



**PATIENT PRESENTING CLINICAL SIGNS**

Gus Peoples History: Presented on 8/11 - anorexia and not acting right.  
Radiographs - abdominal mass - suspected splenic.  
R/o HSA vs hematoma/hemangioma.  
Anemia and elevated ALT on lab-work

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

Labrador Retr The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

**SEX**

Normal appearance of the trigone area, proximal urethra (0.60 cm), and iliac blood vessels.

Neutered Male

**AGE**

Normal appearance and size of the iliac lymph nodes (one of which measures 1.90 cm). Ureters not visualized, which can be considered a normal finding.

10 years

**WEIGHT**

Normal renal size (left kidney 8.00 cm) (right kidney 7.60 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.

90 lbs

**INTERPRETED BY**

**Reproductive System**

Small hypoechogenic prostate (1.10 cm)

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PhD, Dipl. ECVIM

**Adrenal Glands**

Normal shape, echogenic appearance, size (left 0.65 x 0.51 cm) (right 0.71 cm), position, and appearance of the visible peri-renal vasculature.

**IMAGING PERFORMED BY**

**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. Multiple, mottled echogenic masses (up to 11.00 x 13.00 cm in size) with bulging of the overlying capsule.

Sonya Myers DVM

**HOSPITAL NAME**

**Liver**

Normal size, with a diffuse mottled echogenic appearance, normal portal markings, and regular curvilinear capsule. Multiple, mottled echogenic parenchymal nodules (up to 2.20 x 2.30 cm in size), some resulting in bulging of the overlying capsule. No masses evident. Normal appearance of the hepatic and portal vasculature.

Lake Emma AH

**REFERRING VET**

**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.

Wilder

**INVOICE**

**Gastrointestinal**

14127 Normal appearance of the stomach (0.49 cm), duodenum (0.23 cm), jejunum (0.36 cm) small intestine, ileo-cecal junction, and colon (0.18 cm) with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Small amount of ingesta within the stomach.

**DATE**

8.16.23

**Pancreas**

Normal size (right 0.70 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.



**PATIENT**

**Free Abdomen**

Gus Peoples Normal mesenteric lymph nodes. Hepatic lymphadenomegaly with a mottled echogenic, and rounded shape (measuring 1.20 x 1.90 cm).

**SPECIES**

No ascites evident.

Canine

Multiple hypoechoogenic parenchymal nodules (up to 0.90 x 1.30 cm in size).

**BREED**

**Thorax**

Labrador Retr

Normal appearance of the heart. No pleural or pericardial effusion evident

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Neutered Male

- Splenic masses

**AGE**

- Hepatic and mesenteric nodules

10 years

- Hepatic lymphadenomegaly

**WEIGHT**

90 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The most likely diagnosis for the splenic masses, hepatic nodules and mesenteric nodules would be metastatic neoplasia.

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Further assessment that could be considered would be three-view thoracic radiographs and FNA cytology of the masses.

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As there is metastatic disease present, at this point in time, palliative therapy would be indicated.

Sonya Myers DVM

Specific therapy would be dependent on an etiological diagnosis.

**HOSPITAL NAME**

Lake Emma AH

**REFERRING VET**

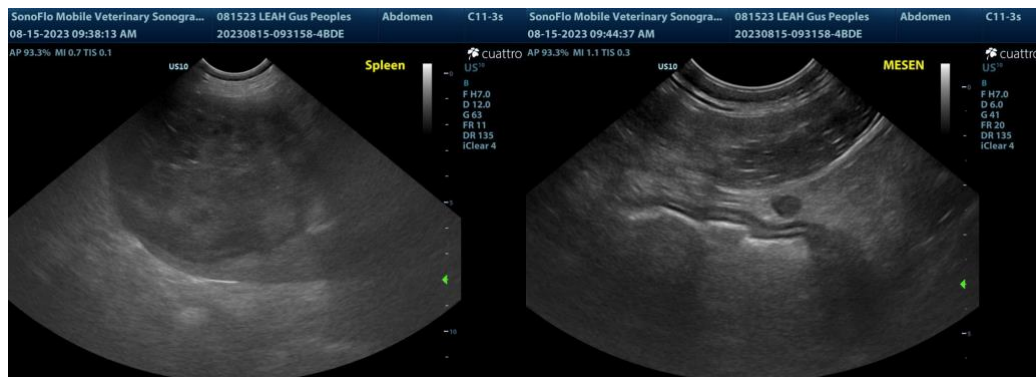
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**PATIENT**

Gus Peoples

**SPECIES**

Canine

**BREED**

Labrador Retr

**SEX**

Neutered Male

**AGE**

10 years

**WEIGHT**

90 lbs

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Sonya Myers DVM

**HOSPITAL NAME**

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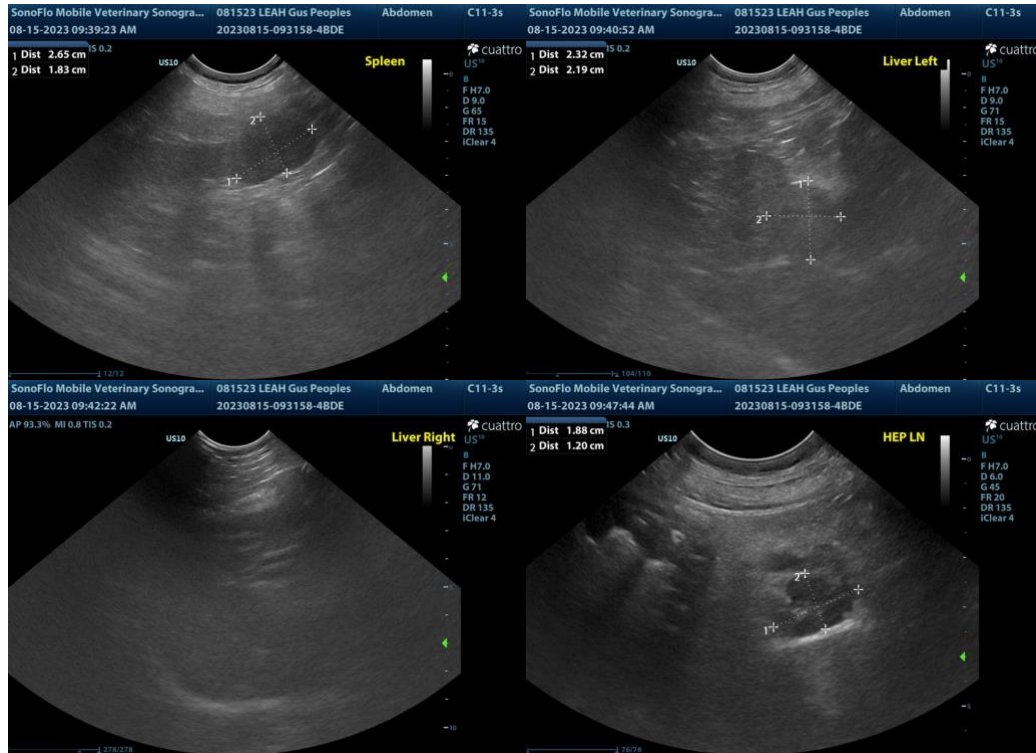
Wilder

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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.

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