



**PATIENT**

Avery Summers

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Netuered male

**AGE**

9 years

**WEIGHT**

58 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Oakland AH

**REFERRING VET**

Dr. Pellicano

**INVOICE**

68308

**DATE**

11/4/25

**PRESENTING CLINICAL SIGNS**

History: Possible mass/ anemic, Meds: Dasaquin  
Abnormal PE/Chem/CBC/UA Results: 31% anemic, RBC 4.28, HCT 26.9, HGB 10.0, Lymph 0.91, EOS 0.01, PLT 144, MPV 17.1

**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 6.8 cm, right measured 7.1 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 evident in both kidneys.

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 2.07 cm in length x 0.4 cm and 0.43 cm in width. The right adrenal gland measured 2.58 cm in length x 0.64 cm in width.

**Spleen**

The spleen was enlarged and irregular with mottled echogenic and cystic, poorly vascularized mass that originated off the tail of the spleen measuring 7.0 x 8.0 cm in size. Hyperechogenic appearance of the mesentery surrounding the mass. The rest of the spleen is small in size (1.2 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 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 cellular ascites is present.

***Thorax***

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

**ULTRASONOGRAPHIC FINDINGS**

- Splenic mass.
- Ascites.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology for the splenic mass would be a ruptured hemangiosarcoma with secondary hemoabdomen.

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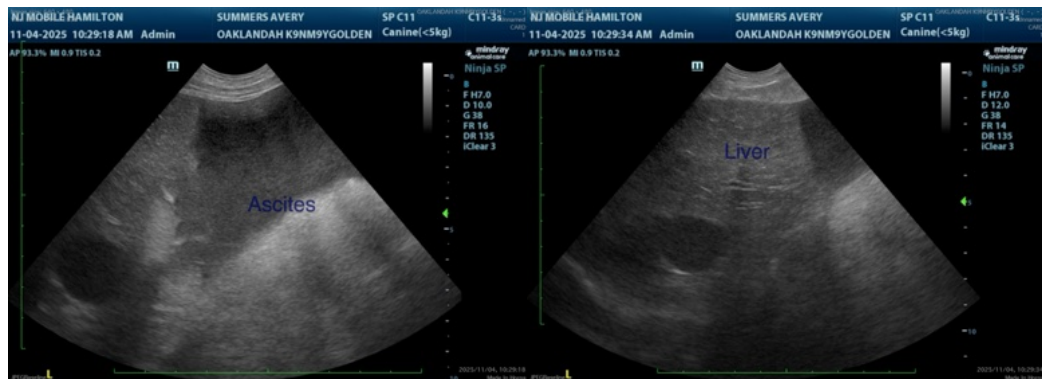
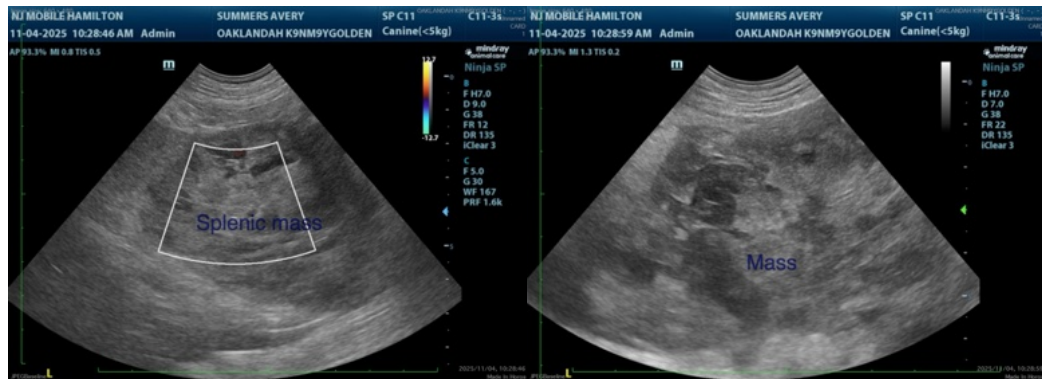
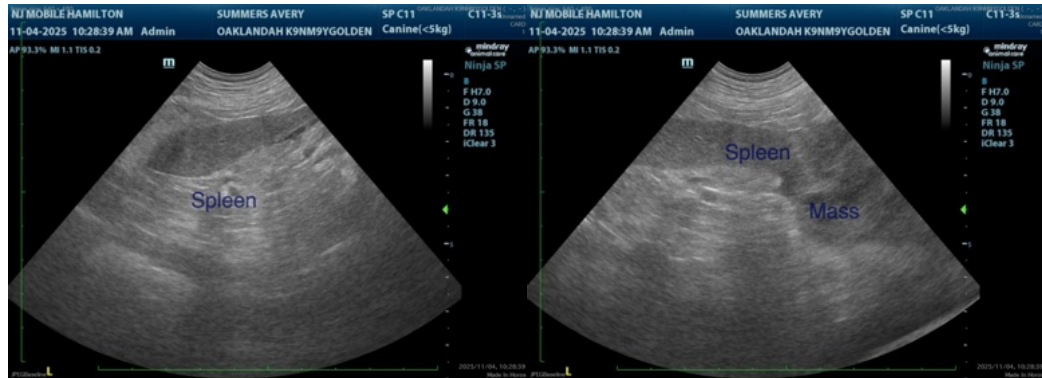
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)