



**PATIENT**

Rosto McEvoy

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

87.2

**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. Wallace

**INVOICE**

73447

**DATE**

3/12/26

**PRESENTING CLINICAL SIGNS**

- P presented for splenic mass and hemoabdomen- searching for mets before proceeding to surgery
- Moderate to significant anemia (Hct: 25.7%); regenerative Severe thrombocytopenia (40K) Moderate to significant leukocytosis characterized by a neutrophilia (30.48K) and monocytosis (2.69K) Hyponatremia (140 mmol/L), hypocholesterolemia (102 mmol/L) Elevated ALP (326 U/L) - historical

**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 7.0 cm, right measured 6.7 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 hypoechoic.

**Adrenal Glands**

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 3.06 cm in length x 0.82 cm and 0.7 cm in width. The right adrenal gland measured 3.3 cm in length x 0.73 cm in width.

**Spleen**

The spleen is large, irregular, mottled echogenic cystic mass that originated in the body of the spleen measuring 4.4 x 4.7 cm in size. Hyperechogenic appearance of the mesentery surrounding the mass. The rest of the spleen is of normal size (2.3 cm in width) maintaining a normal echogenic appearance, smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.

**Liver**

Multiple, parenchymal, target lesions measuring up to 1.3 x 2.0 cm in size. Large, mottled echogenic cystic mass that measured 5.0 x 6.0 cm originating off the caudal aspect of the left lobe. The rest of the



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liver is of normal size with an increased echogenic appearance, normal portal markings, and an irregular capsule. Normal appearance of the hepatic and portal vasculature.

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**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**

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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.

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**Pancreas**

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The pancreas is not visualized.

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**Free Abdomen**

Normal mesenteric lymph nodes.

A moderate amount of cellular ascites is present.

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**Thorax**

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

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**ULTRASONOGRAPHIC FINDINGS**

- Splenic mass.
- Hepatic mass.
- Hepatic nodules.
- Ascites.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The most likely etiology for this patient would be metastatic hemangiosarcoma with secondary hemoabdomen.

At this point palliative therapy would be indicated.



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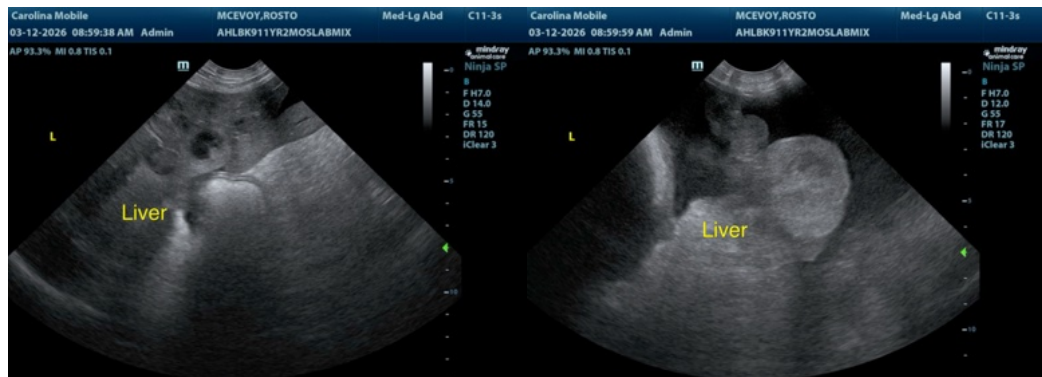
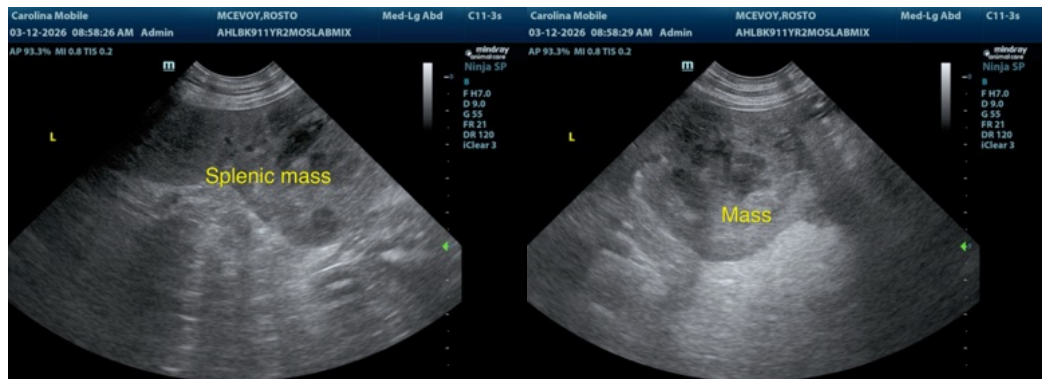
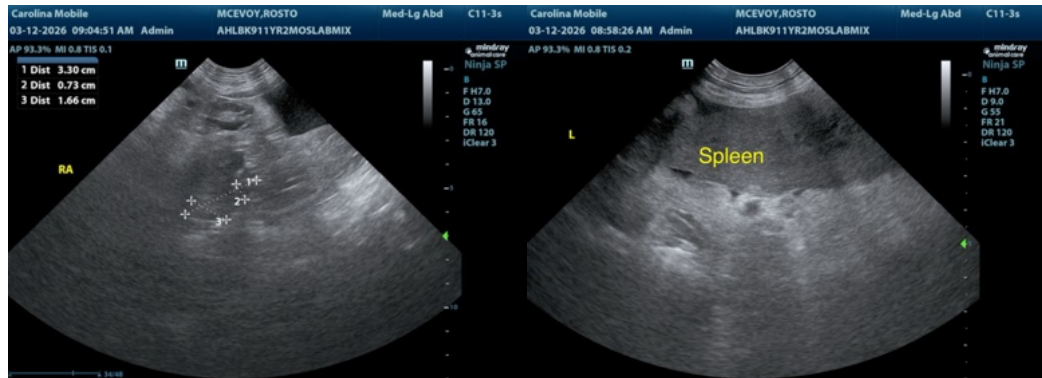
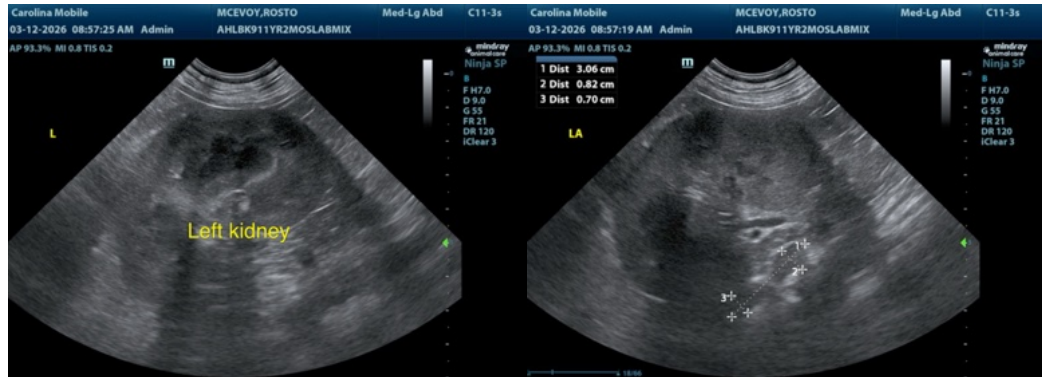
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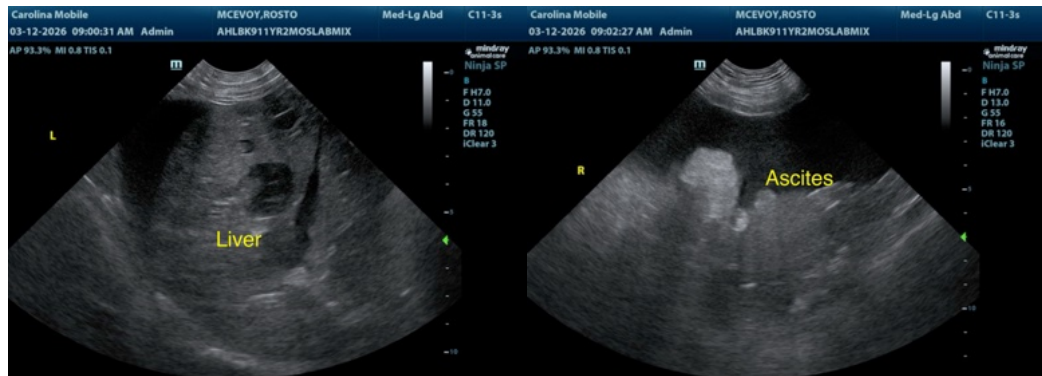
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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