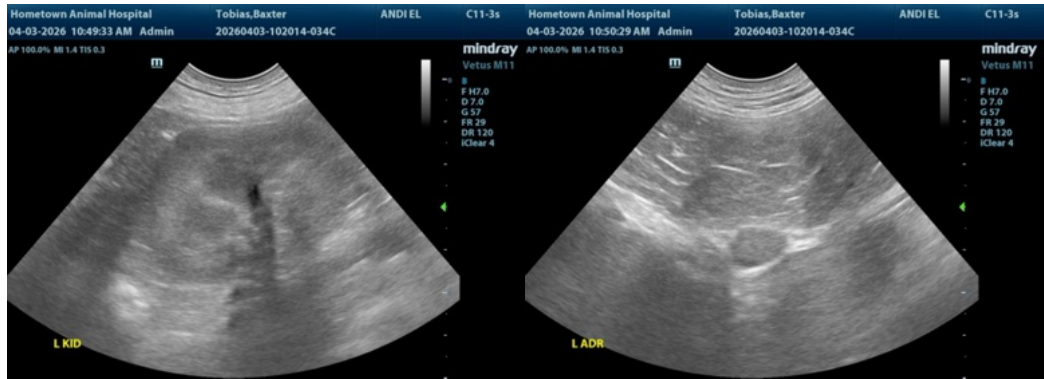
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)