



PATIENT

Nord Lancaster

SPECIES

Canine

BREED

Terrier Cross

SEX

Neutered male

AGE

16 years

WEIGHT

17.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Schroeder

HOSPITAL NAME

Animal Health
Associates

REFERRING VET

Dr. Schroeder

INVOICE

78194

DATE

6/1/26

PRESENTING CLINICAL SIGNS

History: Hx of mild elevation in liver enzymes.

Recent noted abdominal distension, weakness in hind legs, and poor appetite.

Abdominal distension with firm mass effect. Muscle wasting, weakness in hind legs. Hypochromic, non-regenerative anemia with hematocrit 40% Neutrophils elevated 16691/ul Monocytes elevate 1624/ul Liver enzymes which had previously been elevated are normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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. The proximal urethra was not visualized.

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

Normal renal size (left measured 4.2 cm, right measured 4.9 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.

The prostate was not visualized.

Adrenal Glands

The right adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Right adrenal gland measured 0.82 cm and 0.65 cm in width. The left adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.0 cm in width.

Liver

Normal size with a mottled echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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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

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

The pancreas was not visualized.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

A large, irregular, mottled echogenic mass in the cranial abdomen measuring 9.0 x 10.0 cm in size and possibly associated with the head of the spleen.

A small amount of fluid accumulation is noted around the mass. Hyperechogenic appearance of the mesentery in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Abdominal mass.
- Hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Etiologies for the hepatopathy would be reactive hyperplasia, nodular hyperplasia, chronic active hepatitis with infiltrative neoplasia a less likely differential diagnosis.

Further assessment would be three view thoracic radiographs and FNA cytology of the mass and liver.

A tru cut wedge biopsy of the mass and liver may be required for a final etiological diagnosis.

Laparotomy can be considered as it could be both diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis.



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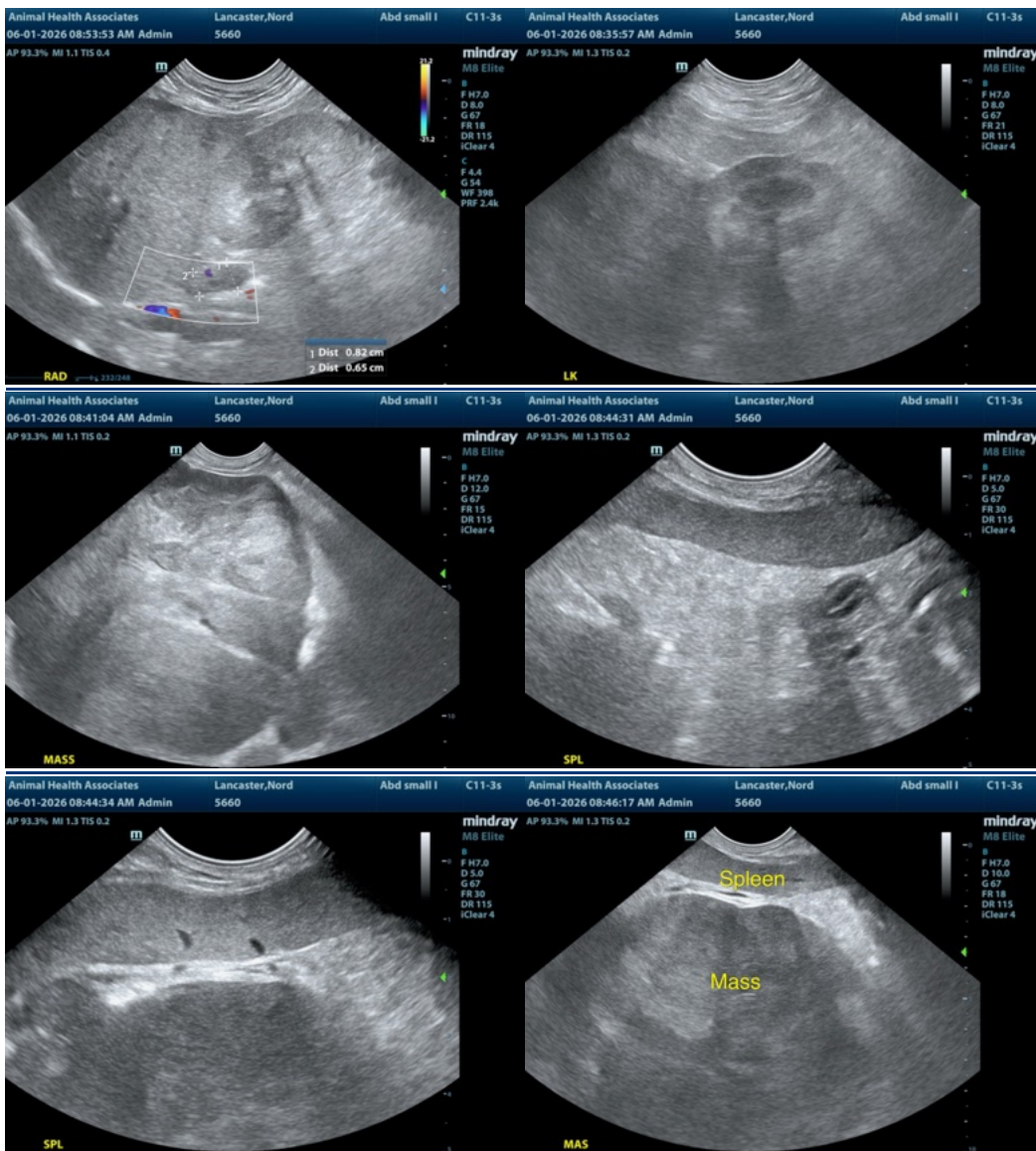
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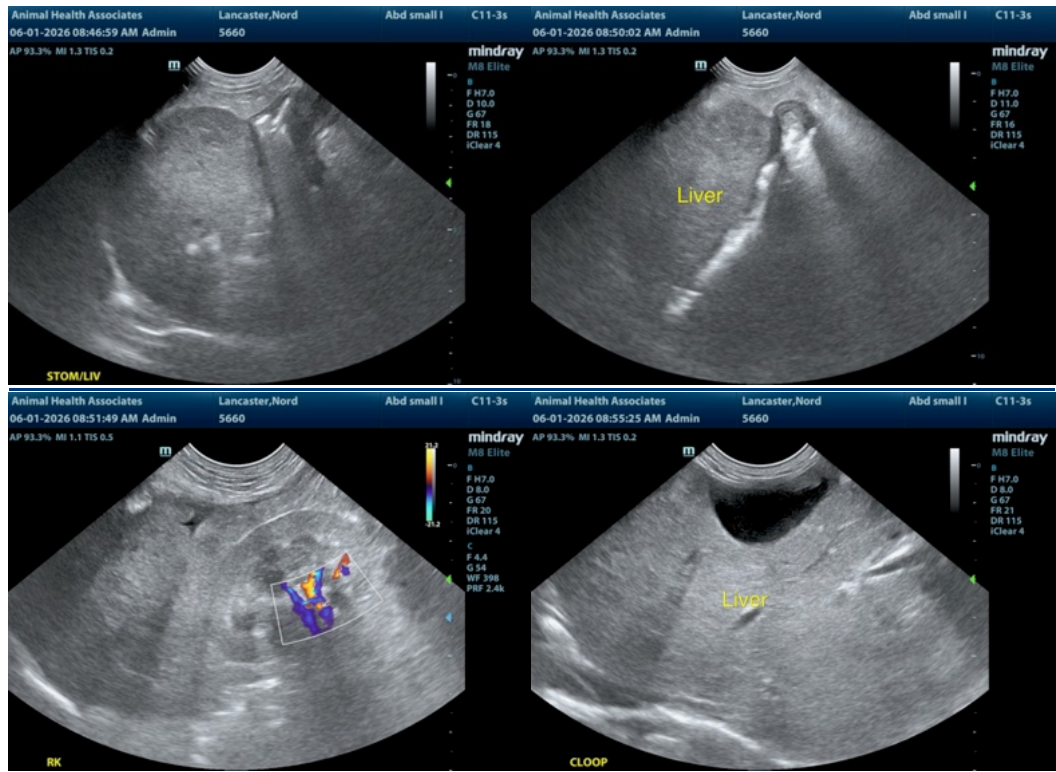
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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