



PATIENT

Roman Loew

SPECIES

Canine

BREED

Pitbull

SEX

Neutered male

AGE

8 years

WEIGHT

91.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Clinic Madison
 Mayodan

REFERRING VET

Dr. Flanagan

INVOICE

74226

DATE

4/7/26

PRESENTING CLINICAL SIGNS

- P presented for US due to vomiting, weight loss, now diarrhea
- Xrays showed concerning area upper R abd, rdvm fast scan fluid filled structure upper right
- P uncomfortable in this area during probing
- Concern for location and surgery
- mother has history of leiomyosarcoma R&A and recovery

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 7.0 cm, right measured 7.8 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 1.6 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 3.3 cm in length x 0.75 cm and 0.56 cm in width. The right adrenal gland measured 3.07 cm in length x 0.72 cm in width.

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 2.4 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 normal anechoic bile. 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, 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. Large, hypoechoic mass in the proximal duodenum in the region of the duodenal papilla measuring 4.2 x 7.5 cm in size with no luminal obstruction evident.

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

- Duodenal mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the duodenal mass would be neoplasia and possibly a leiomyosarcoma as the mother had a similar tumor.

Lymphoma and adenocarcinoma would be a differential diagnosis.

Granulomatous disease would be a less likely differential diagnosis.

Further assessment would be three view thoracic radiographs and FNA cytology of the mass. As the mass is near the duodenal papilla, consultation with a specialist surgeon would be recommended if surgery is being contemplated.



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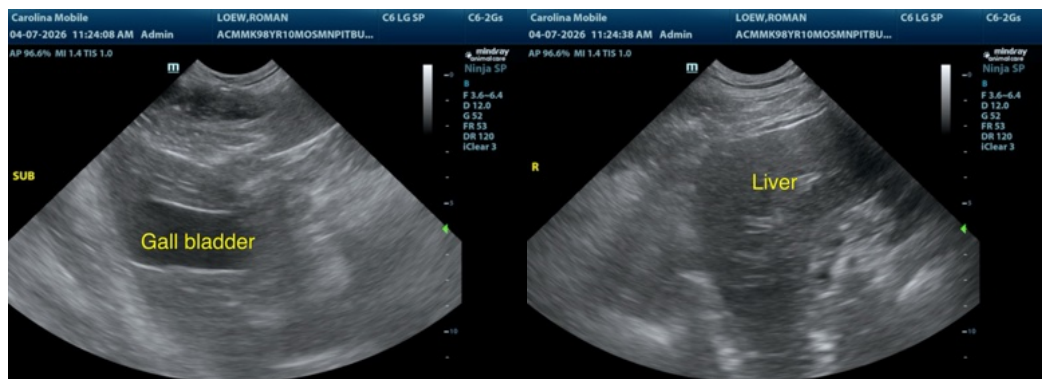
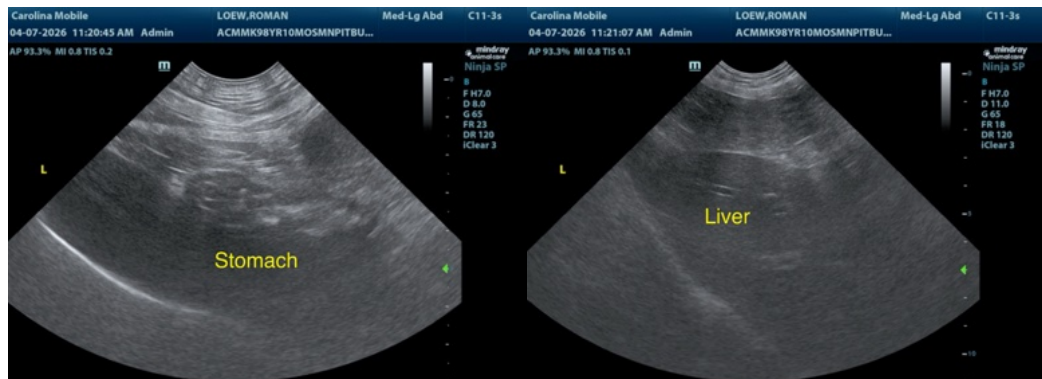
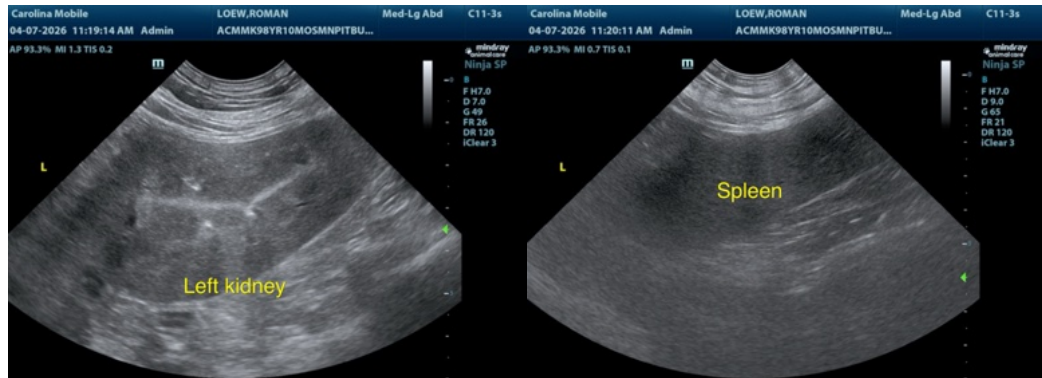
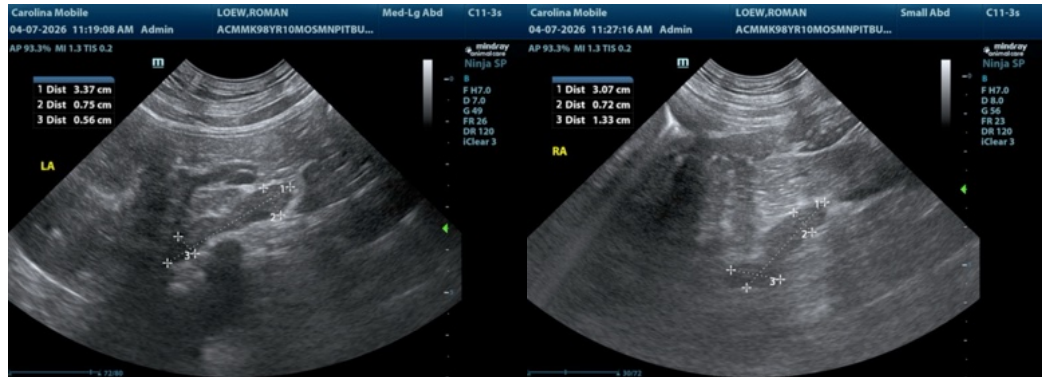
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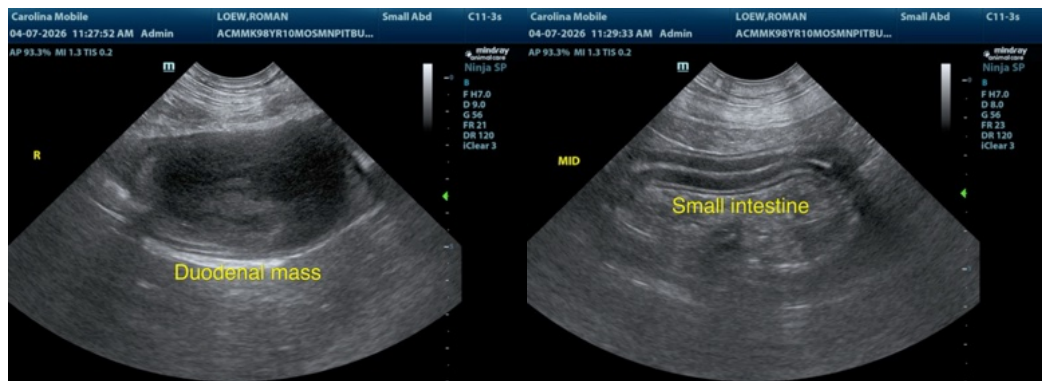
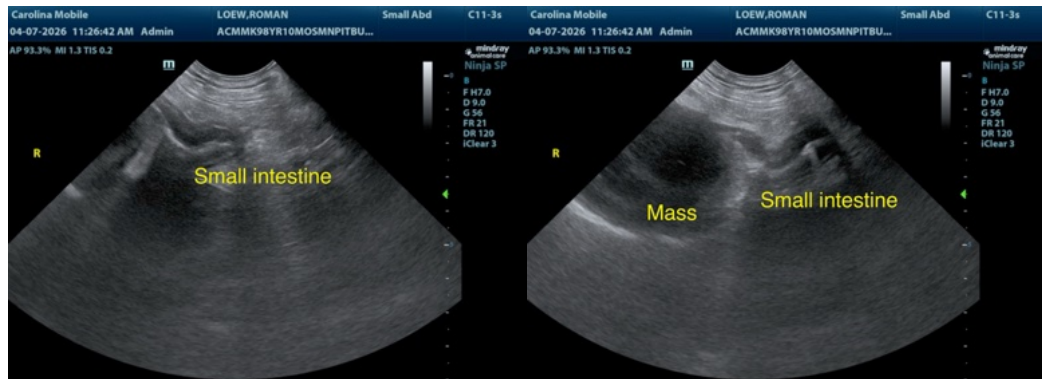
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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