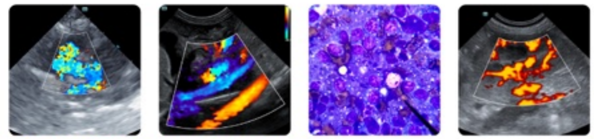


PATIENT

Remi Haines

SPECIES

Canine

BREED

German Shorthair Pointer

SEX

Neutered male

AGE

13 years

WEIGHT

64.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Quinn Robinson RVT

HOSPITAL NAME

Hess Ridge AH

REFERRING VET

Dr. Skarie

INVOICE

77608

DATE

5/15/26

PRESENTING CLINICAL SIGNS

History: -Primary complaint/reason for imaging: AUS to evaluate chronic hypoalbuminemia, persistent anemia, inflammatory changes, and previously noted splenomegaly in addition to a recent clinical decline over last 24–48 hrs: decreased appetite, urinary accidents while sleeping, and heat intolerance
-Chronic history: well-controlled seizure disorder, suspected mild laryngeal paralysis, osteoarthritis, multiple presumed lipomas, lenticular
sclerosis
RBC: 5.43 M/µL, low Hemoglobin: 13.2 g/dL, low MCHC: 32.1 g/dL, mildly low Monocytes: 0.818 K/µL, high IDEXX Cystatin B: 150 ng/mL, high Chloride: 141 mmol/L, high Albumin: 2.2 g/dL, low; previously 2.3 g/dL Globulin: 4.2 g/dL, high A/G ratio: 0.5, low Urine specific gravity: 1.025, low/inappropriately dilute Urine WBC: 6–10/HPF Total T4: 0.9 µg/dL, low; suspect euthyroid sick vs hypothyroid

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 and iliac blood vessels.

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

Normal left renal size (7.6 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. Normla color flow pattern is evident in the left kidney.

The right kidney was not visualized.

The prostate is not visualized.

Adrenal Glands

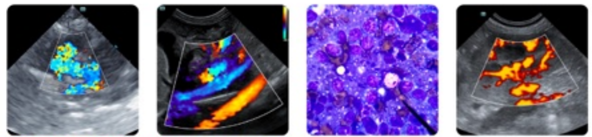
The adrenal glands are not visualized.

Spleen

A large, mottled, cystic, irregular mass is noted and originated off the head of the spleen and measured at least 8 x 10 cm in size. The rest of the spleen is of normal size with 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. The spleen measures 1.5 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.



PATIENT

Remi Haines

SPECIES

Canine

BREED

German Shorthair Pointer

SEX

Neutered male

AGE

13 years

WEIGHT

64.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Quinn Robinson RVT

HOSPITAL NAME

Hess Ridge AH

REFERRING VET

Dr. Skarie

INVOICE

77608

DATE

5/15/26

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

The visible section of the stomach, duodenum, small intestine, ileo-cecal junction, and colon had normal appearance 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 is not visualized.

Free Abdomen

Normal mesenteric lymph nodes.

A scant amount of ascites is evident.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The ascites can be considered as secondary the splenic mass.

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

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

PATIENT

Remi Haines

SPECIES

Canine

BREED

German Shorthair Pointer

SEX

Neutered male

AGE

13 years

WEIGHT

64.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Quinn Robinson RVT

HOSPITAL NAME

Hess Ridge AH

REFERRING VET

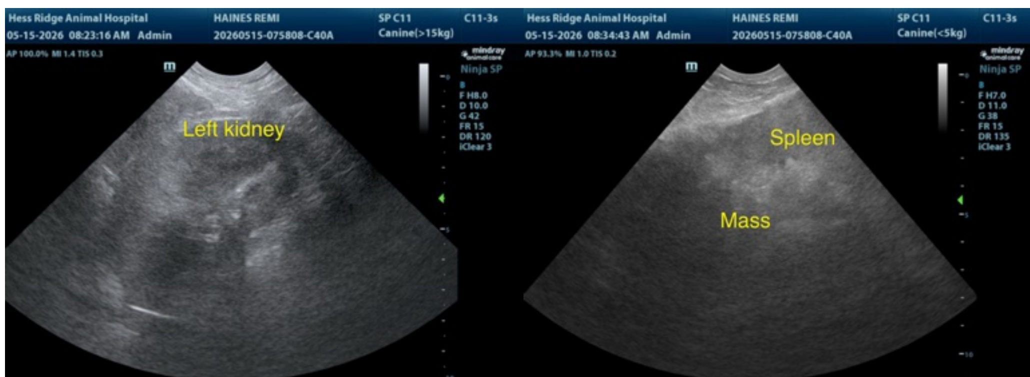
Dr. Skarie

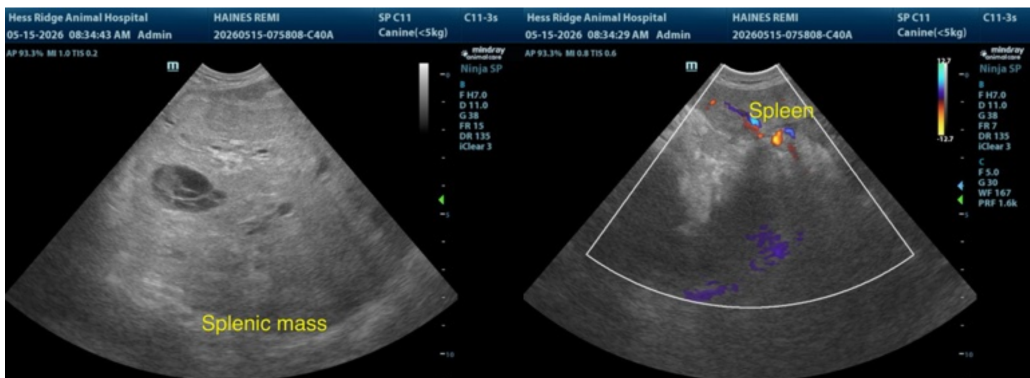
INVOICE

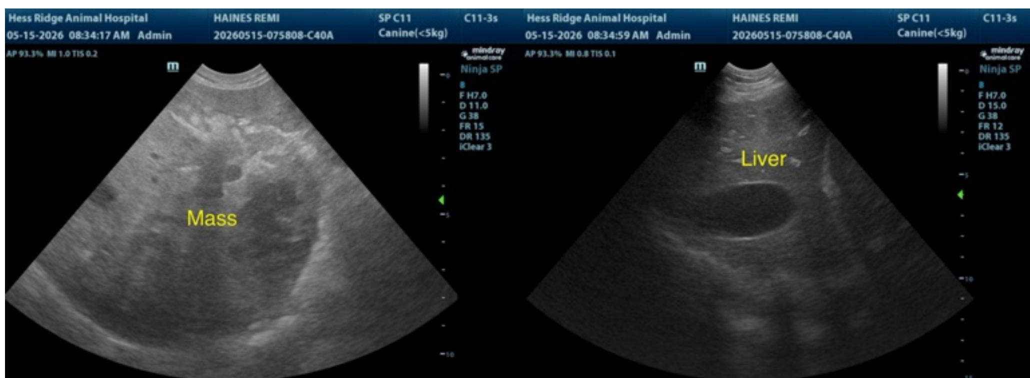
77608

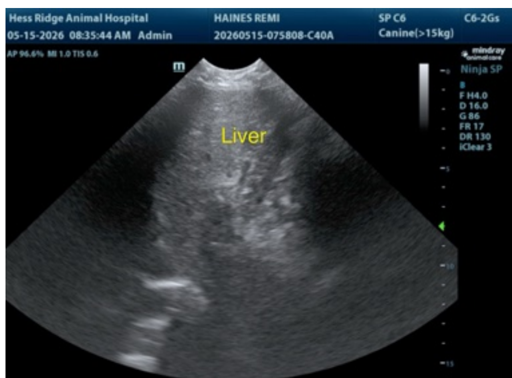
DATE

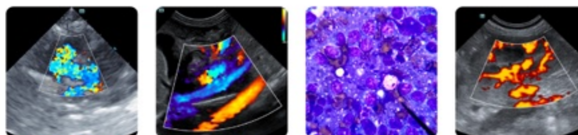
5/15/26











PATIENT

Remi Haines

SPECIES

Canine

BREED

German Shorthair Pointer

SEX

Neutered male

AGE

13 years

WEIGHT

64.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Quinn Robinson RVT

HOSPITAL NAME

Hess Ridge AH

REFERRING VET

Dr. Skarie

INVOICE

77608

DATE

5/15/26

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