



PATIENT

Jesse Wood

SPECIES

Canine

BREED

Doberman

SEX

Neutered Male

AGE

9 Years

WEIGHT

102.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Quinn Robinson, RVT

HOSPITAL NAME

Hess Ridge Animal
Hospital

REFERRING VET

Kevin Frint, DVM

INVOICE

75226

DATE

5/18/26

PRESENTING CLINICAL SIGNS

RH swelling/possible cellulitis, started treatment with NSAID/antibiotic, mild improvement noted, lethargic.

Abnormal PE/Chem/CBC/UA Results: HCT 24%, remainder of labs unremarkable, pale MM, lethargic.

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 measured 7.7 cm. Right kidney measured 7.8 cm. Normal color flow pattern evident in both kidneys.

Reproductive System

Small, hypoechogenic prostate.

Adrenal Glands

The left adrenal gland is not clearly visualized but appears to be of normal shape, echogenic appearance and size.

The right adrenal gland is not visualized.

Spleen

A large, irregular, hypoechogenic mass measuring at least 4.0 cm x 6.0 cm is originating off the tail of the spleen. A small hypoechogenic nodule is noted in the body of the spleen, measuring approximately 1.0 cm x 1.2 cm in size, with bulging of the overlying capsule noted but no vascular pattern evident. The remainder of the spleen is of normal size (2.6 cm) maintaining a normal echogenic appearance, a 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.

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.



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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. Fecal material present within the colon.

Pancreas

The pancreas was not visualized.

Free Abdomen

Normal mesenteric lymph nodes.

A moderate amount of ascites is present.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass and splenic nodules.
- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenic mass would be neoplasia, with hematoma and granuloma being less likely differential diagnoses.

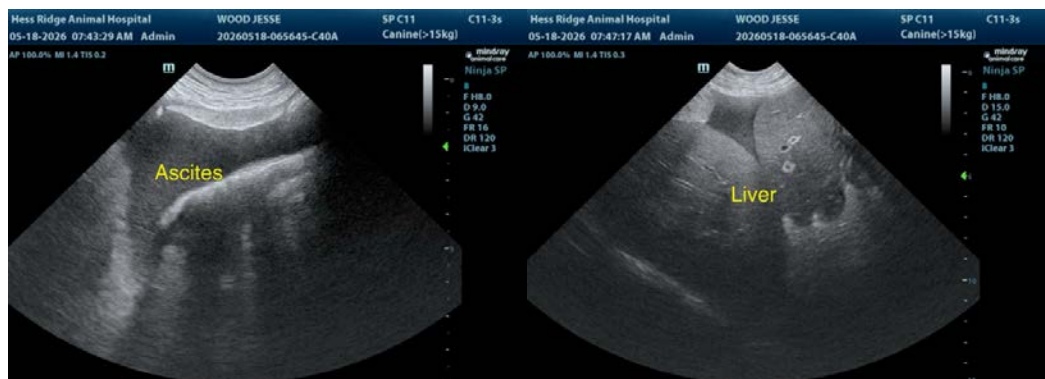
Etiologies for the splenic nodule would be reactive hyperplasia/extramedullary hematopoiesis, hematoma, granuloma, and a metastatic nodule from the primary splenic tumor.

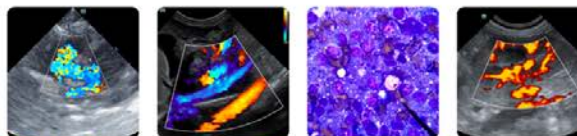
The most likely etiology for the ascites would be hemoabdomen secondary to the splenic mass.

Further assessment would be 3-view thoracic radiographs, echocardiography to evaluate the left atrium and right auricle, and possibly FNA cytology of the mass and the splenic nodule.

Analysis of the ascitic fluid could also be considered.

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





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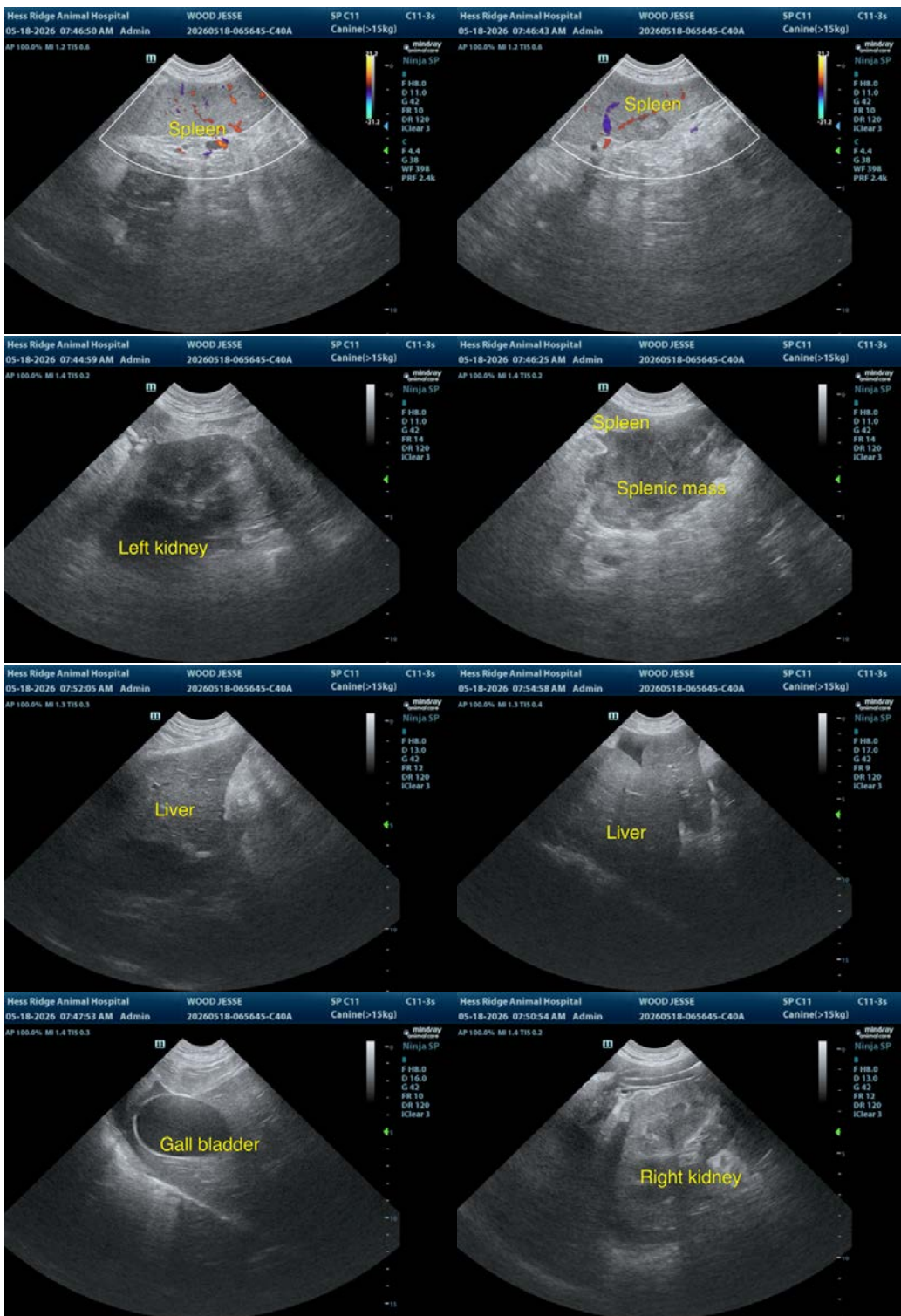
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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