



PATIENT

Rocket Lugo

SPECIES

Canine

BREED

Fox Terrier

SEX

Neutered Male

AGE

11 Years

WEIGHT

10.3

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline practice)

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Fish Creek Emergency

REFERRING VET

Dr. Tatum Armstrong

INVOICE

36778

DATE

12/7/25

PRESENTING CLINICAL SIGNS

History: Presented for 5 days of vomiting, and diarrhea since yesterday. Owner reports that some of the diarrhea was black in appearance and also contained blood. Has had intermittent vomiting and diarrhea all of his life.

Abnormal PE/Chem/CBC/UA Results: On bloodwork, decreased platelet count on analyzer (21) but large platelets present on smear. Mildly elevated ALP and lipase.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was a normal size and shape for level of filling. There was mild thickening of the bladder wall that maintained normal wall layering. The mucosal surface was mildly irregular. There were luminal hyperechoic, focal densities, with distal acoustic shadowing in the proximal urethra and intraprostatic urethra. The grouping of densities just proximal to the prostate measured 0.58 cm.

Both kidneys were normal in size with a mildly irregular capsule contour. There was a moderate increase in cortical echogenicity. The corticomedullary junction was mildly indistinct. There were variably sized, non-obstructive medullary mineralization present without pelvic dilation. The left kidney measured 5.2 cm in length. The right kidney measured 4.6 cm in length.

The iliac trifurcation was normal in structure and volume. Focal, mildly prominent to enlarged iliac lymph nodes were present. The lymph nodes were largely isoechoic to adjacent fat with no evidence of inflammation.

Adrenal Glands

Both adrenal glands were mildly enlarged yet maintained a normal shape and smooth capsule contour. The parenchyma was uniform and normal in echogenicity. The left adrenal gland measured 0.73 cm at the caudal pole and 0.68 cm at the cranial pole. The right adrenal gland measured 0.79 cm at the caudal pole and 0.59 cm at the cranial pole.

Spleen

The spleen was normal in size with a mildly irregular capsule contour. There was an expansive large nodule/small mass that caused capsular deviation. This large nodule measured 1.8 cm x 1.5 cm. The nodule was non-cavitated, heterogenous, and disrupted normal parenchyma. There was a separate smaller hypoechoic irregular nodule adjacent to the first one. The remainder of the parenchyma appeared normal and homogenous. There was good vascularity on power doppler assessment.

Liver/Gallbladder

The liver was normal in size and shape, with a smooth capsule contour. Overall, the parenchyma appeared homogenous. There was a mildly hypoechoic to isoechoic region in the left liver that may represent a nodular change or an age-related change. This liver area measured 2.5 cm x 1.1 cm.

The gallbladder was normal size and shape, with echogenic, non-mineralized biliary sludge. The wall was normal thickness with no visible inflammation. The cystic duct and common bile ducts were normal in size with no evidence of obstruction.



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Gastrointestinal

The stomach was mildly filled with fluid and shadowing gas. There was no visible adjacent inflammation next to the stomach. The duodenum and pylorus appeared patent with no evidence of obstruction. The small intestines were normal in thickness with intact layering. The submucosal layer was subjectively hyperechoic and prominent. The ICJ was clearly visualized and appeared normal in structure and layering. The colon wall appeared normal in layering. The luminal contents were unformed to liquid in the colon.

Pancreas

The pancreas was isoechoic to the surrounding mesentery with normal size, shape and capsule contour. There was no evidence of inflammation or masses within the right and left limbs or body of the pancreas.

Free Abdomen

There was no visible free fluid in the abdomen.

Focally enlarged mesenteric lymph nodes were present. The lymph nodes were homogenous, mildly hypoechoic with a smooth capsule contour. A normal width: length ratio was maintained (<0.5). There was mild adjacent mesenteric inflammation.

ULTRASONOGRAPHIC FINDINGS

- Large splenic nodule/small mass - expansive, causes capsular deviation
- Small hypoechoic splenic nodule
- No free fluid in abdomen
- Small bladder stones or sand accumulation in proximal urethra - non-obstructive at the time of the sonogram
- Aging changes in both kidneys with non-obstructive mineralization
- Mildly hypoechoic liver nodule - ddx benign nodular hyperplasia, aging changes vs mild potential for metastasis
- Diarrhea in colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view chest radiographs are recommended. FNA could be considered for the splenic nodules and liver, however, this may not be possible if there is a true thrombocytopenia. Coagulation profile is recommended first. The splenic lesions are concerning but could also be benign lesions.

Splenectomy and liver biopsy could be considered once Rocket is stabilized and has adequate coagulation and platelet values.

A urinalysis is recommended, if not done already. Rocket likely intermittently passes uroliths.



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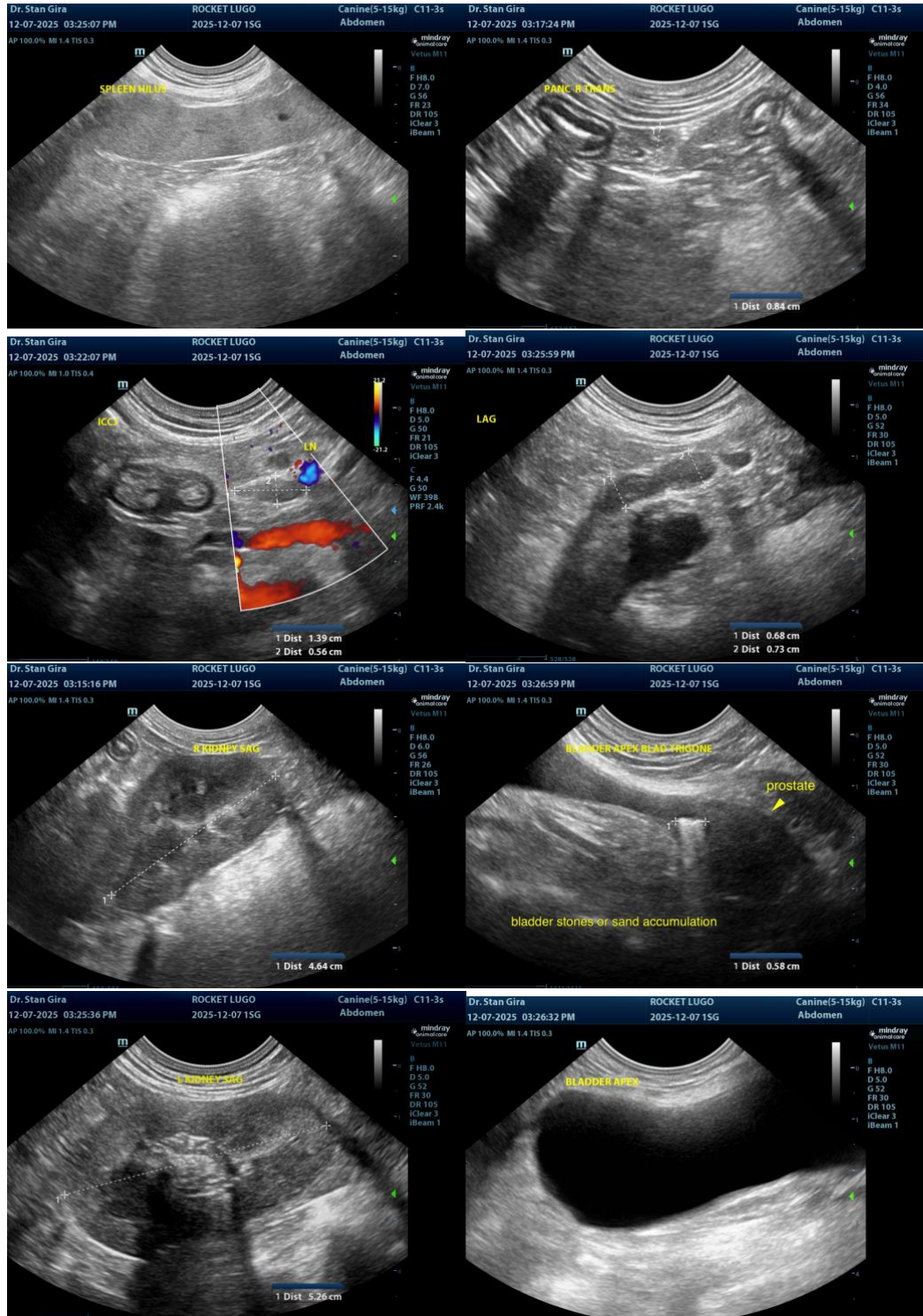
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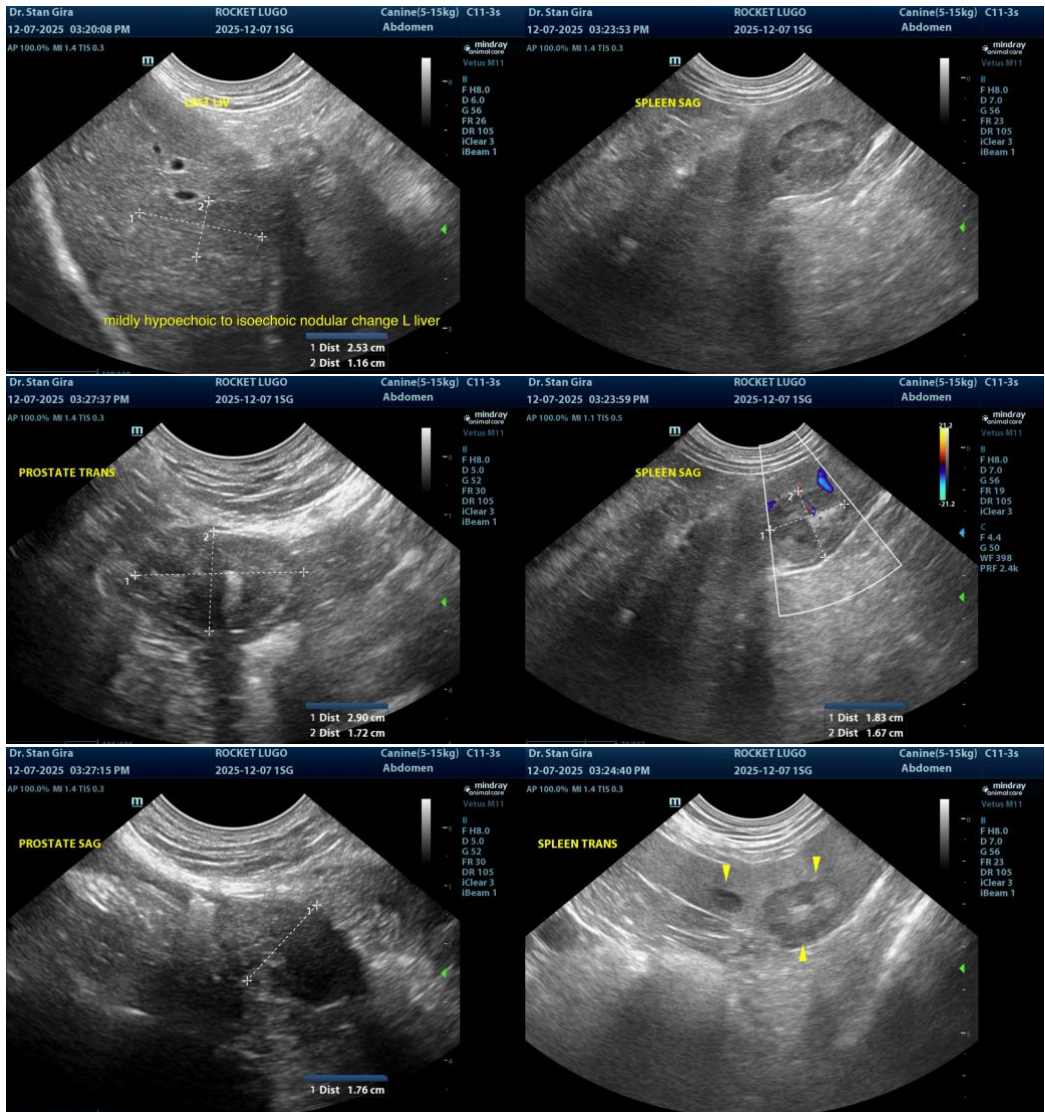
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)

info@SonoPath.com