



**PATIENT**

Winston Gido

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

-

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

VCA HoHoKus VH

**REFERRING VET**

Dr. Gannon

**INVOICE**

68664

**DATE**

11/13/25

**PRESENTING CLINICAL SIGNS**

History: Decrease in appetite, PU/PD muscle wasting, mass like effect cranial abd. on U/S  
Abnormal PE/Chem/CBC/UA Results: AST 112, ALT (N) 87, ALP 267, BG 48- will check today with glucometer - 11/13 BG 52. Amylase 1336

**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 7.2 cm, right measured 7.5 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.

The prostate is small and hypoechogenic measuring 1.0 cm in width.

**Adrenal Glands**

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.55 cm in length x 0.77 cm and 0.69 cm in width. The right adrenal gland measured 2.69 cm in length x 0.54 cm and 0.81 cm in width.

**Spleen**

A large, irregular, mottled echogenic, poorly vascularized cystic mass originating off the head of the spleen. The rest of the spleen is of normal size (1.8 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**

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, 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 pancreas is not visualized.

**Free Abdomen**

Normal mesenteric lymph nodes.

A small amount of ascites is present.

**ULTRASONOGRAPHIC FINDINGS**

- Splenic mass.
- Ascites.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology for the splenic mass would be neoplasia with granulomatous disease an unlikely differential diagnosis.

The ascites can be ascribed as secondary to the splenic mass.

Further assessment would be three view thoracic radiographs, echocardiography to evaluate the right atrium and right auricle and possibly FNA cytology of the mass. Splenectomy should be considered as it could be both diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis.



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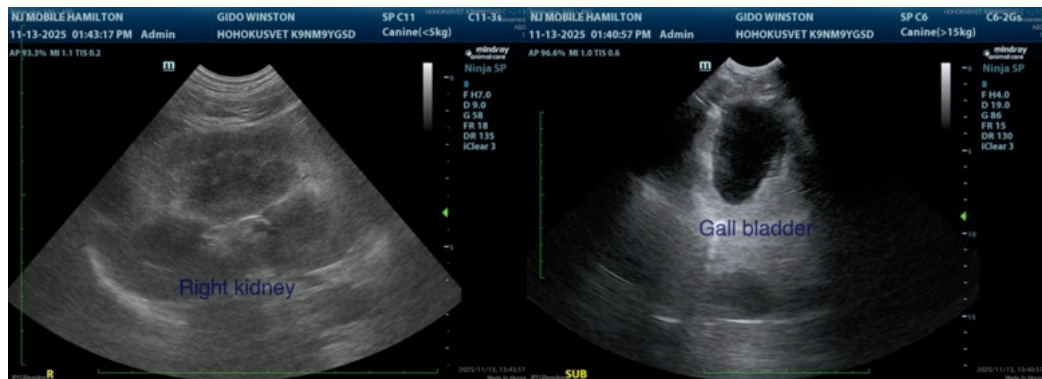
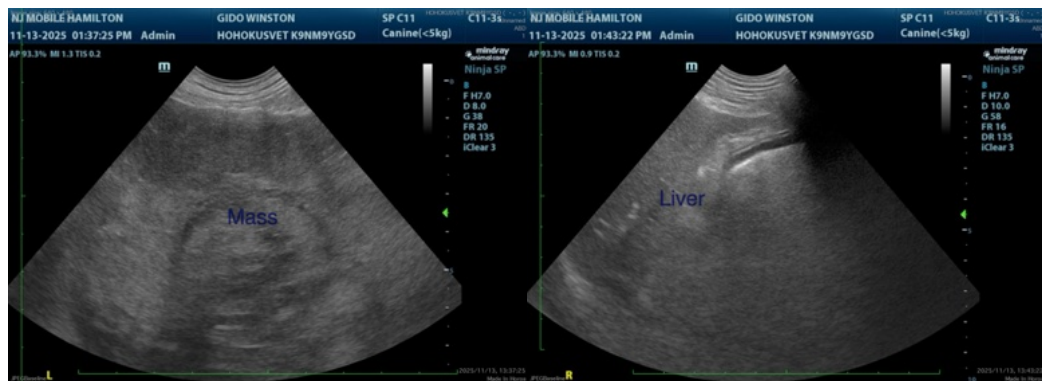
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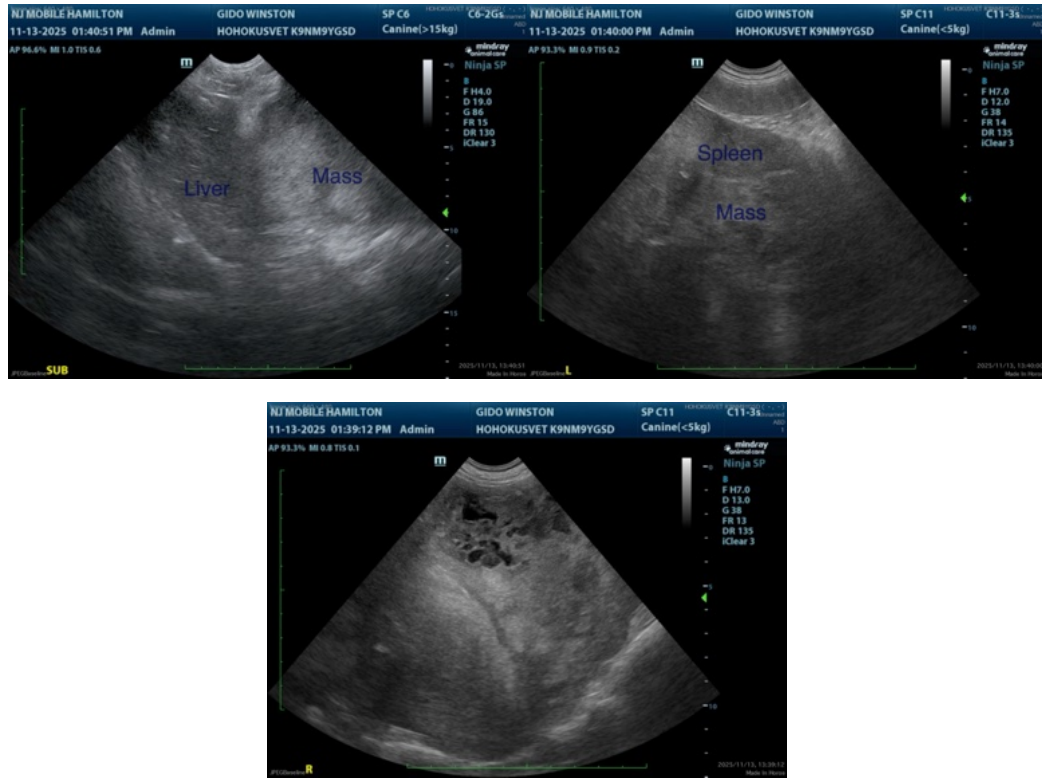
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

[info@sonopath.com](mailto:info@sonopath.com)