



**PATIENT**

Lucy May Young

**SPECIES**

Canine

**BREED**

Bulldog

**SEX**

Spayed female

**AGE**

8 years

**WEIGHT**

59 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Animal Hospital of  
Lake Brandt

**REFERRING VET**

Dr. Smith

**INVOICE**

69587

**DATE**

12/11/25

**PRESENTING CLINICAL SIGNS**

History: P presented for a repeat ultrasound of a mass in the ascending colon. Seen at specialist for US and consult on surgery in September 2024. Owner elected to monitor mass. Previous US description: an area of ascending colon that had loss of layering and thickening. The bowel wall was about 1.5cm thickened for a length of 2.5cm. Needle aspiration did not give a definitive diagnosis

**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, 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 5.6 cm, right measured 5.4 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.

**Adrenal Glands**

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.23 cm in length x 0.44 cm and 0.44 cm in width. The right adrenal gland measured 1.92 cm in length x 0.55 cm in width.

**Spleen**

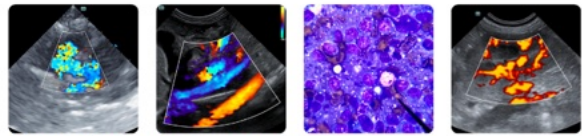
The spleen measured 1.6 cm in width with a diffuse increased echogenic appearance and irregular, scalloped capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

**Liver**

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

**Gallbladder**

The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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***Gastrointestinal***

Normal appearance of the stomach, duodenum, small intestine, 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. Hypoechogetic, ileocecal mass measuring 0.7 x 6.0 cm in size.

***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.

**ULTRASONOGRAPHIC FINDINGS**

- Ileocecal mass.
- Splenic pathology?

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology for the ileocecal mass would be neoplasia and most likely a leiomyoma or leiomyosarcoma as it has been present for a long period of time.

Although the appearance of the spleen may be an incidental finding, splenitis and infiltrative neoplasia should still be considered.

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

Specific therapy would be dependent on an etiological diagnosis.

Surgical resection of the mass should be considered.



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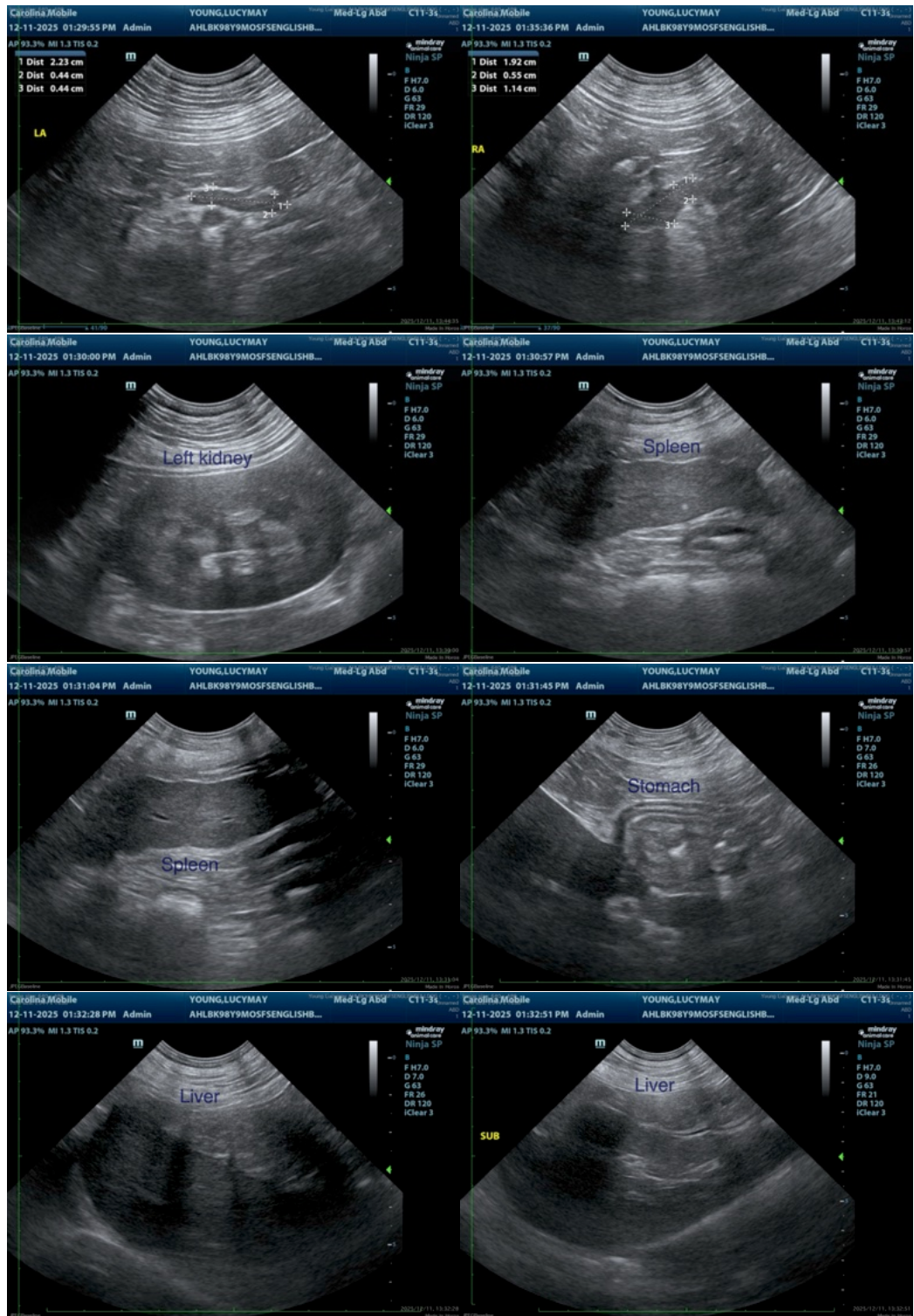
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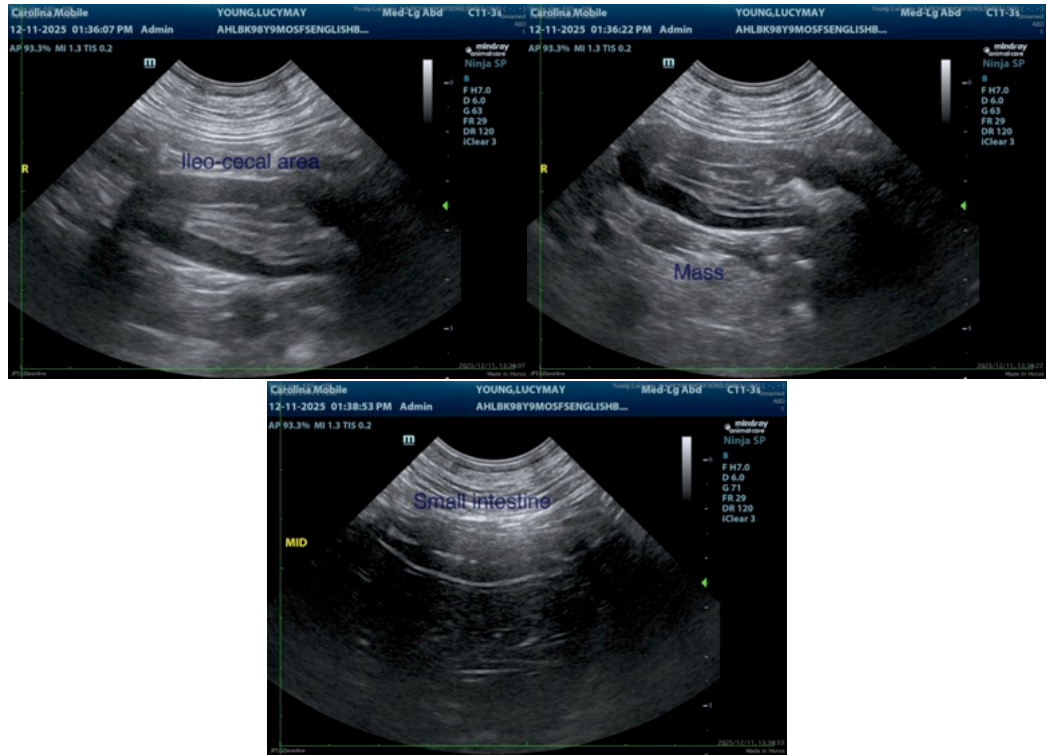
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

[info@sonopath.com](mailto:info@sonopath.com)