



PATIENT

Rip Fox

SPECIES

Canine

BREED

Kelpie

SEX

Neutered male

AGE

9 years

WEIGHT

91 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Desen Ertunc, DVM

HOSPITAL NAME

Humboldt Veterinary
Medical Group

REFERRING VET

Dr. Riedl

INVOICE

75290

DATE

5/11/26

PRESENTING CLINICAL SIGNS

History: Acute onset anorexia and vomiting 2 days prior. ER vet found free abdominal fluid and splenic mass, started Yunnan Bai Yao and Cerenia. Significantly improved with good appetite and energy levels.

Abnormal PE/Chem/CBC/UA Results: PE- mildly pale mm, tachypneic CBC: RBC = 5.58 M/ μ L (5.65 - 8.87), Hematocrit = 35.5 % (37.3- 61.7), Hemoglobin= 12.1 g/dL (13.1- 20.5), WBC = 32.16 K/ μ L (5.05 - 16.76), Neutrophils = 28.41 K/ μ L (2.95- 11.64) Chem= Creatinine = 2.1 mg/dL (0.5 - 1.8), BUN = 39 mg/dL (7-27), ALT = 624 U/L (10-125), ALP = 218 U/L (23- 212) , all other values WNL. cPL= WNL.

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, 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 6.8 cm, right measured 7.0 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.

The prostate is small and hypoechogenic.

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 2.27 cm in length x 0.63 cm and 0.55 cm in width. The right adrenal gland was not visualized.

Spleen

The spleen revealed a large, irregular, mottled echogenic mass that originated off the tail of the spleen and measured 7.0 x 8.0 cm in size. Hyperechogenic appearance of the mesentery surrounding the mass. The rest of the spleen is of normal size (1.5 cm in width) with a normal echogenic appearance, smooth homogenous parenchyma and 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.



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Gallbladder

The gallbladder is 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

The pancreas was not visualized.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenic mass would be neoplasia with hematoma and granuloma a less likely differential diagnosis.

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

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



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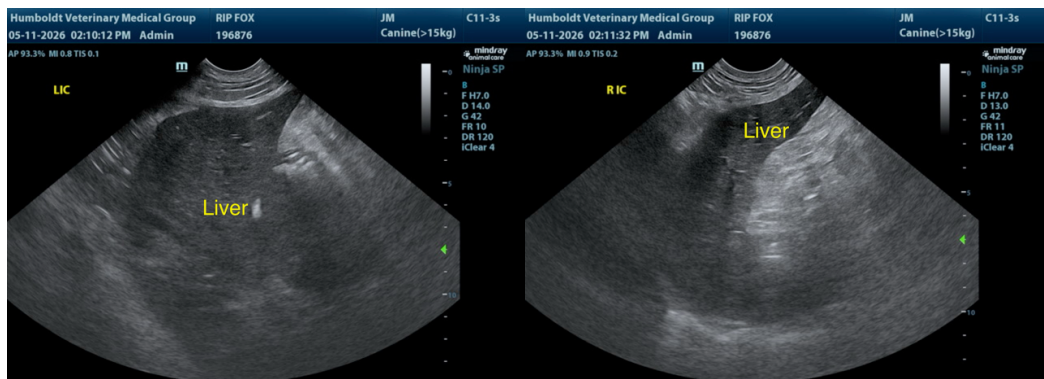
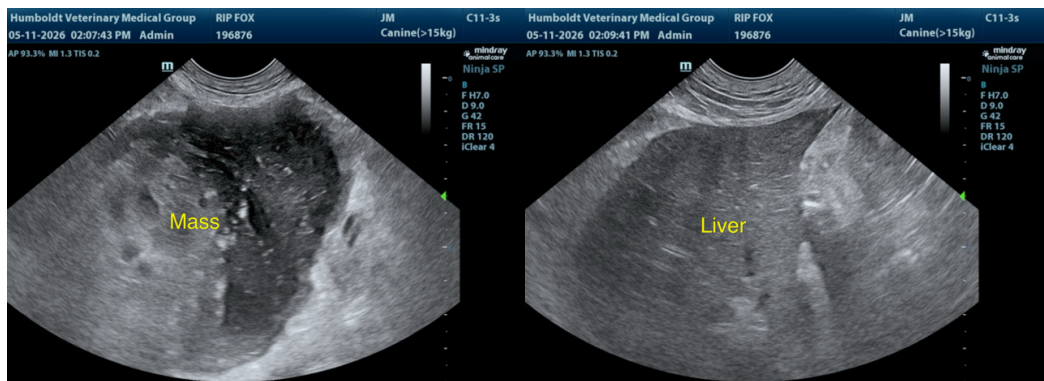
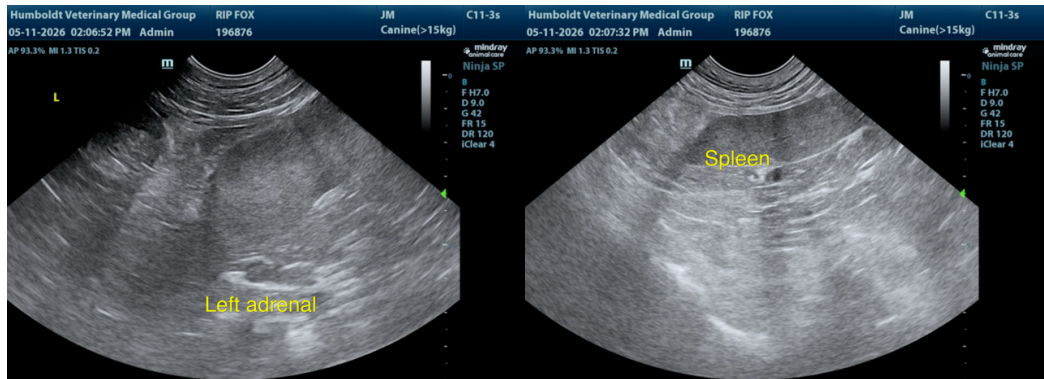
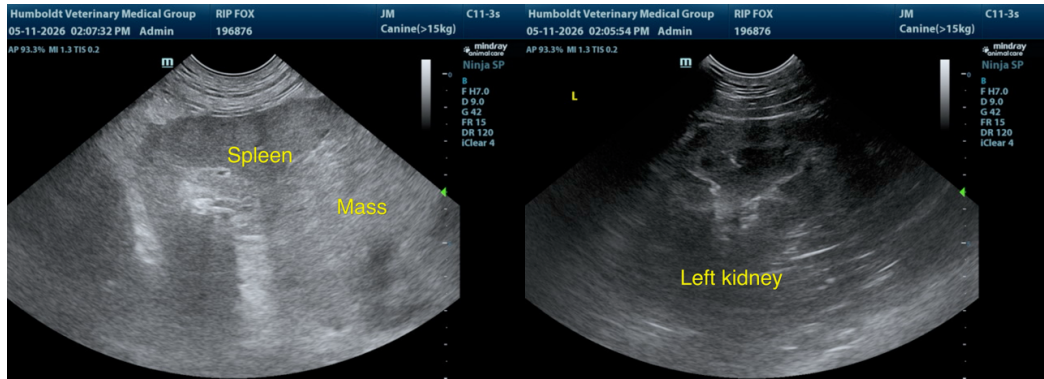
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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