



PATIENT

Zeke Hickey

SPECIES

Canine

BREED

Cocker Spaniel Poodle
Cross

SEX

Neutered male

AGE

11 years

WEIGHT

18.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Peter Langer, DVM

HOSPITAL NAME

North Hampton AH

REFERRING VET

Dr. Maloney

INVOICE

78160

DATE

6/1/26

PRESENTING CLINICAL SIGNS

History: Routine blood work for drug monitoring showed HCT of 35 in April. Follow-up CBC showed HCT of 32. HCT was 42 Fall of 2025. Recommended abd. US to rule out abdominal bleed, GI Bleed etc. Patient also has a chronic history of intermittent vomiting and diarrhea. Grade III/VI murmur. Discomfort in cranial abdomen. Varying severity of anemia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 (left measured 5.1 cm, right measured 6.4 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. Normal color flow pattern is evident in both kidneys.

The prostate is small and hypoechogenic measuring 1.3 cm in width.

Adrenal Glands

The adrenal glands are not visualized.

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 2.9 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.



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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.

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 visible 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

Irregular, hyperechogenic, vascularized mass was noted in the midabdomen measuring 4.5 x 5.0 cm in size.

Focal, lymphadenomegaly measuring 1.1 x 2.2 cm in size with a hypoechogenic appearance and a rounded shape. The rest of the mesenteric lymph nodes are of normal size and appearance.

A small amount of ascites is present within the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Abdominal mass.
- Focal lymphadenomegaly
- Ascites.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the abdominal mass would be neoplasia with possible organs of origin being a lymph node, mesentery and the spleen.

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

The ascites can be ascribed as secondary to the abdominal mass. The gallbladder sediment can be considered an incidental finding.

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



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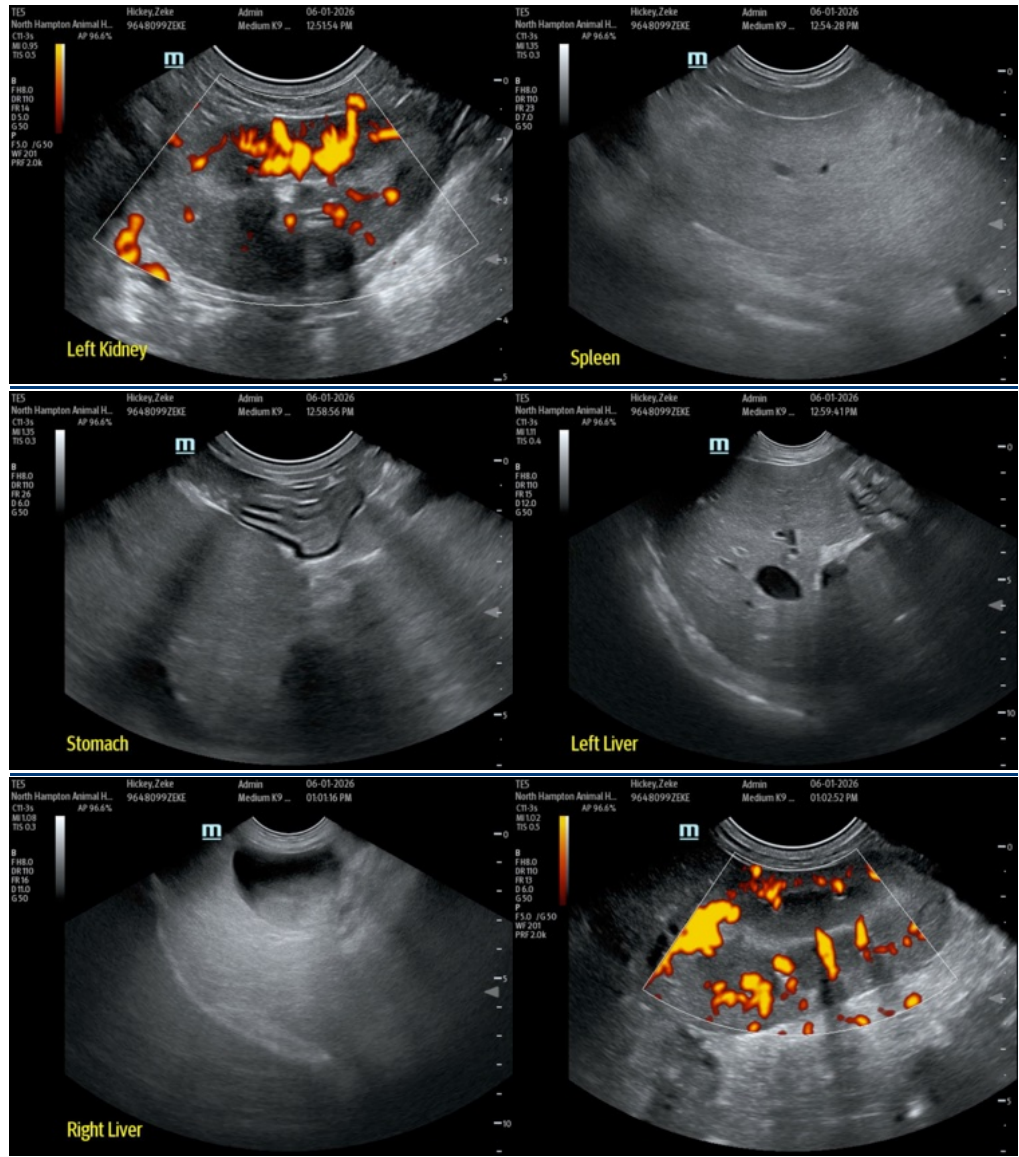
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Laparotomy should be considered as it could be both diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis.





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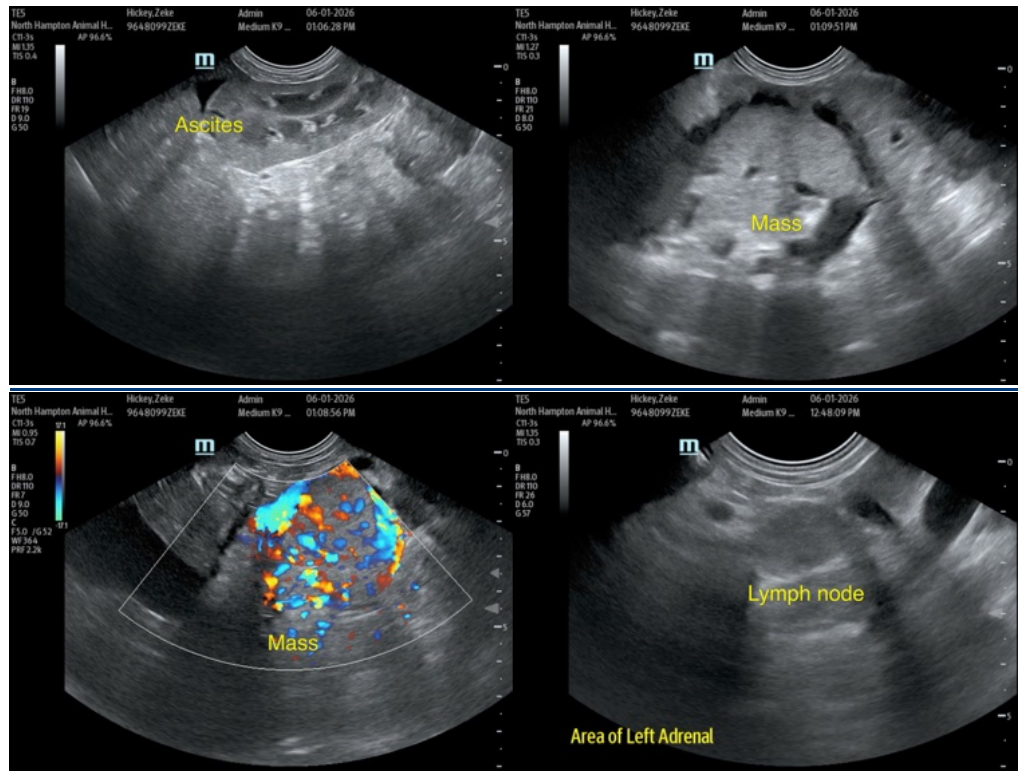
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com