



PATIENT

Rusty Sanchez

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

8.5 Years

WEIGHT

27 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE

16030

DATE

05/10/26

PRESENTING CLINICAL SIGNS

Presented Saturday 5/9 at 2:40p for not walking and projectile vomiting. Yesterday morning vomited a large amount There was a second vomit pile that had food and bile in it in the crate. Owner then tried to feed plain white rice and patient was not interested. drank some water and immediately projectile vomited all the water back up. Last night each time patient would drink water patient would vomit it up again. Today patient was lethargic and unresponsive when owner came down to take him to go outside. He was slow to get up once owner was able to arouse him. He did have normal UR and a solid BM then was pacing and laid down and was unable to get back up to come inside. increased drooling and crying PE: EENT/oral: pink slightly moist mm, crt 3-4s, underbite. Abd: Pendulous and doughy abdomen. Integ: Generalized truncal alopecia and patches in axillary, popliteal and neck regions, lichenification on neck, mass above OD. CBC: HCT 366, HGB 12.9, MCV 53.0, MCH 18.7, RDW 23.7, RETIC 18.5, WBC 28.60, NEU 21.99, MONO 1.88, PLT 68, MPV 19.6, PLCRT 0.13. CHEM15: BUN 53. TP 10.6, GLOB 7.5, ALT 177, ALP 259. Panc Lipase: WNL. EPOC: PO2 91.9, CSO2 97.8, PH 7.483, Na 138, Cl 100, Lac 5.04, BUN 47, CREA 1.79

Abnormal PE/Chem/CBC/UA Results: Rads Unremarkable GI tract. No obvious cause for the reported clinical signs is identified. No obvious evidence of gastrointestinal obstruction is identified on the images provided. Hepatomegaly as described. This is a nonspecific finding that could be seen secondary to vacuolar hepatopathy (commonly seen secondary to endocrinopathies), congestion, extramedullary hematopoiesis, nodular hyperplasia, inflammatory process or an infiltrative process. Mild loss of serosal detail within the mid ventral abdomen could represent focal peritoneal effusion or focal peritoneal inflammation. 5/10 ON: SNAP 4DX: negative x4 BP: 1a- 168/76(95), 6a- PCV/TS: 34%/ 9.8 clear EPOC: TCO2 26.6 (H) Na 137 (L) K 3.3 (L) Cl 98 (L) iCal 1.06 (L) BUN 57 (H) Creat 2.7 (H) HCT 31 (L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full 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.

Small hypoechogenic prostate measuring 1.2 cm width.

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. The left kidney measured 7.1 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.40 cm and 0.43 cm in width. The right adrenal gland measured 2.27 cm length x 0.47 cm in width.

Spleen



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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 1.4 cm in width.

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

Full gallbladder 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 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.

Large irregular mottled echogenic poorly vascularized mass measuring approximately 4.1 cm x 4.3 cm in size situated between the stomach and the liver yet with no obvious association with either the liver or the stomach. Hypoechoic appearance of the mesentery surrounding the mass with a small amount of fluid accumulating around the mass.

ULTRASONOGRAPHIC FINDINGS

- Abdominal mass (4.1 x 4.3 cm in size) between the liver and stomach but without any obvious association with either the liver or the stomach. Regional inflammation evident - hyperechoic mesentery and small amount of ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the abdominal mass would be neoplasia, granuloma, and possibly organized abscessation.

Further assessment would be 3 view thoracic radiographs (if not already done) and possibly FNA cytology of the mass. Laparotomy should be considered as it could be both diagnostic and therapeutic, with further specific therapy dependent on an etiological diagnosis.



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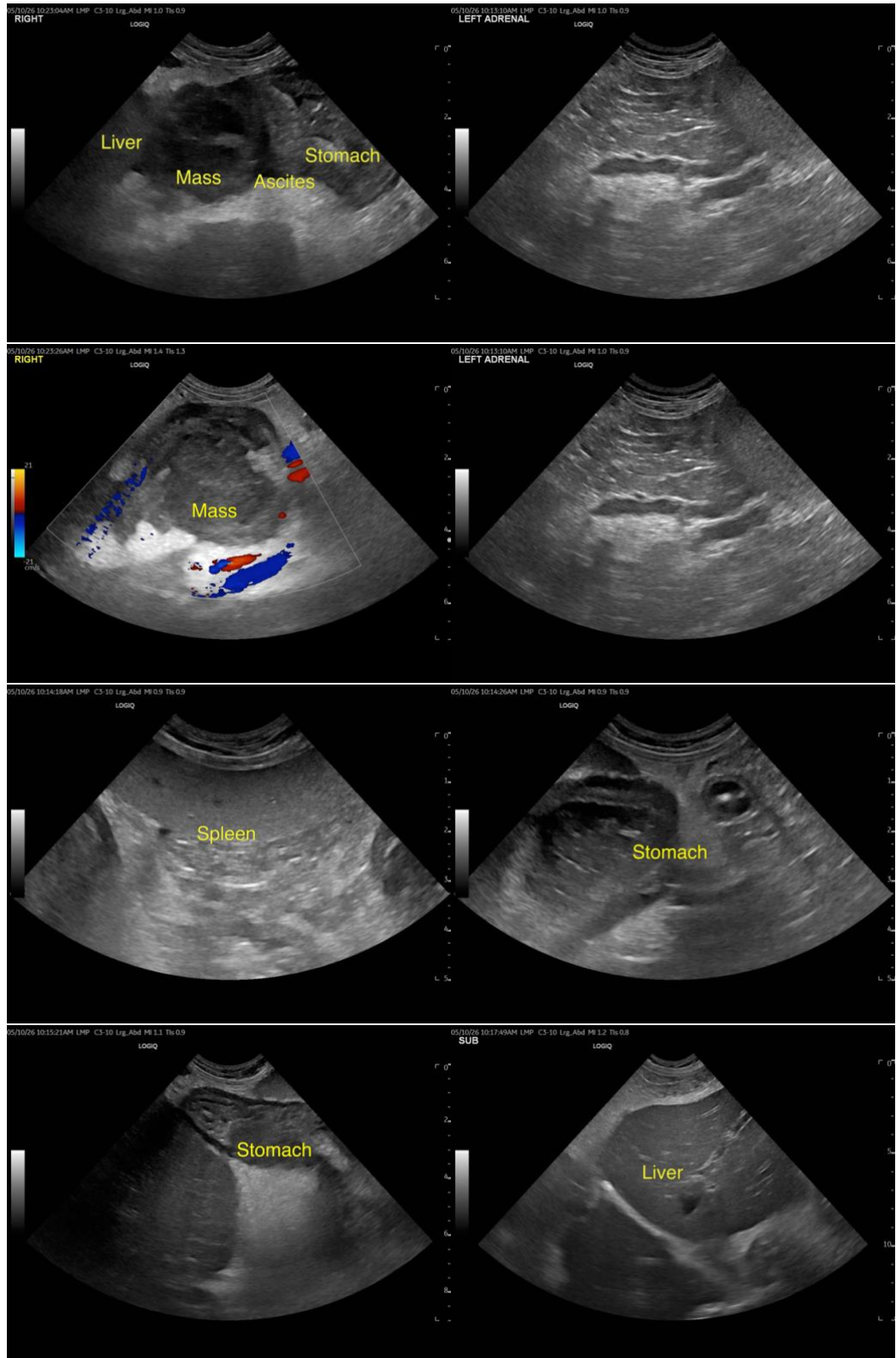
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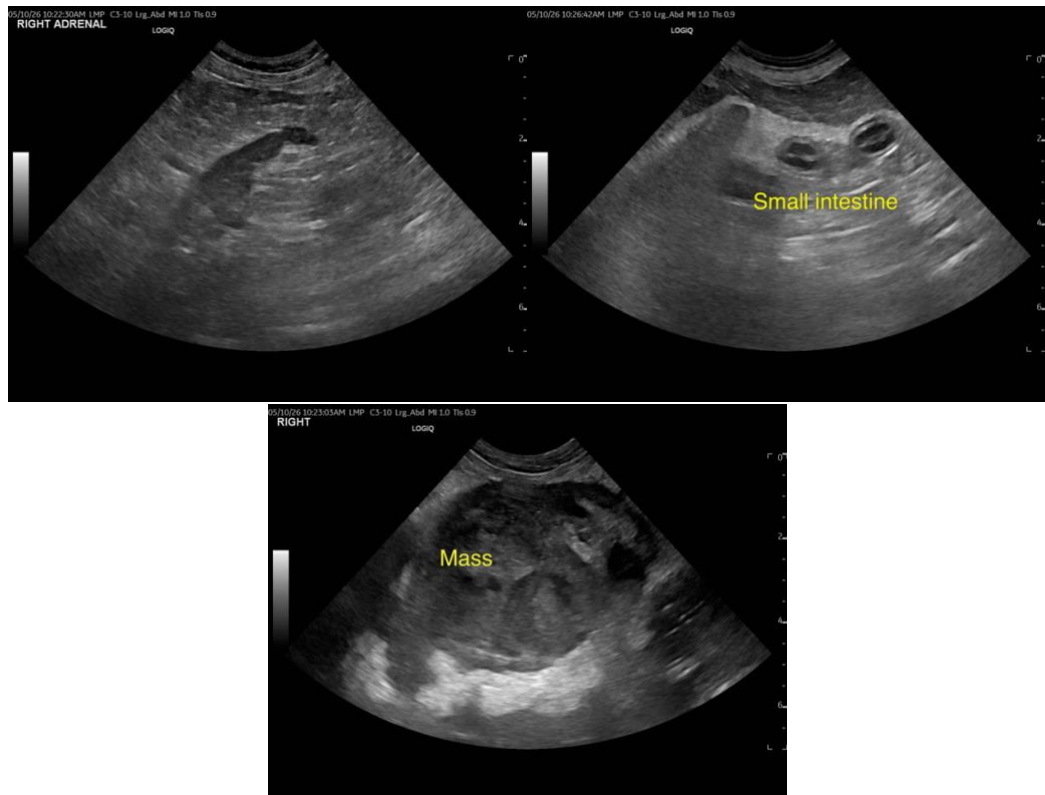
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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