



## PATIENT

Brooklyn Rogers

## SPECIES

Canine

## BREED

Pitbull Mix

## SEX

Spayed female

## AGE

13 years

## WEIGHT

69.8 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

Hackettstown AH

## REFERRING VET

Dr. Nause

## INVOICE

74526

## DATE

4/16/26

## PRESENTING CLINICAL SIGNS

History: Elevated LEs; Arthritis-hips/stifles  
Current Medications: Librela, Galliprant (Gabapentin 400mg/Trazodone 200mg administered 10am for scan)  
Chol-457; Glob-4.2; ALT-236; ALP-164. UA: Protein 3+; BLD 11-20; USG: 1.030

## 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 5.5 cm, right measured 6.9 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.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.5 cm in length x 0.86 cm in length x 0.75 cm in width. The right adrenal gland measured 2.24 cm in length x 0.51 cm in width x 0.57 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. A large, mottled echogenic, non-vascularized mass in the body of the spleen measuring 4.3 x 5.4 cm in size. The spleen measured 3.0 cm in width.

### *Liver*

Normal size with a diffuse increased echogenic and coarse appearance, normal 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 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.

## Thorax

A hyperechogenic mass is noted in the right atrium measuring 3.2 x 3.7 cm in size. No pericardial or pleural effusion evident.

## ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Hepatopathy.
- Right atrial mass.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for splenic mass would be neoplasia with metastasis to the right atrium or alternatively a primary right atrial tumor with metastasis to the spleen.

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia for vacuolar and metabolic with infiltrative neoplasia and hepatitis an unlikely differential diagnosis.

Further assessment that could be considered would be three view thoracic radiographs and FNA cytology of the liver and splenic mass.

A tru cut or wedge biopsy of the liver would be required for a final etiological diagnosis.



**PATIENT**

At this point, palliative therapy would be indicated.

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Symptomatic management of the hepatopathy would be the use of Ursodiol with regular monitoring of liver enzyme activity.

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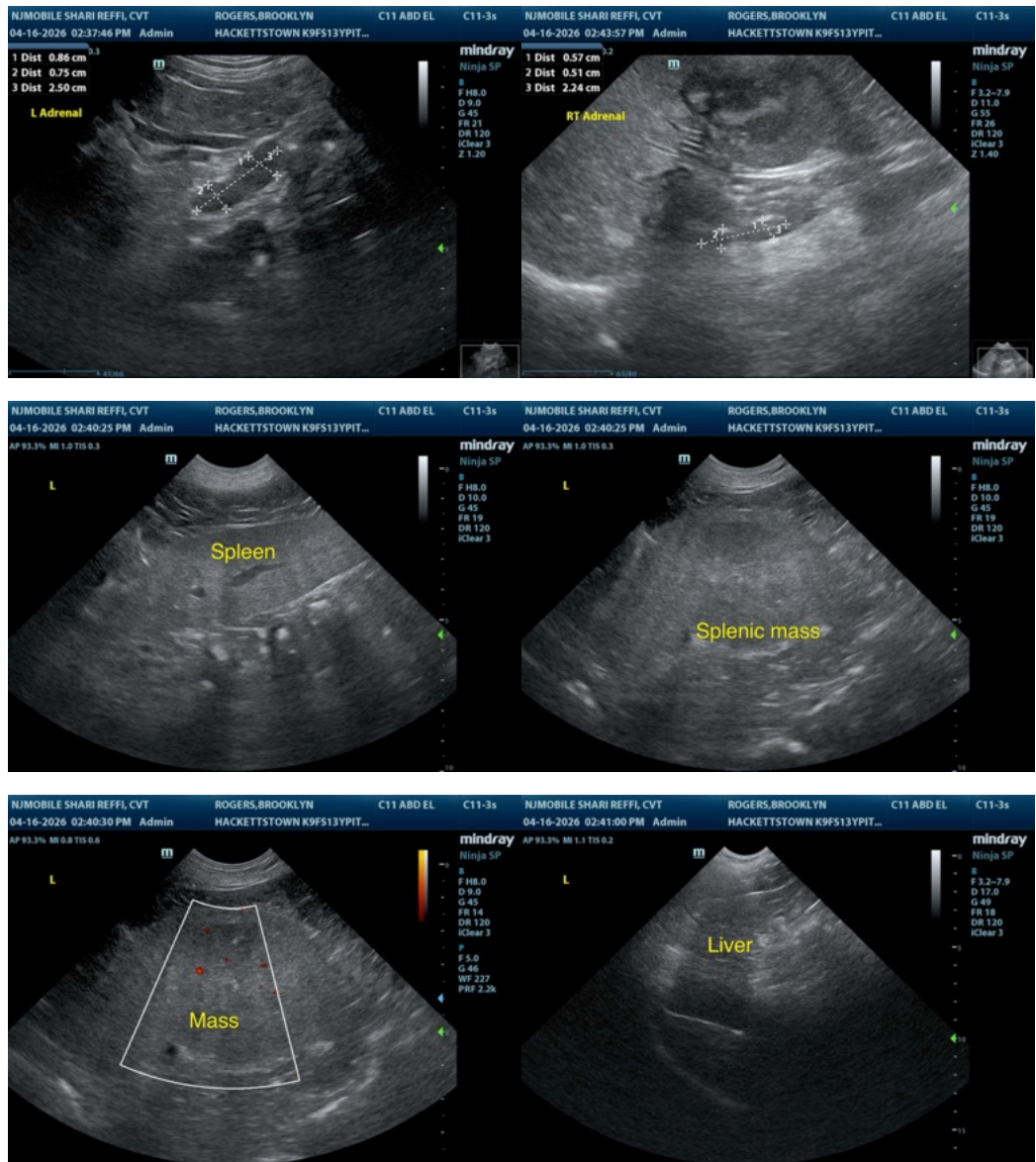
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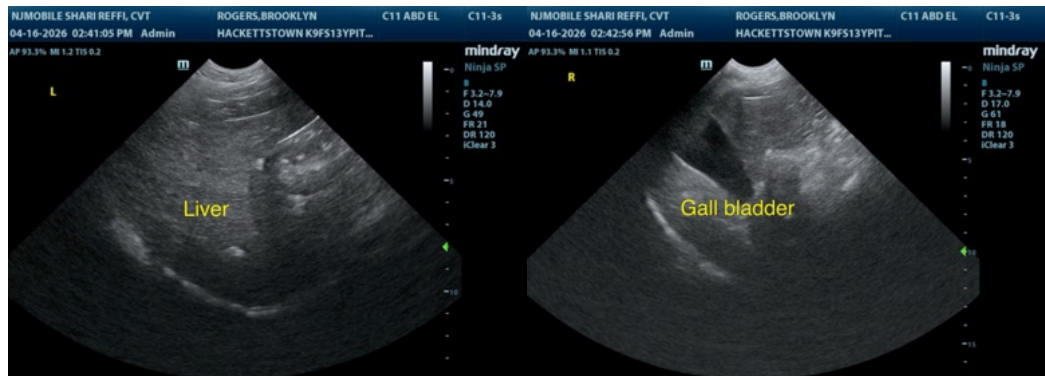
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)