



PATIENT

Drake Rygowska

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered male

AGE

9 years

WEIGHT

36.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Eldale VC

REFERRING VET

Dr. Dobben

INVOICE

72024

DATE

2/27/26

PRESENTING CLINICAL SIGNS

- About 4 weeks ago Drake ate about half of one of the orange large spikey balls.
- Vomited 9 days ago, nothing in this vomit. Then overnight vomited up a piece of said orange ball. This is the only vomiting has occurred since it was ingested.
- O was checking his poop for the first week after he ate it - although admits not thoroughly - and did not see any.
- Has been eating fine, stools have been good, acting his normal self etc since.
- Rad findings 2/20/2026: In the cranial L abdomen there is a very large (14cm from cranial to caudal on the VD) mass. Unable to appreciate where it originates. Very fast AFAST - no free fluid.
- Discussed U/S, potentially with sampling of this mass to be able to better plan next steps.
- Current Medications
- None except Torb for scan today
- Rads attached CBC - mild neutrophilia Chem - mild hypochloremia, mild hyperglobulinemia. Coags all WNL Radiographic Findings In the cranial L abdomen there is a very large (14cm from cranial to caudal on the VD) mass. Unable to appreciate where it originates. Very fast AFAST - no free fluid. Primary Question to Be Answered in This Exam Aspirates to determine type of mass

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 7.7 cm, right measured 7.4 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 noted in both kidneys.

The prostate is small and hypoechogenic.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.25 cm in length x 0.77 cm and 0.94 cm in width. The right adrenal gland measured 2.79 cm in length x 0.77 cm in width.



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Spleen

The spleen is folded on itself, but of normal size, echogenic appearance with a 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 2.5 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 small 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, 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.

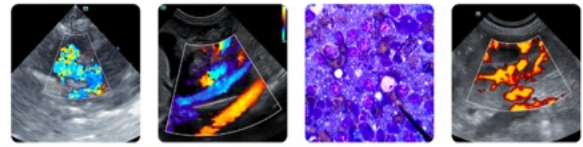
ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there was no abdominal mass or GI tract foreign body is evident.

The most likely etiology for the mass effect evident on survey radiographs would be the folded spleen.



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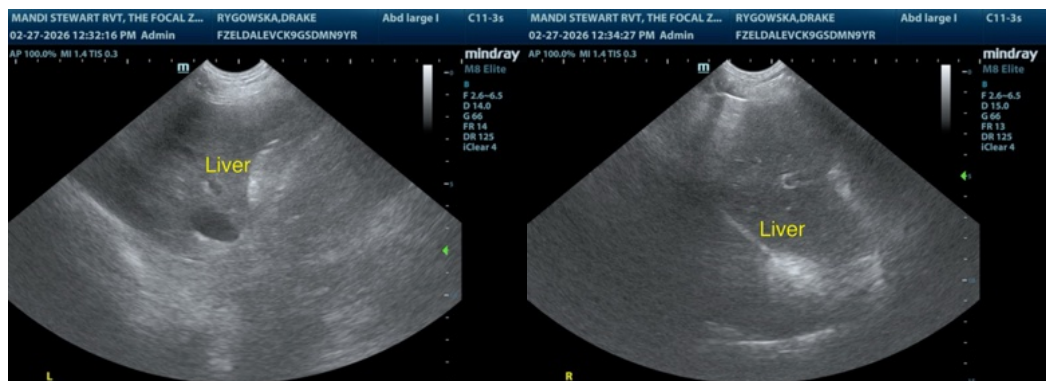
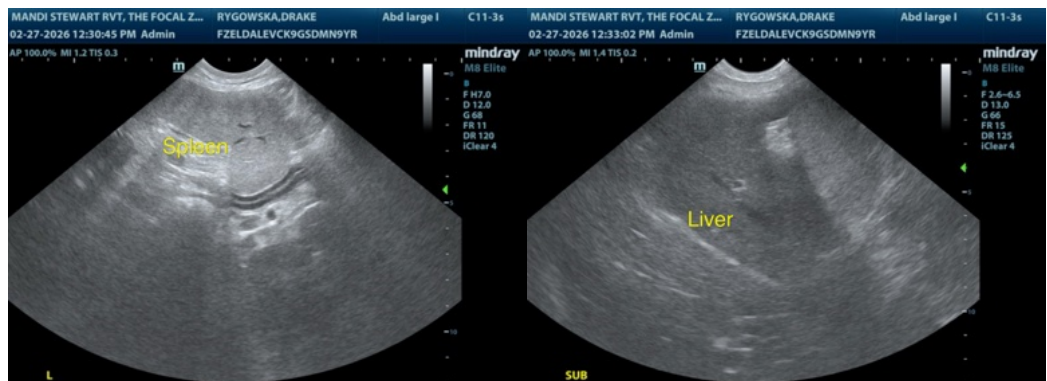
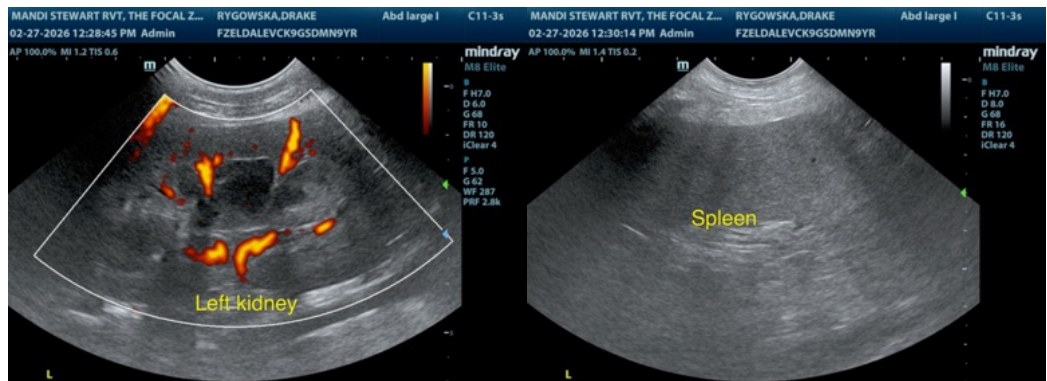
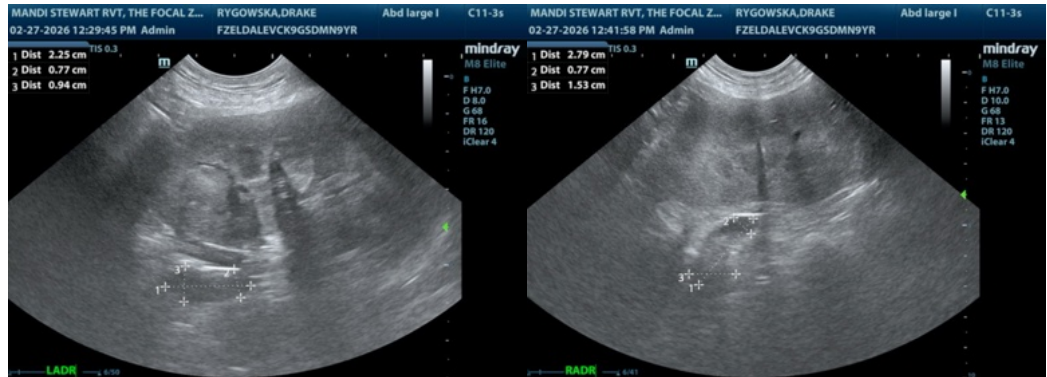
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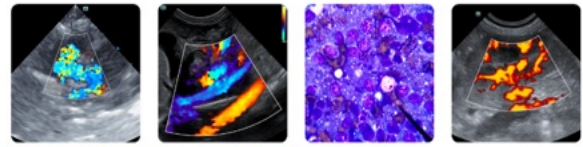
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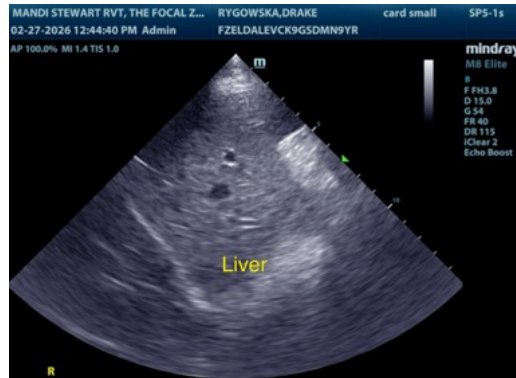
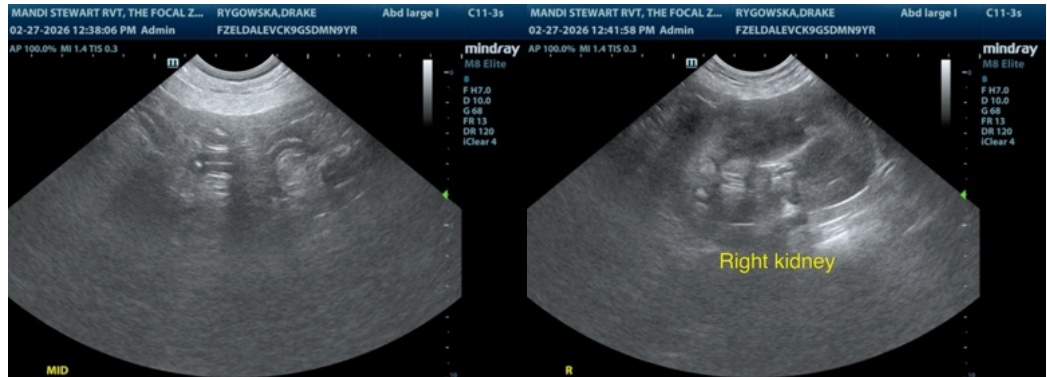
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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