



PATIENT

Kali Cribbs

SPECIES

Canine

BREED

Labrador

SEX

FS

AGE

8yr

WEIGHT

34.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Sunriver Veterinary
Clinic

REFERRING VET

Wendy Meredith DVM
& Lindsay Smith DVM

INVOICE

24769

DATE

05/18/2026

PRESENTING CLINICAL SIGNS

Patient has had a decreased appetite for 2 days and has been hiding in the closet intermittently. Not wanting to jump on bed. 40% of normal energy. Did get into a fish at Caldera Pond 1 week ago. However mass effect noted on x-ray and we wanted to investigate this further

Abnormal PE/Chem/CBC/UA Results: CBC in house- Hemoglobin 21.7, WBC 19.35, Neutrophils 16.18, monocytes 1.32, eosinophils 0.04, Platelets 89, plateletcrit 0.1 CHEM 15-WNL LYTES WNL CPL WNL fecal pending results 2 view abdominal radiographs performed and sent for evaluation with vets first choice: findings include: Soft tissue mass left cranial and ventral abdomen, with associated peritoneal effusion

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. Normal color flow pattern in both kidneys.

The left kidney measured 6.6 cm in length.

The right kidney measured 6.7 cm in length.

Reproductive system NA.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-renal vasculature.

The left adrenal gland measured 2.23 cm in length x 0.47 cm and 0.56 cm in width.

The right adrenal gland measured 2.01 cm in length and 0.72 cm in width.

Spleen

Large irregular mottled echogenic mass measuring ~ 6 by 8 cm in size with a hyperechogenic appearance of the mesentery surrounding the mass. Rest of the spleen is of normal size in (2.6 cm in width) maintaining a normal echogenic appearance, a smooth homogenous parenchyma and a 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

Small 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

Not clearly visualized but visualized sections were normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

A small amount of ascites present.

Thorax

Normal appearance of the heart, no pleural /pericardial effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass
- Ascites

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenic mass would be neoplasia with hematoma and granuloma, less likely differential diagnosis. The ascites can be secondary to the splenic mass. Further assessment would be three view thoracic radiographs, analysis of the ascitic fluid and possibly FNA cytology of the splenic mass. 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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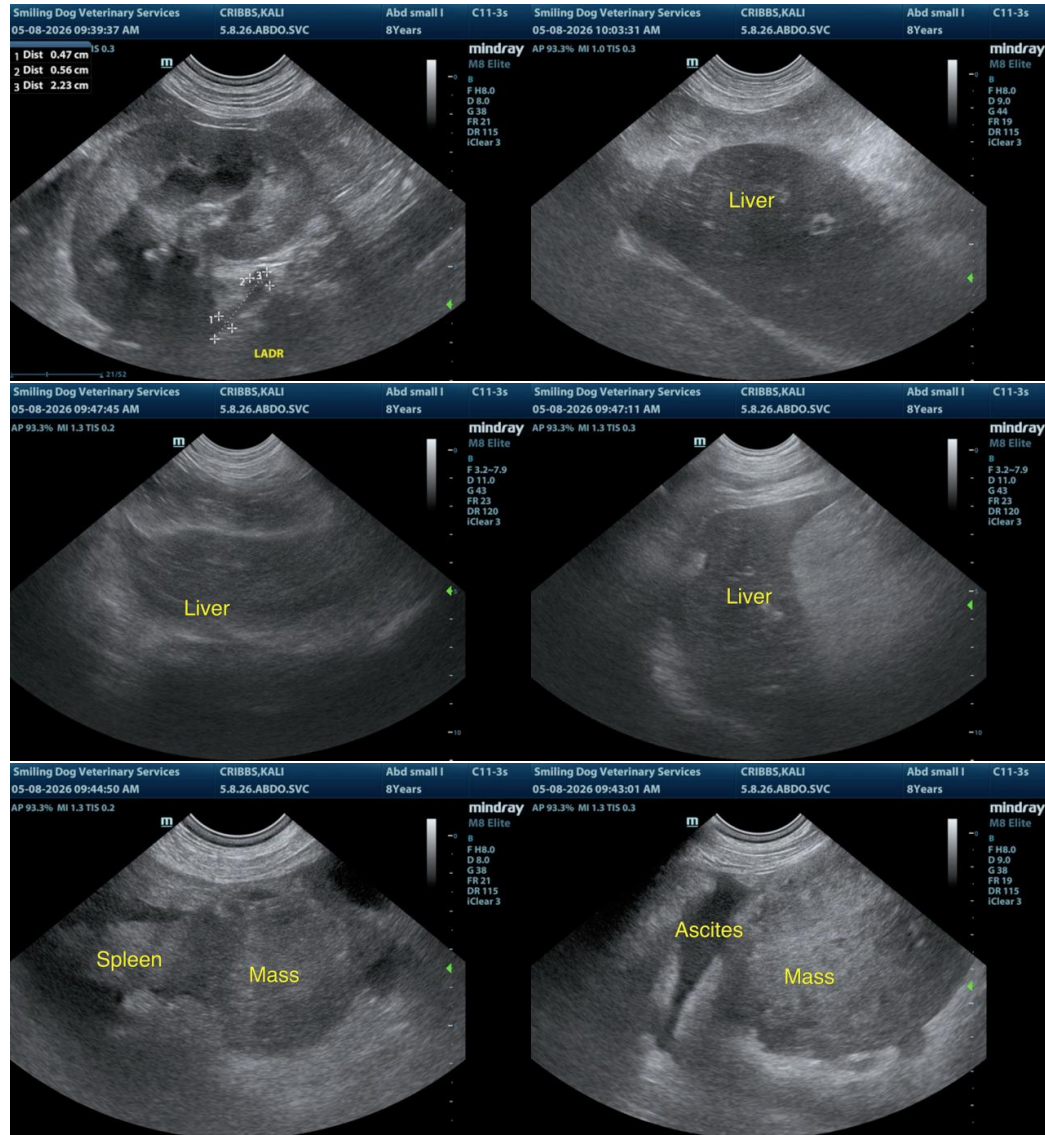
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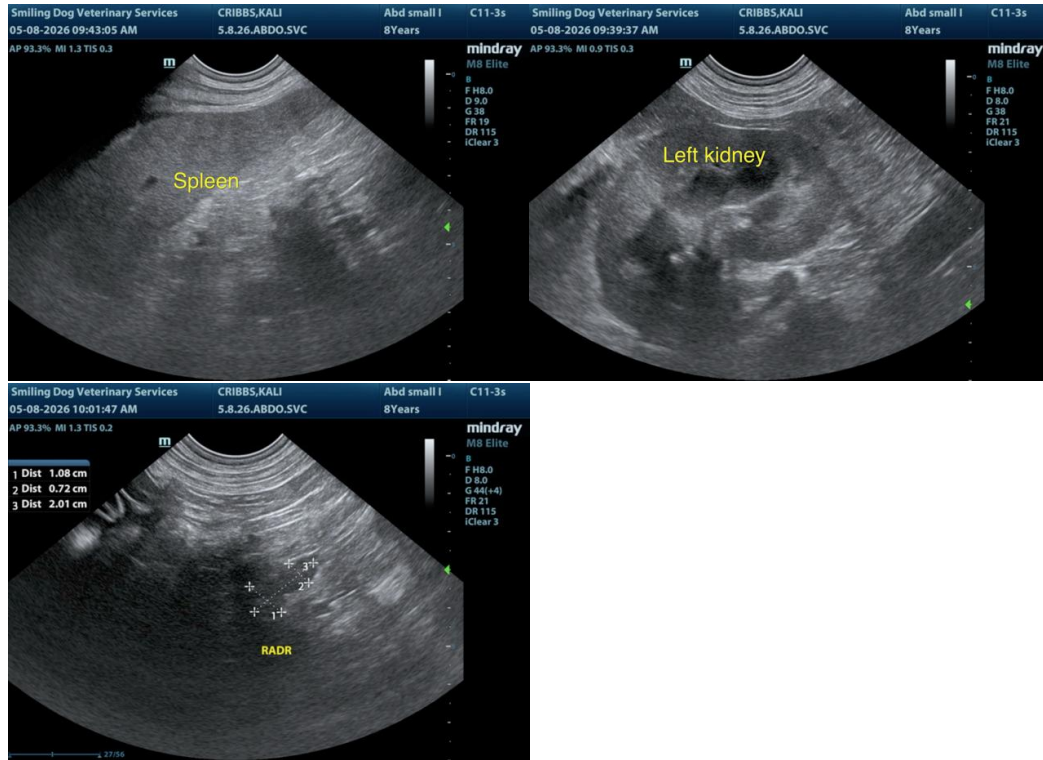
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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