



PATIENT

Rocky Grey

SPECIES

Canine

BREED

Boxer

SEX

Neutered male

AGE

8 years

WEIGHT

66 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Farview AC

REFERRING VET

Dr. Mosaad

INVOICE

73462

DATE

3/16/26

PRESENTING CLINICAL SIGNS

- Vomiting undigested food multiple times, Inappetence
- Weight Loss
- Current medications - 200cc LRS SQ, 3cc Cerenia 10mg/ml SQ on 3/11 @ 10:20am

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a small amount of floating, hyperechogenic sediment. 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 5.8 cm, right measured 5.3 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.38 cm in length x 0.39 cm in width. The right adrenal gland measured 1.7 cm in length x 0.44 cm and 0.51 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 1.9 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.



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Gastrointestinal

Normal appearance of the stomach, duodenum, 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. Focal, small intestinal mass measuring 3.0 x 6.0 cm in size with a hypoechoic appearance and a hyperechoic appearance of the surrounding mesentery. The mass appears to be poorly vascularized with no obstruction of the lumen present.

Pancreas

Normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Enlarged mesenteric lymph nodes in the region of the small intestinal mass measuring up to 1.9 x 2.0 cm in size with a rounded shape and hypoechoic appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Small intestinal mass.
- Regional lymphadenomegaly.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the small intestinal mass would be neoplasia.

Etiologies for the regional lymphadenomegaly would be infiltrative neoplasia, reactive hyperplasia and possibly lymphadenitis.

The most likely etiology for the urinary bladder sediment would be incidental debris with hematuria and bacterial cystitis a less likely differential diagnosis.

Further assessment would be three view thoracic radiographs and FNA cytology of the mass and lymph nodes.

Specific therapy would be dependent on an etiological diagnosis.

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



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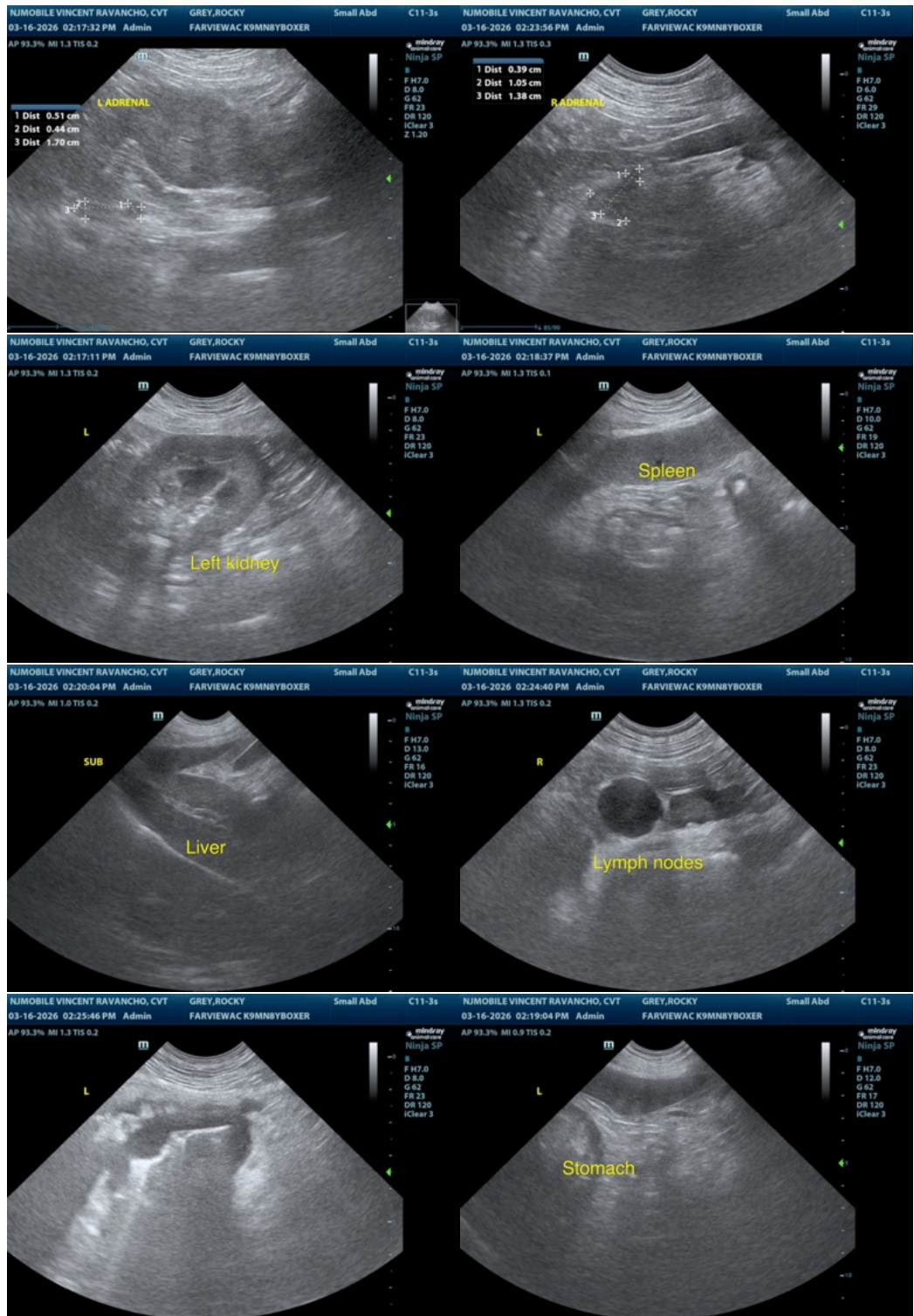
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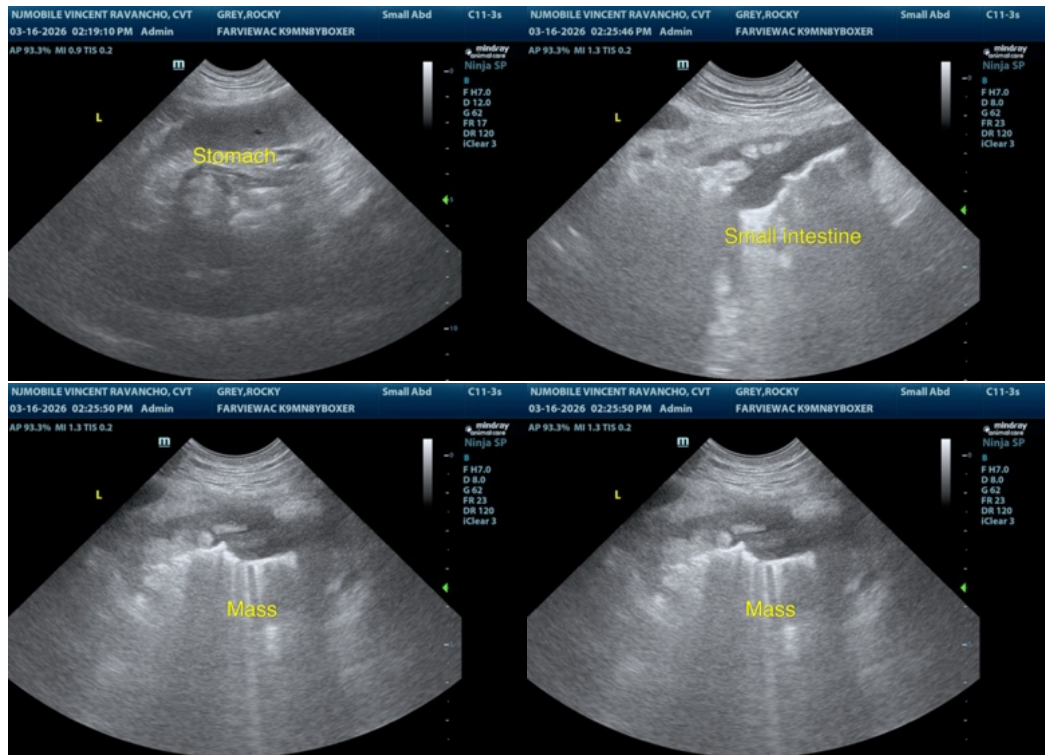
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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