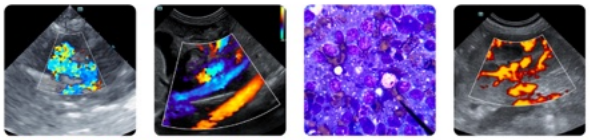




**PATIENT**

Diesel Burner

**SPECIES**

Canine

**BREED**

PitBull Mix

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

54 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Aaron Lucas

**HOSPITAL NAME**

Taylorsville VC

**REFERRING VET**

Dr. Bisset

**INVOICE**

70048

**DATE**

1/13/26

## PRESENTING CLINICAL SIGNS

History: Patient presented for a dental cleaning with extractions. He is hypothyroid but is currently managed. Pre-Op chest rads suspicious for a thoracic mass and being sent out for interpretation. Patient was 66 lbs on 12/29/25 and weighs 54 lbs 1/13/26. Patient presents severely cachexic.
T4 on 12/29 3.1 1/13/26 preop labs: MCV 58 L, MCH 19.5 L, BUN 5 L, ALP 663 H, ALT 143 L

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is small 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 6.5 cm, right measured 6.0 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 1.0 cm in width.

### *Adrenal Glands*

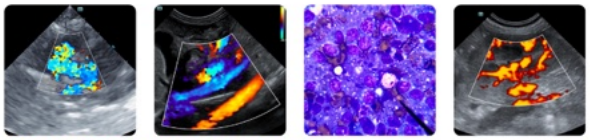
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.55 cm and 0.58 cm in width. The right adrenal gland measured 0.56 cm in width.

### *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. The spleen revealed a focal, mottled echogenic parenchymal nodule in the body of the spleen measuring 1.0 x 1.2 cm in size with bulging of the overlying capsule present. Diffuse, pinpoint parenchymal mineralization was present. 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.





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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.

## ULTRASONOGRAPHIC FINDINGS

- Splenic nodule.
- Splenic mineralization.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely etiologies for the splenic nodule would be organized hematoma, granuloma and possibly emerging neoplasia, reactive hyperplasia/extramedullary hemopoiesis would be a less likely differential diagnosis as there is bulging of the overlying capsule.

The splenic mineralization can be considered an incidental age related finding.

Although the liver appears ultrasonographically normal, with the elevated ALP activity, an underlying hepatopathy such as reactive hyperplasia, vacuolar and metabolic should still be considered.

Further assessment would be echocardiography to evaluate the right atrium and right auricle and FNA cytology of the splenic nodule and liver.

Specific therapy would be dependent on an etiological diagnosis and possibly based on the pending radiographic report.

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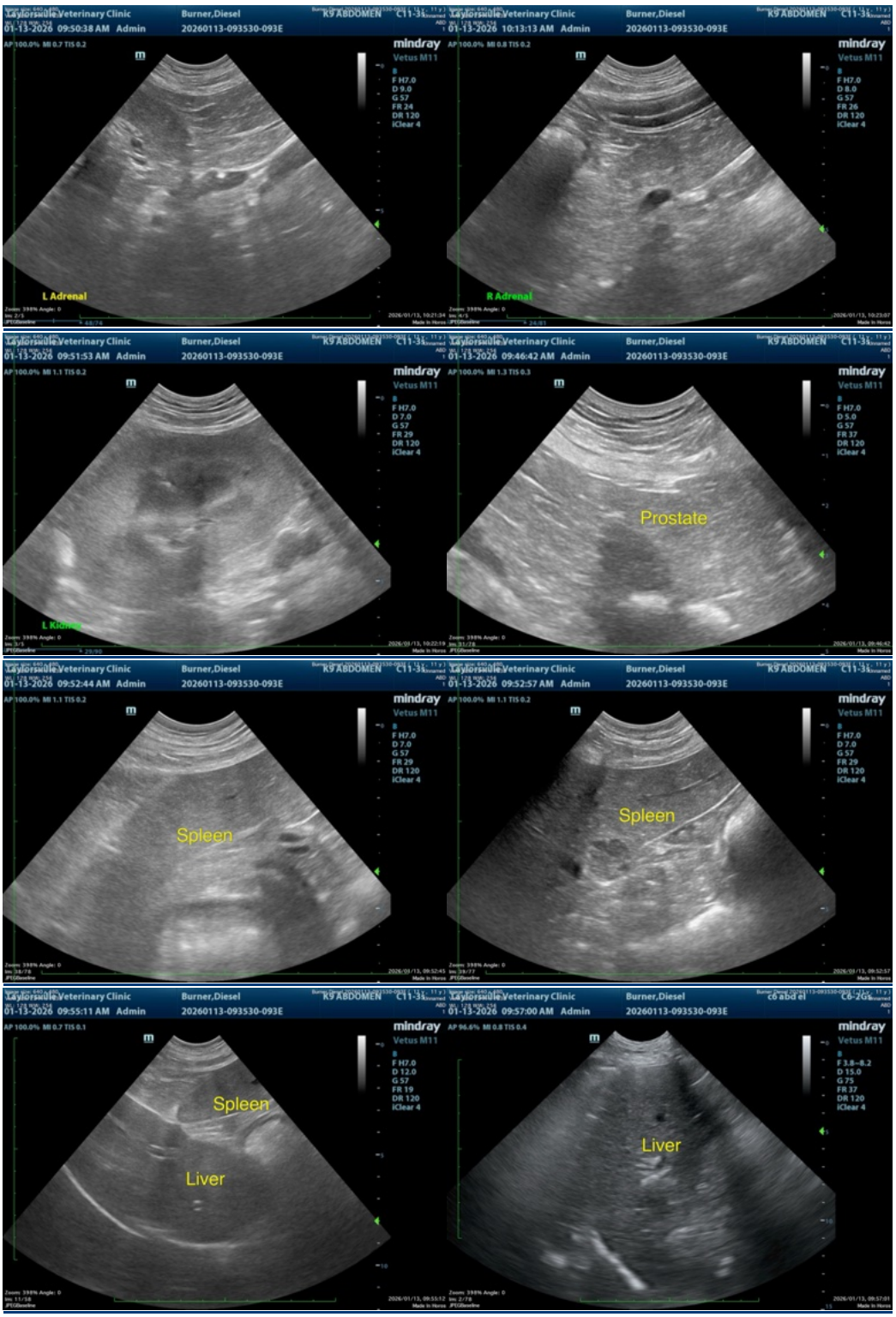

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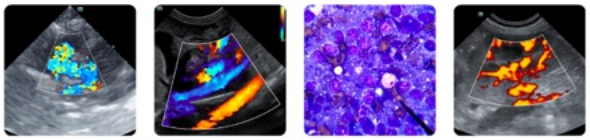

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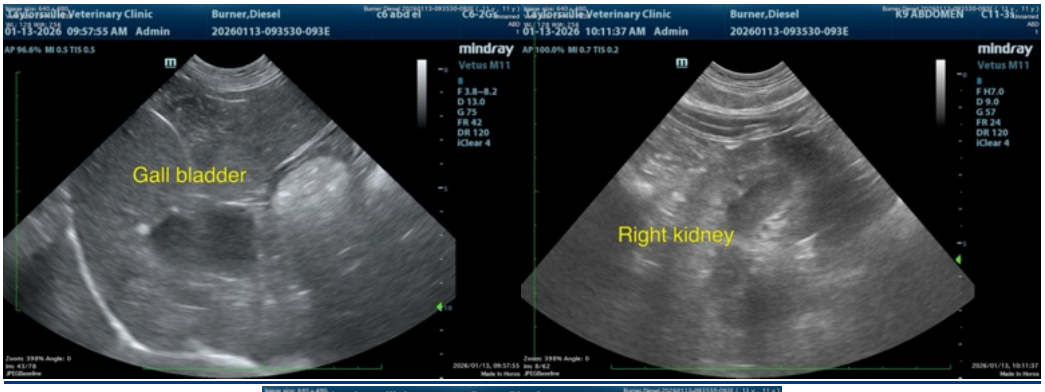


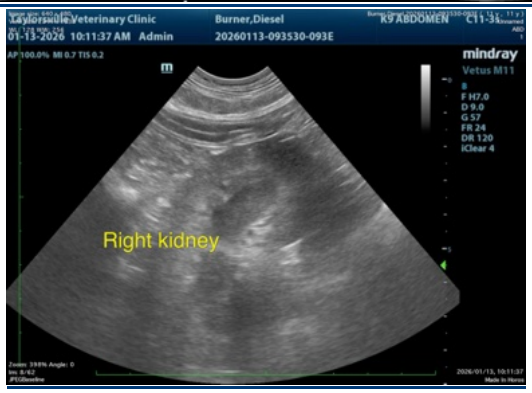


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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