



PATIENT

Cali Sheppard

SPECIES

Canine

BREED

Boxer

SEX

Spayed female

AGE

8 years

WEIGHT

56 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ginny Dodd, DVM

HOSPITAL NAME

Dry Pond AH

REFERRING VET

Dr. Allender

INVOICE

77759

DATE

5/20/26

PRESENTING CLINICAL SIGNS

History: H/O mast cell tumor in medial left thigh excited awhile ago.
Difficulty straining to defecate. No anal masses palpable.
FAST exam showed mass at trigone region of bladder pushing on colon.
Abnormal PE/Chem/CBC/UA Results: PE: firm palpable mass effect in left inguinal region.

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.

Enlarged iliac lymph nodes measuring up to 1.3 x 1.5 cm in size with a hypoechoic appearance and rounded shape. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 6.4 cm, right measured 5.9 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.02 cm in length x 0.78 cm and 0.49 cm in width. The right adrenal gland measured 2.31 cm in length x 0.68 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 1.5 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.

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.



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Gastrointestinal

Thickening of the gastric wall (up to 1.2 cm) with a hypoechogenic appearance, but with no obvious loss of layering. FNA was taken of the gastric wall. Normal appearance of the 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.

Enlarged gastric lymph node measuring 1.7 x 3.0 cm in size with a hypoechogenic appearance and slightly rounded shape.

No ascites evident.

Large, irregular, poorly vascularized mass in the caudal abdomen inguinal area measuring 3.5 x 4.9 cm in size. FNA was taken of the mass.

Pleural effusion is evident.

ULTRASONOGRAPHIC FINDINGS

- Inguinal mass.
- Gastric thickening.
- Gastric lymphadenomegaly.
- Iliac lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely diagnosis for the iliac mass and iliac lymphadenomegaly would be metastatic mast cell neoplasia.

Etiologies for the gastric thickening would be chronic gastritis, ulcerative disease and emerging neoplasia.

Etiologies for the gastric lymphadenomegaly would be reactive hyperplasia, infiltrative neoplasia and possibly lymphadenitis.

Further assessment and therapy needs to be based on the pending results.

Three view thoracic radiographs and if possible analysis of the pleural effusion would be recommended.



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Consultation with an oncologist would be recommended.

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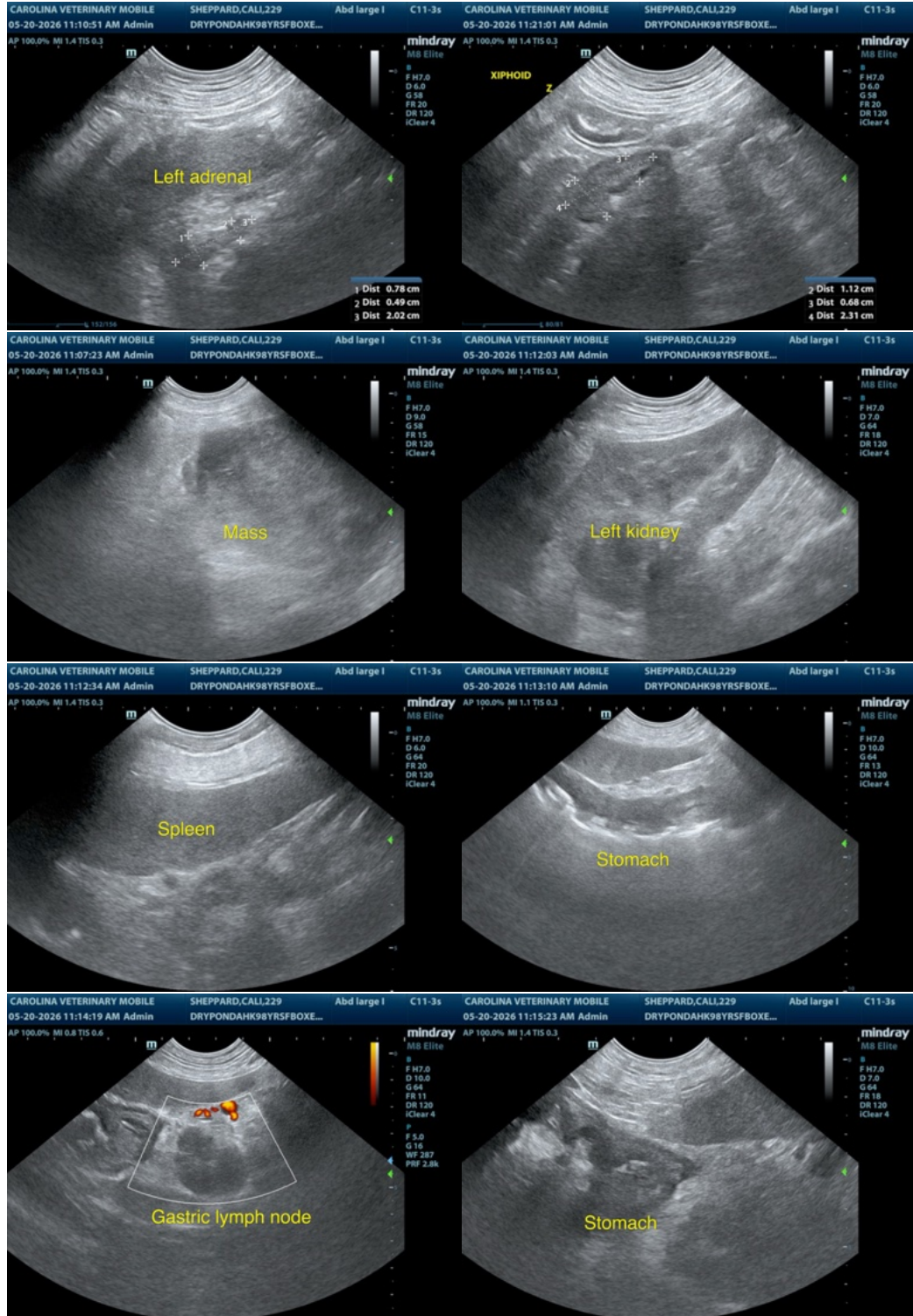
Dr. Allender

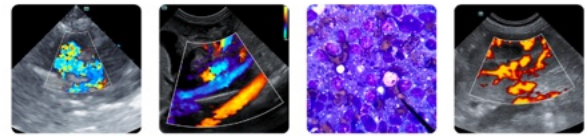
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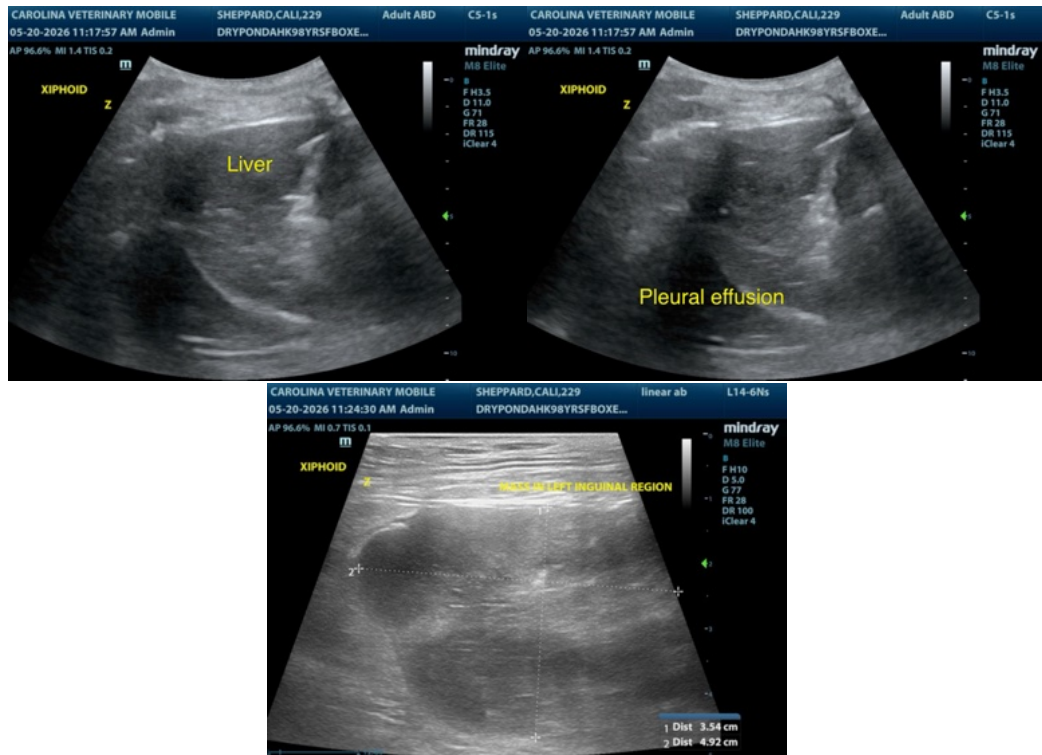
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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