



## PATIENT

Trevor Johnson

## SPECIES

Canine

## BREED

Rhodesian Ridgeback  
Mix

## SEX

Neutered male

## AGE

11 years

## WEIGHT

78 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Meghan Myers, VMD

## HOSPITAL NAME

Hershire AH

## REFERRING VET

Dr. Wojcik

## INVOICE

78312

## DATE

6/3/26

## PRESENTING CLINICAL SIGNS

History: Patient seen for exam for mobility however upon exam a distended abdomen was found. Abdominal radiographs reveal concern for potential mass or displacement of some abdominal structures. No GI clinical signs at this time. CBC: lymphopenia, eosinopenia, basophilia, Chem: creatinine (1.8), increased BUN (48), increased ALT (196), increased ALP (512), increased lipase. \*Focal intermittent grade 1/6 HM\*

## 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 7.4 cm, right measured 7.7 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, mild bilateral pyelectasia and a regular curvilinear capsule. No infarcts, mineralization or renoliths evident. Small, hypoechogenic, prostate measuring 1.5 cm in width.

### *Adrenal Glands*

The adrenal glands are not clearly visualized, but appear 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 2.3 cm in width.

### *Liver*

Normal size with a diffuse, increased echogenic 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 a small 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*

Normal mesenteric lymph nodes.

No ascites evident.

Large, irregular, mottled echogenic mass in the midabdomen not associated with any obvious organ and measures approximately 4.5 x 6.5 cm in size.

## ULTRASONOGRAPHIC FINDINGS

- Abdominal mass.
- Hepatopathy.
- Renal disease.
- Gallbladder sediment.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Etiologies for the hepatopathy would be age related reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia a less likely differential diagnosis.

The appearance of the kidneys is consistent with chronic kidney disease.

The gallbladder sediment can be considered an incidental finding.

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



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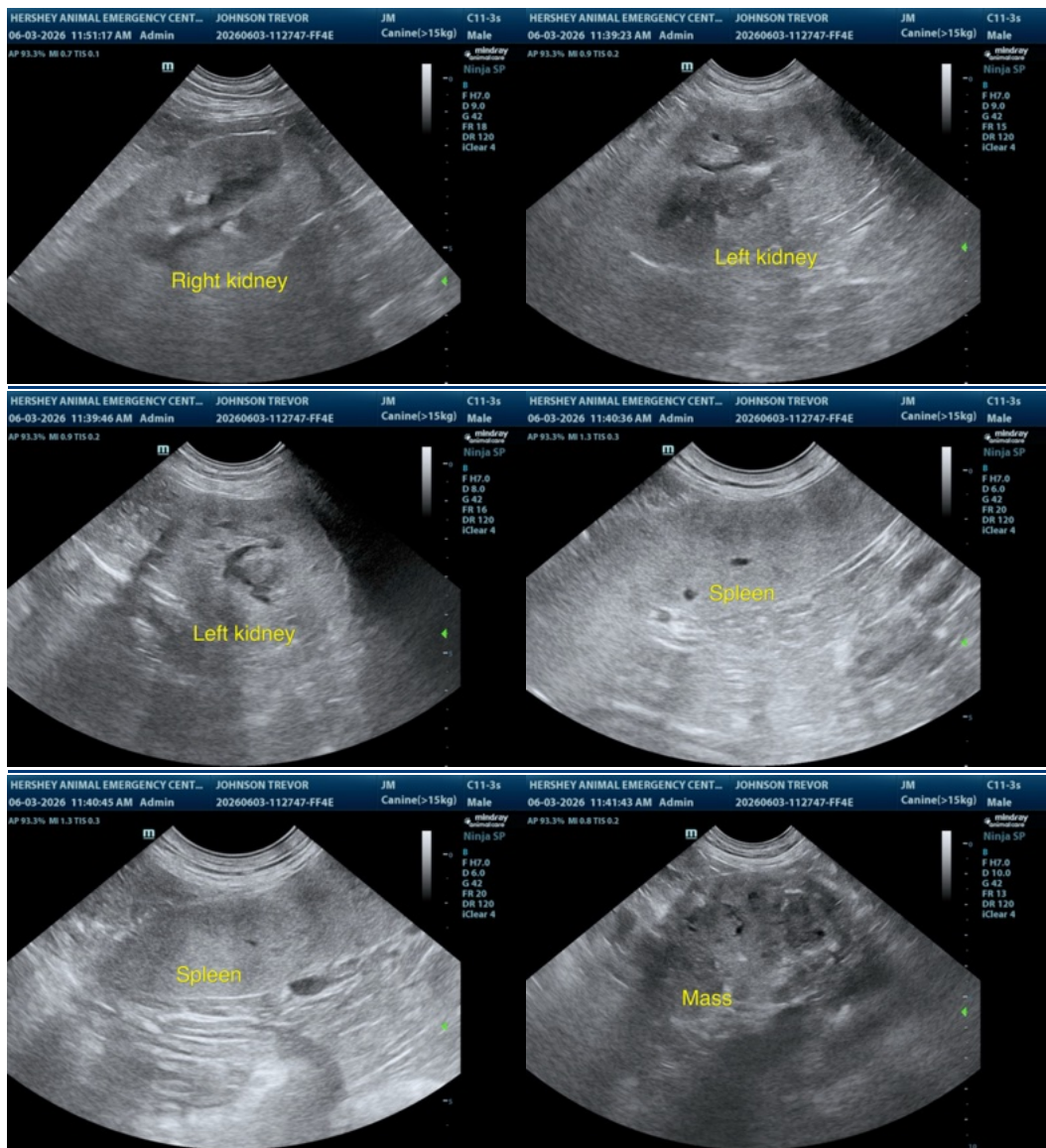
6/3/26

Further assessment of the hepatopathy would be FNA cytology; however, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Further assessment of the renal disease would be urinalysis, UPC and blood pressure.

Specific therapy would be dependent on an etiological diagnosis.

Laparotomy should be considered as it could be both diagnostic and therapeutic for the abdominal mass as well as allowing for a wedge biopsy of the liver.





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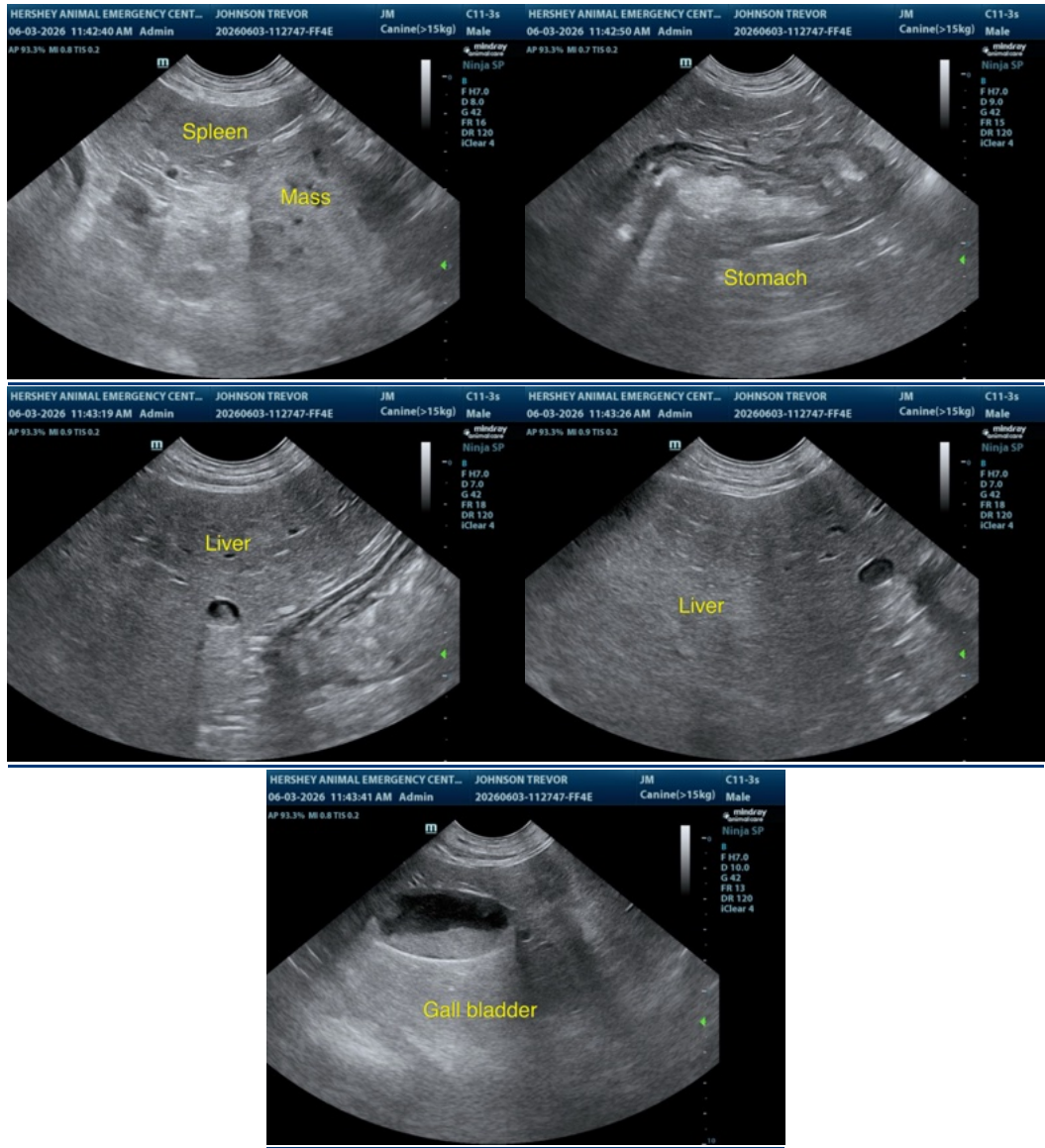
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)