

PATIENT

Celia Cardenas

SPECIES

Canine

BREED

Lhasa Apso

SEX

Spayed female

AGE

10 years

WEIGHT

4.5 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Bond Vet Edgewater

REFERRING VET

Dr. McLaughlin

INVOICE

68310

DATE

11/4/25

PRESENTING CLINICAL SIGNS

History: Presented for newly noted mass lesion in right inguinal region on palpation suspicious for enlarged lymph node, FNA performed but cytology on hold for now.

Abnormal PE/Chem/CBC/UA Results: WNL, POCUS in clinic showed a 2.5 cm mass lesion in the right mid- abd/ retroperitoneal space just distal to right kidney. Concern for ovarian cyst or mass vs. lymph node

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 3.4 cm, right measured 4.2 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 the kidneys.

Normal size and appearance of the left ovary measuring 0.4 x 0.8 cm in size. A right ovarian mass measuring 1.8 x 3.0 cm in size with a hypoechoic appearance, well circumscribed and poorly vascularized. The uterine horns and uterine body are not visualized.

Adrenal Glands

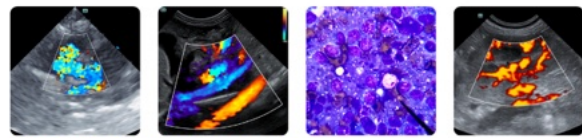
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.52 cm in length x 0.43 cm and 0.34 cm in width. The right adrenal gland measured 1.79 cm in length x 0.37 cm in width.

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 1.0 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Small, incidental, parenchymal cyst in the left lobe measuring 0.7 x 1.1 cm in size. 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 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

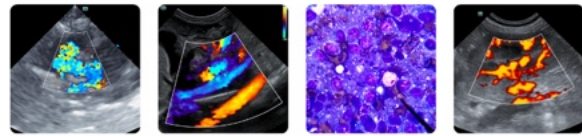
- Right ovarian mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further assessment would be three view thoracic radiographs, FNA cytology of the ovarian mass and submitting the FNA performed on the inguinal mass for cytology.

Specific therapy would be dependent on an etiological diagnosis. Laparotomy should be considered as it could be diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis.





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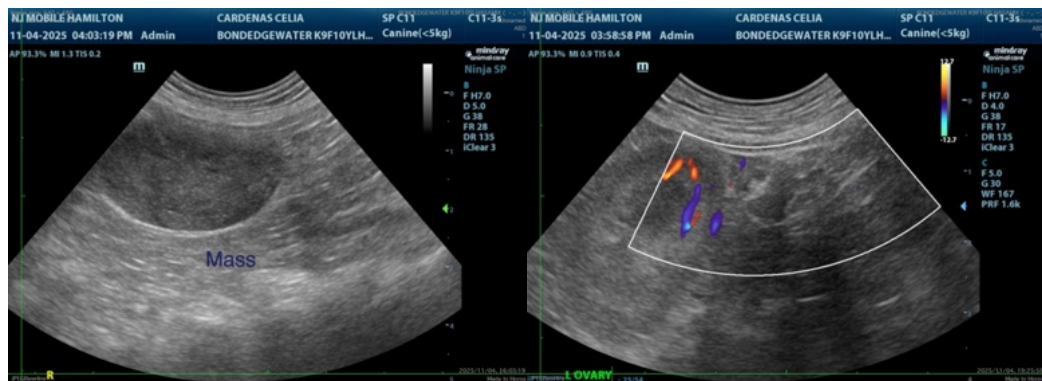
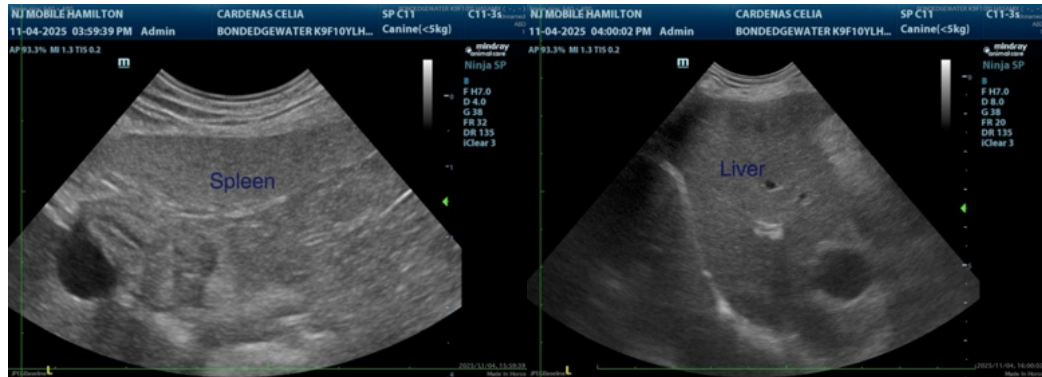
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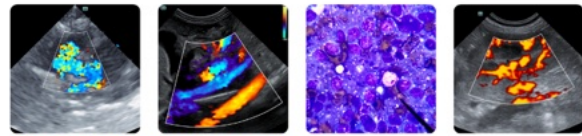
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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