



PATIENT

Piper Lasso

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered male

AGE

13 years

WEIGHT

20 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Cummings VH

REFERRING VET

Dr. Daniels

INVOICE

75197

DATE

5/5/26

PRESENTING CLINICAL SIGNS

History: BCS 3/9. Suspected abdominal mass. Enlarged rounded liver margin, midabdominal, more radiolucent mass, gastroesophageal reflux disorder. Current Medications: Metronidazole 100mg (finished), Provable

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 3.8 cm, right measured 4.0 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 0.9 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.58 cm in length x 0.58 cm and 0.55 cm in width. The right adrenal gland measured 1.49 cm in length x 0.36 cm and 0.42 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. Focal, hypoechogenic, parenchymal nodule is noted in the tail of the spleen measuring 0.4 cm in size. The spleen measures 1.1 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.



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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 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.

A large irregular, non-vascularized, hyperechogenic cystic mass in the midabdomen not associated with any obvious organ system. The mass measures 4.0 x 7.0 cm in size.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Abdominal mass.
- Splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the abdominal mass would be organized hematoma, granuloma, abscessation and possibly neoplasia.

The most likely etiology for the splenic nodule would be incidental reactive hyperplasia/extramedullary hemopoiesis.

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



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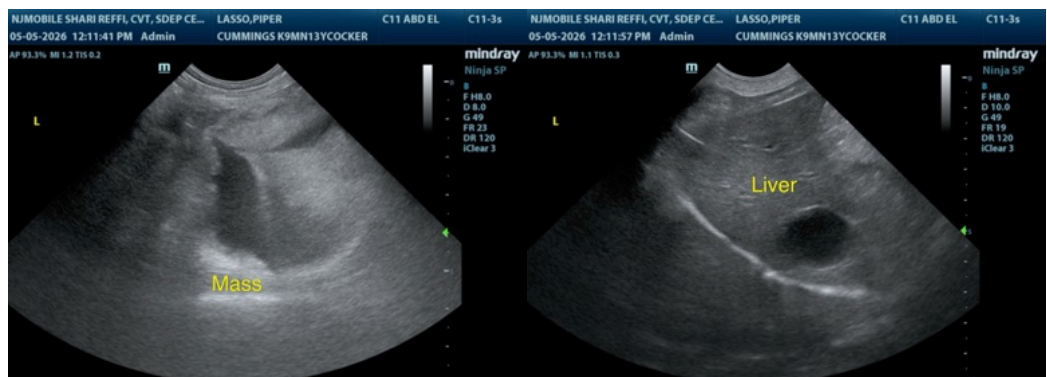
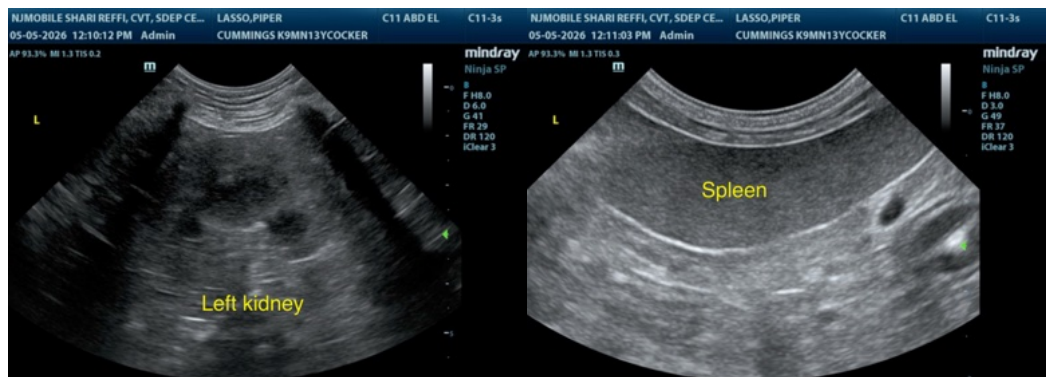
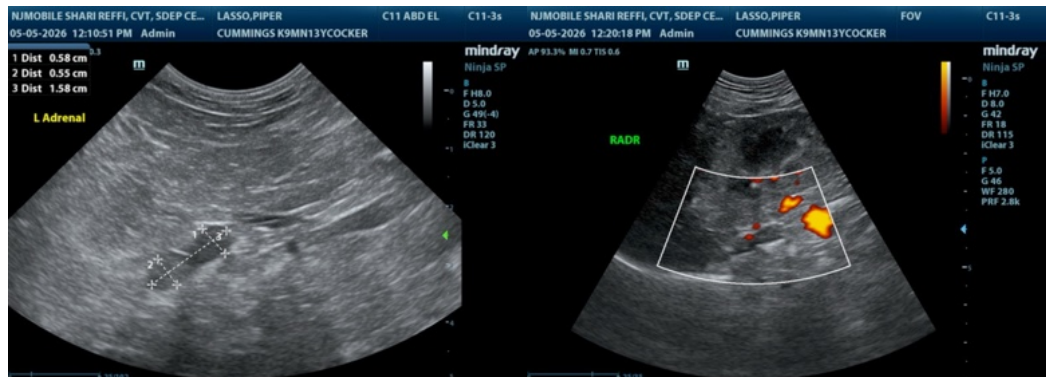
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Laparotomy should be considered as it could be both diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis.

Monitoring of the splenic nodule would be recommended and if there is any progressive enlargement or bulging of the overlying capsule noted then splenectomy should be considered.





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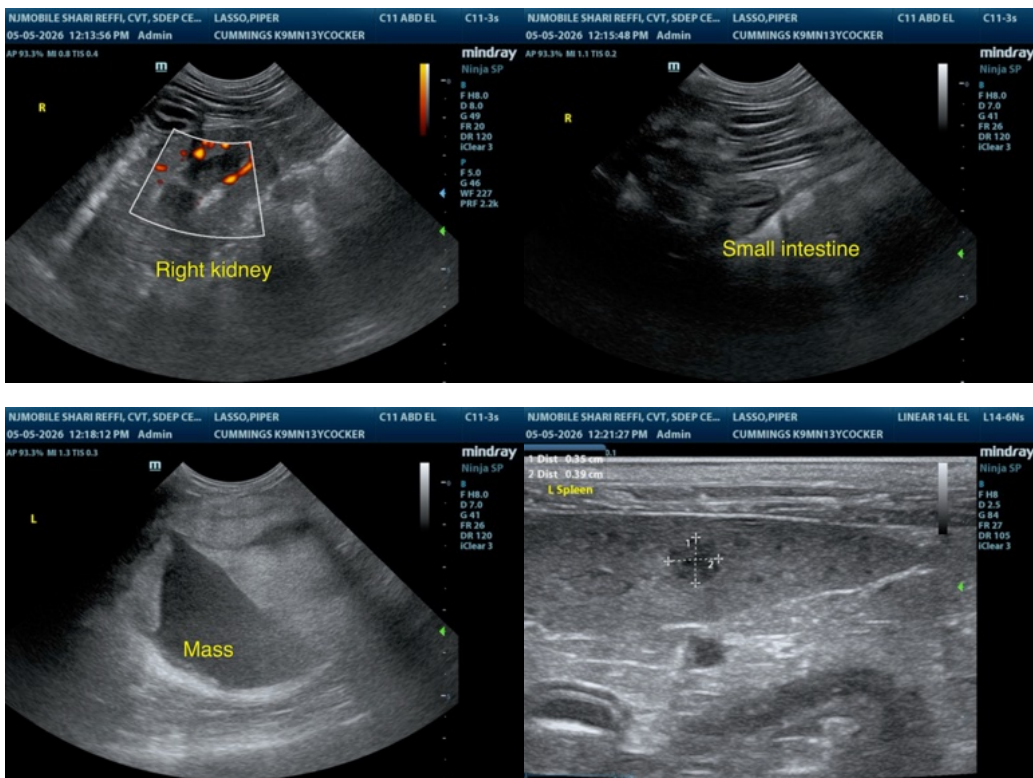
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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