

PATIENT

Mystic Bones

SPECIES

Canine

BREED

Poodle/Maltese Mix

SEX

Female

AGE

2014

WEIGHT

10 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Ideal Pet Vet Clinic

REFERRING VET

Dr. Kolta

INVOICE

78079

DATE

5/28/26

PRESENTING CLINICAL SIGNS

History: Vomiting & diarrhea for a few weeks. Labs attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a thickened and irregular appearance of the wall measuring up to 0.6 cm. A small amount of floating hyperechogenic sediment is present. No 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 4.4 cm, right measured 4.5 cm), normal echogenic appearance, some loss of cortico-medullary differentiation, mild pyelectasia and a regular curvilinear capsule. A few, small, bilateral cortical infarcts and cysts are noted. No mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Normal size and appearance of the uterine body (0.5 cm in width). The uterine horns and ovaries are not visualized.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 2.02 cm in length x 0.62 cm and 0.61 cm in width. The right adrenal gland measured 2.07 cm in length x 0.59 cm and 0.64 cm in width.

Spleen

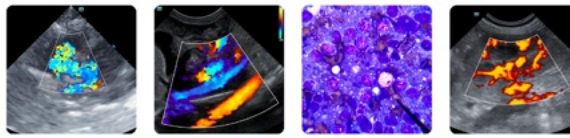
Normal size, echogenic appearance and a regular curvilinear capsule. Small, to few, parenchymal, hypoechoic nodules were present. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. The spleen measures 1.3 cm in width.

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

The gallbladder is full containing a moderate amount of non-adhered, hyperechogenic sediment. 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, 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. Irregular, hypoechoic vascularized mass in a loop of small intestine measuring 2.5 x 3.0 cm in size. A hyperechoic appearance of the mesentery surrounding the mass. The rest of the small intestine had no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. The remainder of the small intestine measured up to 0.39 cm. A moderate amount of fluid was presented in the stomach.

Pancreas

The pancreas was not clearly visualized, but the visualized 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

Focal enlarged lymph node in the region of the small intestinal mass measuring 0.6 x 0.2 cm in size with a hypoechoic appearance and slightly rounded shape. The rest of the mesenteric lymph nodes are of normal size and appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Small intestinal mass.
- Focal, enlarged mesenteric lymph nodes.
- Splenic nodules.
- Urinary bladder thickening.
- Urinary bladder sediment.
- Gallbladder sediment.
- Age related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

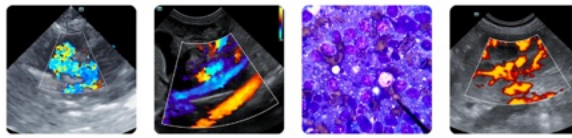
The most likely etiology for the small intestinal mass would be neoplasia with granuloma a less likely differential diagnosis.

Etiologies for the focal lymphadenomegaly would be reactive hyperplasia, infiltrative neoplasia and possibly lymphadenitis.

The most likely etiology for the appearance of the urinary bladder would be chronic bacterial cystitis.

Etiologies for the splenic nodules would be reactive hyperplasia and infiltrative neoplasia.

The gallbladder sediment can be considered an incidental finding.



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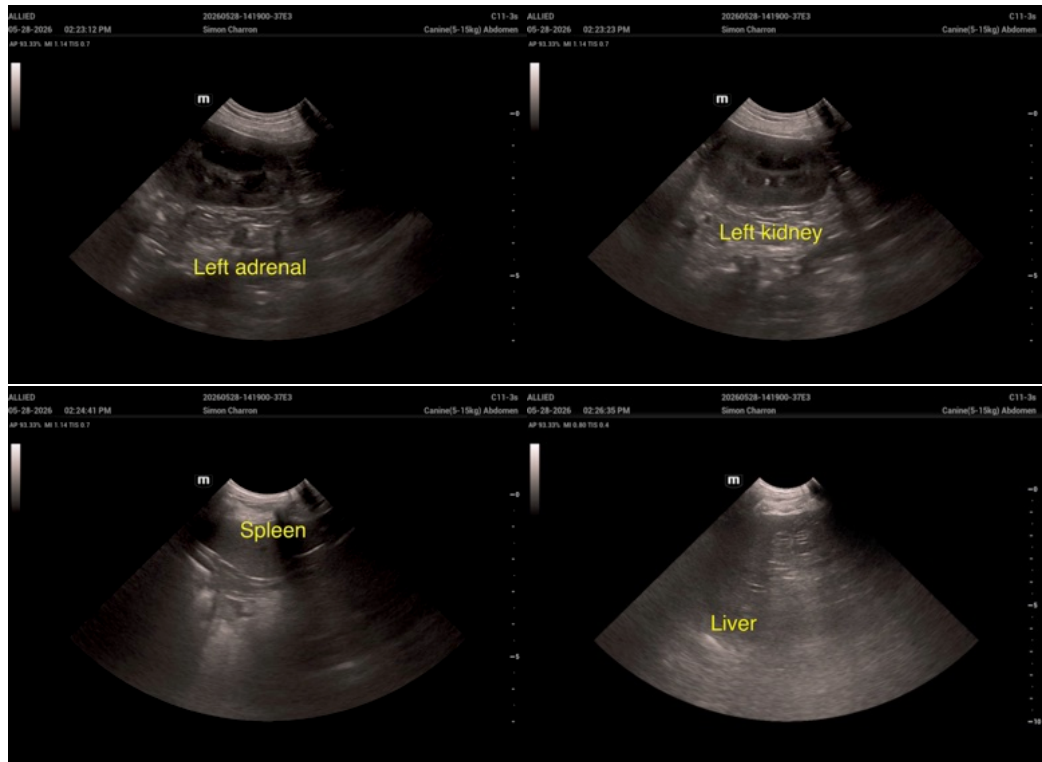
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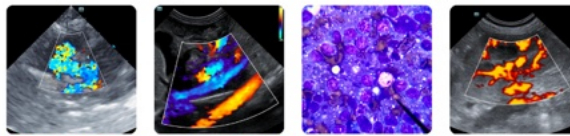
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Further assessment would be based on the pending cytology results, but could include urinalysis, urine culture and FNA cytology of the regional lymphadenomegaly and spleen.

Specific therapy would be dependent on an etiological diagnosis.





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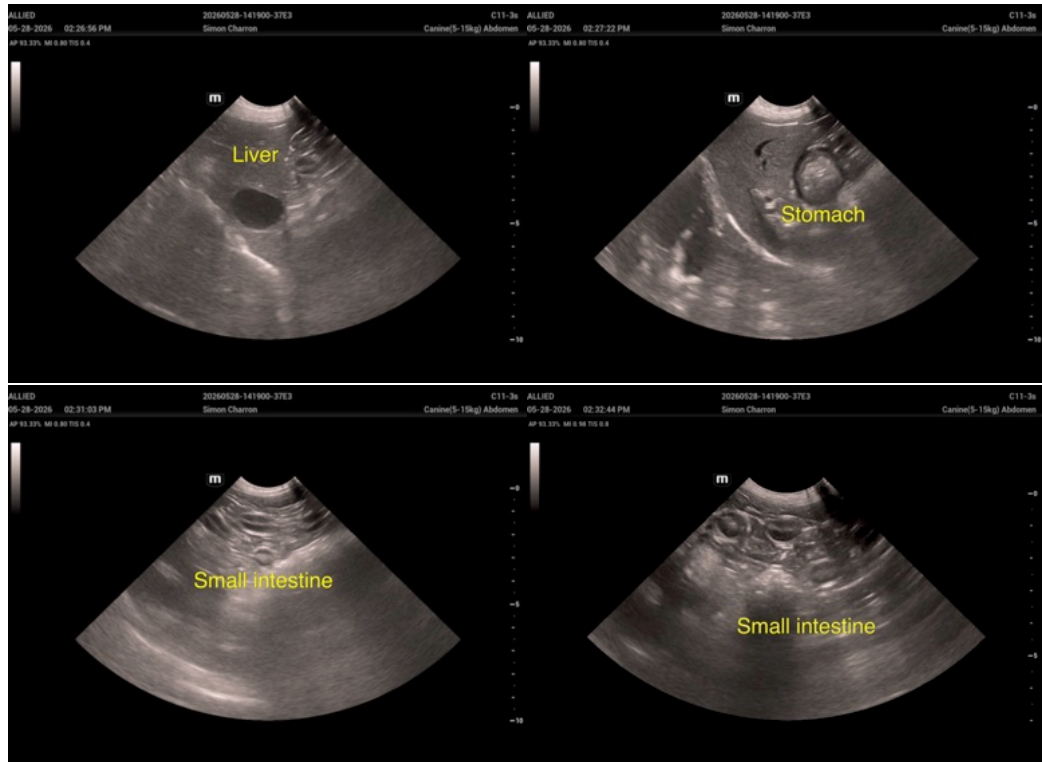
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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