



PATIENT

Parker Grogan

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered male

AGE

8 years

WEIGHT

59 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebecca Hamilton

HOSPITAL NAME

Willowbrook Animal
Clinic

REFERRING VET

Dr. John

INVOICE

68832

DATE

11/19/25

PRESENTING CLINICAL SIGNS

History: poss. Abdominal mass
Meds: Gabapentin 300 mg caps, Prednisone 20mg, Amoxi 50 mg.
Abnormal PE/Chem/CBC/UA Results: ALP 551H (20-150) ALT 388H (10-118) AMY 1588H (200-1200) CA 12.1 H (8.6-11.8) GLU 133 H(60-110) LYM 0.7 L (0.72-4.8) PLT 575 (165-500)

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 5.5 cm, right measured 5.6 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.96 cm in length x 0.61 cm and 0.44 cm in width. The right adrenal gland measured 1.85 cm in length x 0.5 cm and 0.86 cm in width.

Spleen

A large, mottled echogenic, non-vascularized mass measuring at least 8.0 x 10.0 cm in size originating off the head of the spleen. The rest of the spleen is of normal size (3.1 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 are evident. Possible, hyperechogenic mass on the caudal aspect of the right lobe measuring 3.8 x 5.2 cm in size. Normal appearance of the hepatic and portal vasculature.



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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 pancreas was poorly visualized, but 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.

A moderate amount of ascites is present. Hyperechogenic and nodular appearance of the mesentery.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Hepatic mass?
- Mesenteric inflammation.
- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenic mass would be neoplasia with severe granulomatous disease a less likely differential diagnosis.

Although the mass associated with the right lobe of the liver may originate from the liver parenchyma itself, it may merely represent super imposition of the large splenic mass. Etiologies for the mesenteric inflammation would be sterile peritonitis and abdominal carcinomatosis.

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



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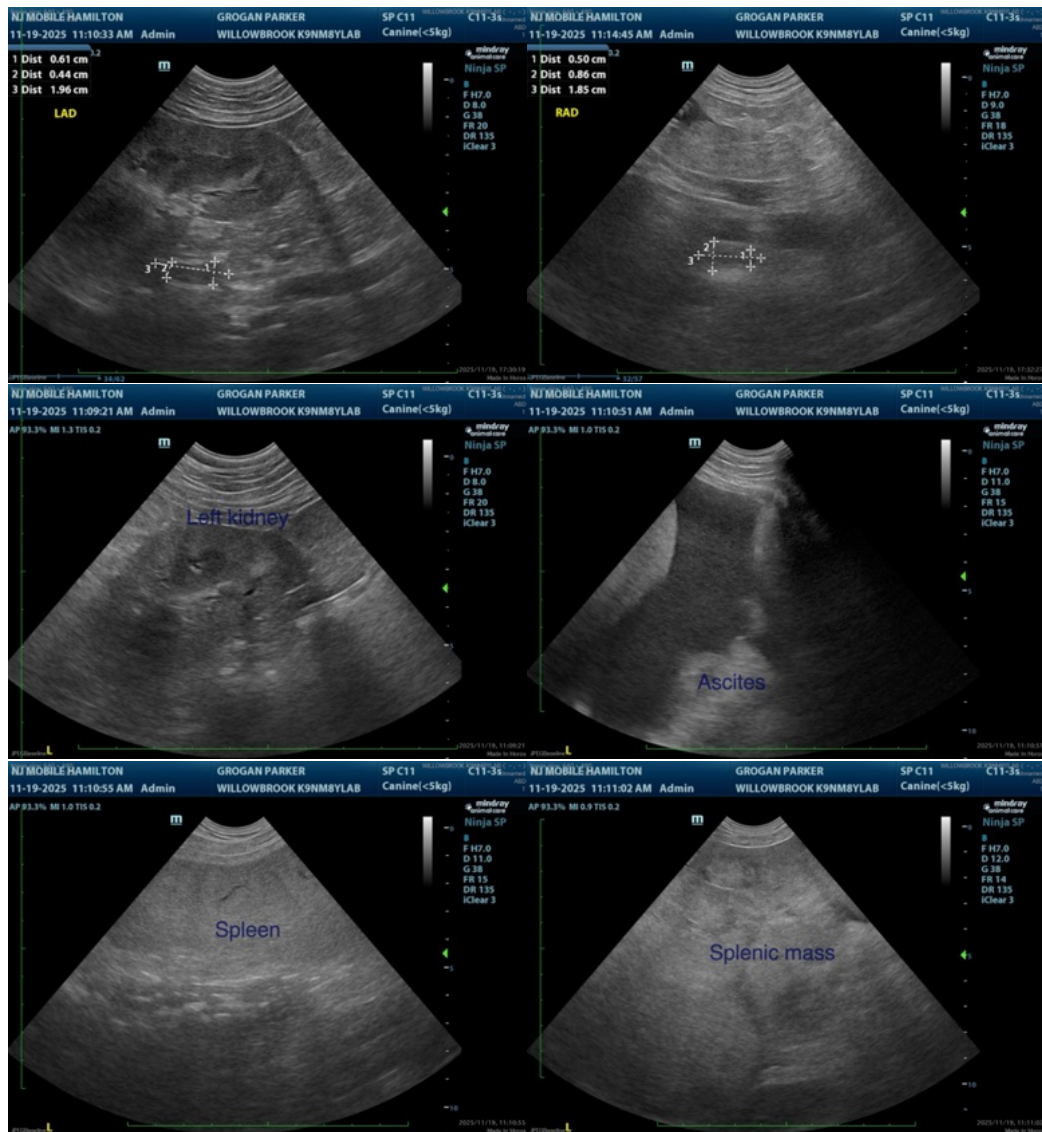
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Further assessment would be three view thoracic radiographs, analysis of the ascitic fluid and FNA cytology of the splenic mass, possible hepatic mass and mesentery. A CT scan could also be considered. A laparotomy can also be considered as it may be both diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis.





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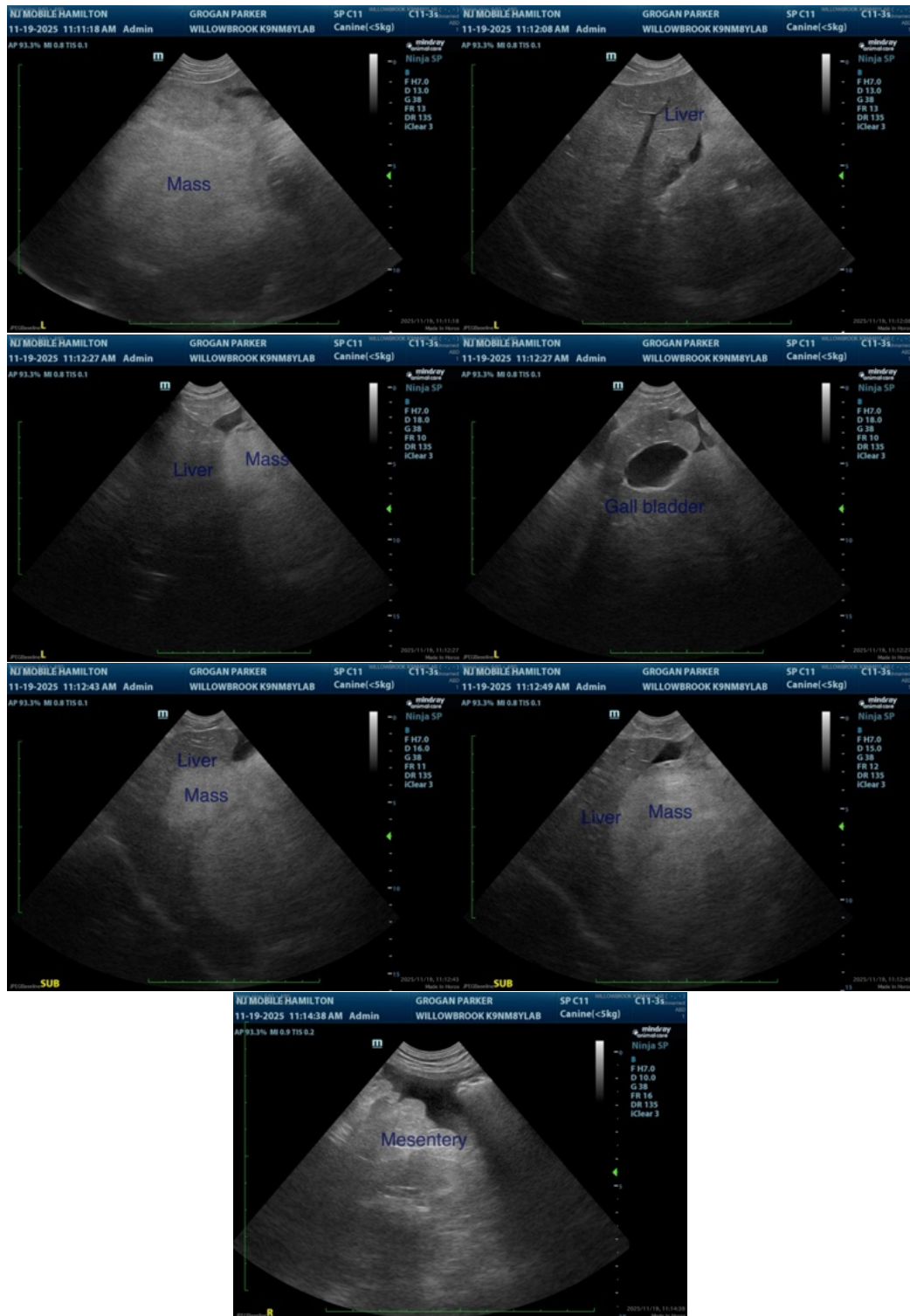
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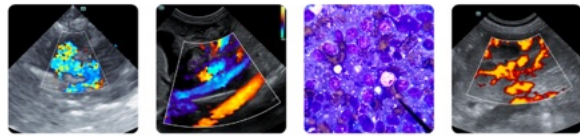
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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