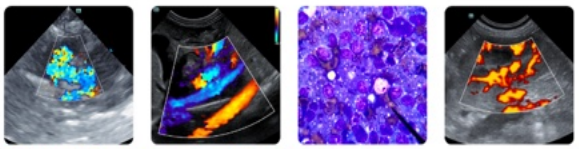


PATIENT

Vinnie DeGroot

SPECIES

Canine

BREED

Springer Spaniel

SEX

Neutered male

AGE

14 years

WEIGHT

15.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Wellington AH

REFERRING VET

Dr. Dennis

INVOICE

68636

DATE

11/13/25

PRESENTING CLINICAL SIGNS

History: Decreased appetite with intermittent vomiting (vomiting now daily) Increased urination not able to hold through the night Some fecal incontinence Marked stiffness in hind end Lost 2kg in weight from April-Nov Initial presentation was for suspected 2 cm abscess post dog bite (from puppy in house)
Current Medications Cefaseptin 750 mg 1/2 tablet every 12 hours
Abnormal PE/Chem/CBC/UA Results: See attached Primary Question to Be Answered in This Exam
Reasons for loss of appetite and vomiting

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 6.6 cm), increased echogenic appearance, loss of cortico-medullary differentiation, mild pyelectasia, and a regular capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

The prostate was small and hypoechogenic measuring 0.7 cm in width.

Adrenal Glands

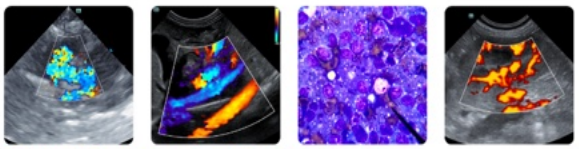
The left adrenal gland was well circumscribed, mottled echogenic mass measuring 0.9 x 1.5 cm in size, maintaining normal position and appearance of the peri-adrenal vasculature. The right adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The right adrenal gland measured 2.9 cm in length x 0.54 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 2.2 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

Thickening of the gastric wall (up to 1.1 cm) with loss of layering, but no distension of the lumen. 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.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Gastric thickening.
- Left adrenal mass.
- Age related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the gastric thickening would be chronic gastritis, Helicobacter gastritis and neoplasia such as lymphoma.

The most likely etiology for the left adrenal gland would be an incidental, non-functional adenoma/emerging carcinoma.

Further assessment would be FNA cytology of the gastric wall, gastroscopy with biopsies could also be considered.

Specific therapy would be dependent on an etiological diagnosis.

The Focal Zone
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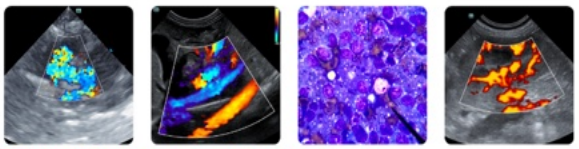

Clinical Sonography & Telecytology
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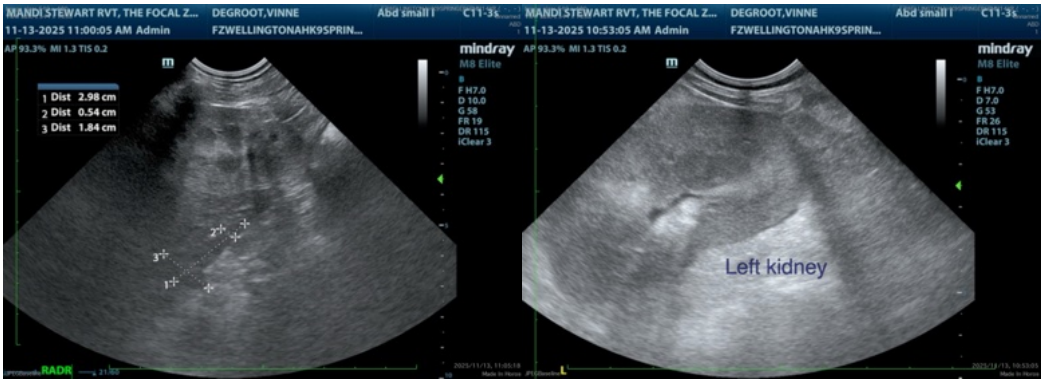

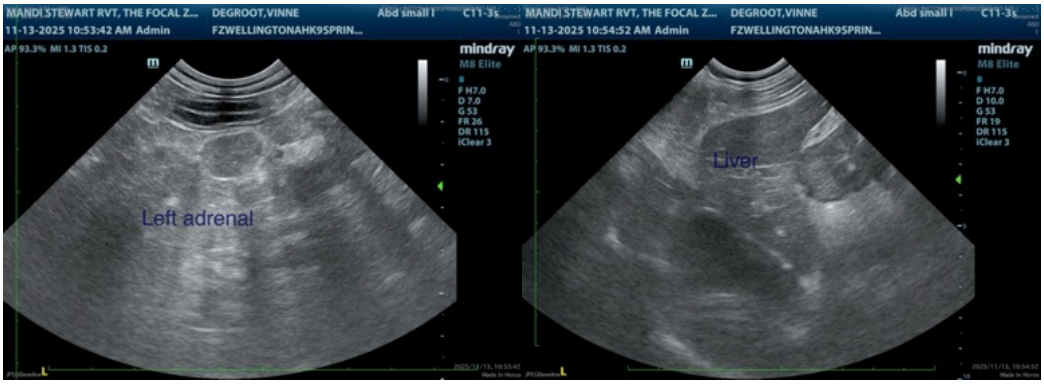

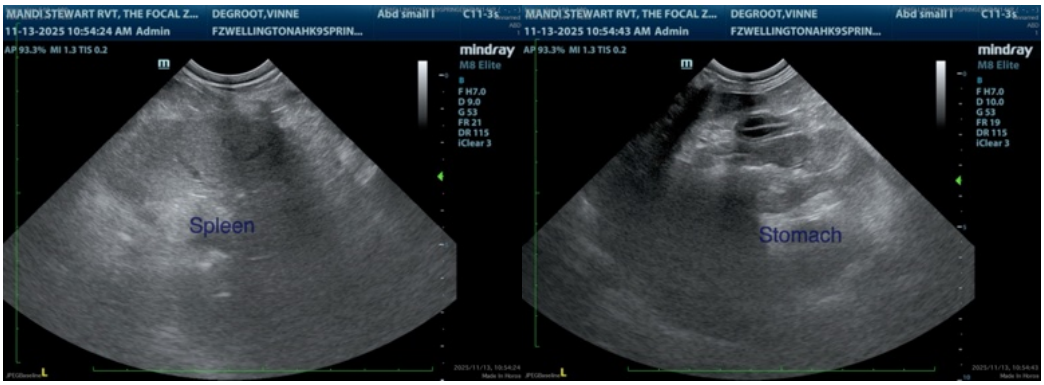

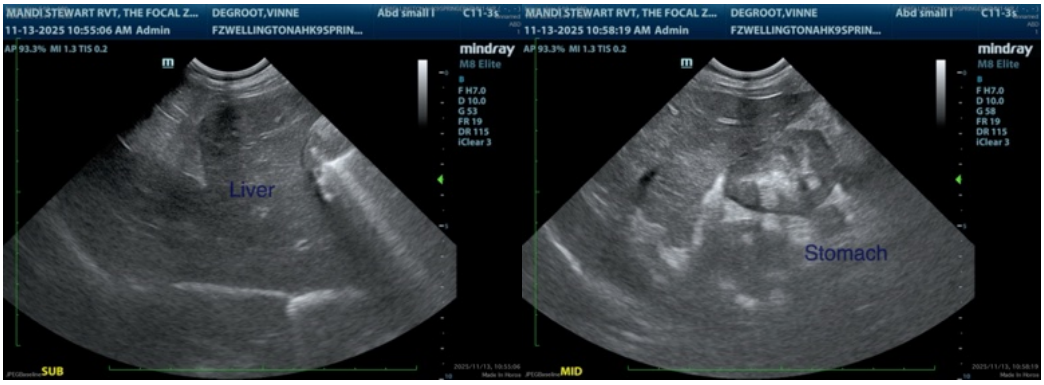

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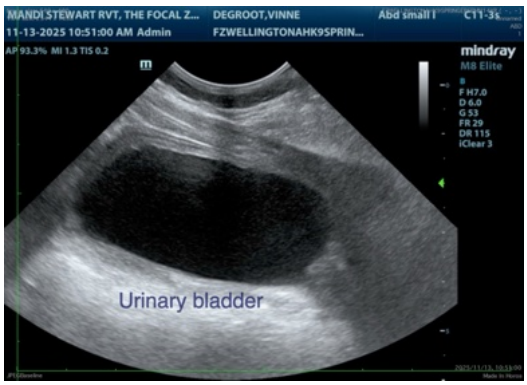

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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