



PATIENT

Autumn Wood

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

12 Years 1 Month

WEIGHT

71.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

St. Georges Veterinary
Hospital

REFERRING VET

Dr. Ng

INVOICE

75041

DATE

5/7/26

PRESENTING CLINICAL SIGNS

Gagging/Gulping often. Better with Famotidine. Current medications - Famotidine 20mg BID (on Omeprazole signs returned).

Abnormal PE/Chem/CBC/UA Results: ALP 169, Chol 392, PSL 162

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 measures 6.7 cm. Right kidney measures 7.9 cm. Incidental cortical cyst present in the caudal pole of the right kidney measuring approximately 1.2 cm x 1.5 cm in size.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 2.9 cm in length x 0.61 cm and 0.82 cm in width. Right measures 2.1 cm in length x 0.71 cm and 0.80 cm in width.

Spleen

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. Small, focal, hypoechoic, non-vascularized nodule measuring approximately 1.5 cm x 2.2 cm in the head of the spleen. The spleen measures 2.8 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 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. Moderate amount of ingesta present within the stomach.



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Pancreas

Visible sections present normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Ingesta within the stomach.
- Splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the ingesta within the stomach is most likely secondary to a recent meal, gastric hypomotility would be a differential diagnosis.

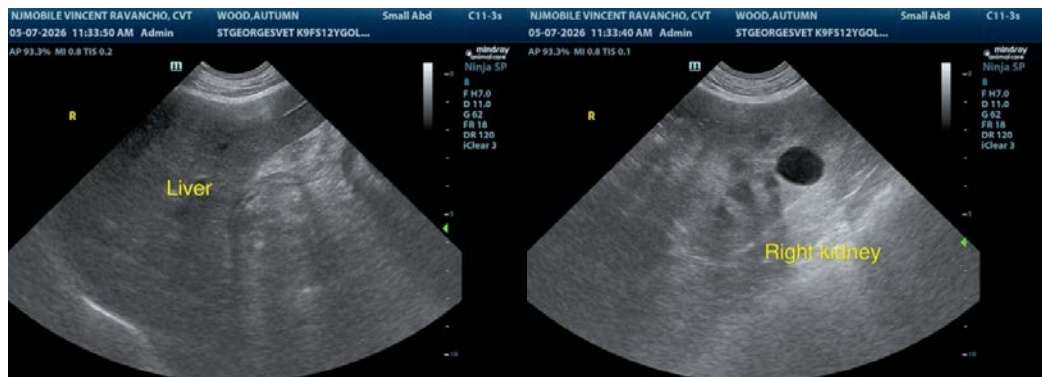
Etiologies for the splenic nodule would be reactive hyperplasia/extramedullary hematopoiesis, hematoma and granuloma, with emerging neoplasia being a possible differential diagnosis.

On this ultrasound there is no obvious etiology for the presenting clinical signs. Etiologies to consider would be primary esophageal disease, gastroesophageal reflux, chronic gastritis, helicobacter gastritis, and possibly ulcerative disease.

Further assessment would be survey thoracic radiographs and endoscopy of the upper GI tract with possible biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Monitoring of the splenic nodule would be recommended, and if there is any progressive enlargement or bulging of the overlying capsule noted, then splenectomy should be considered.





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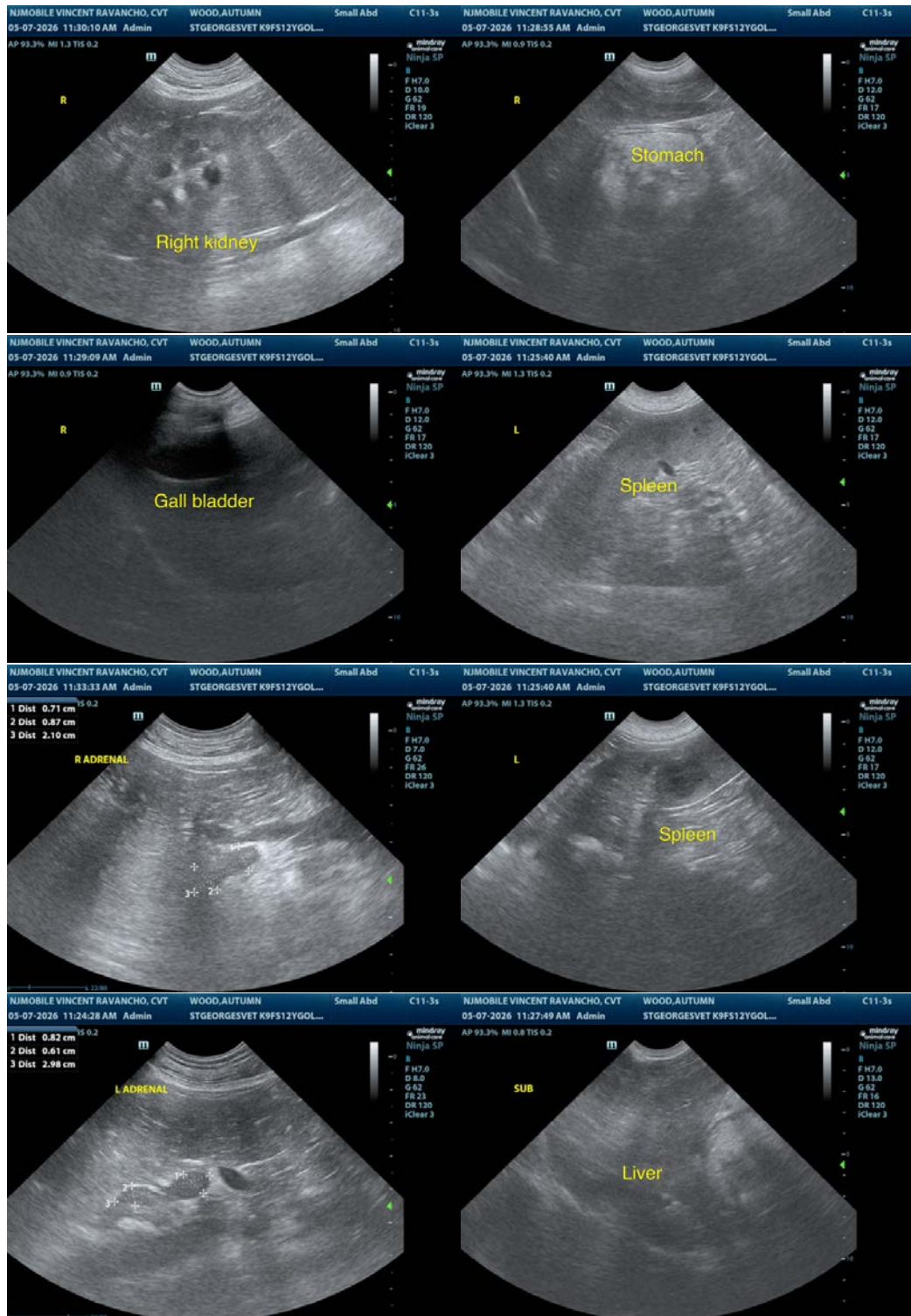
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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