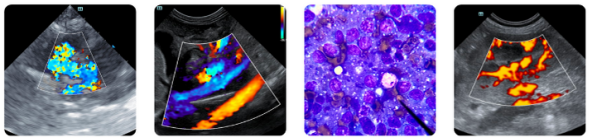


PATIENT

Laci Spennacchio

SPECIES

Canine

BREED

Maltese

SEX

Spayed female

AGE

8 years

WEIGHT

10.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM MA

HOSPITAL NAME

Western New York VS

REFERRING VET

Dr. Boehm

INVOICE

70184

DATE

1/15/26

PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: - Fever of unknown origin (FUO). Decreased activity with lethargy, shivering, and scratching occasionally. Presented with a 105-degree fever on December 29th. 102.1F today Mild discomfort on abdominal palpation. Diet is Hill's Science Diet. MEDICATIONS: Ayradia (liquid metronidazole) 125mg/ml - Give 0.4 ml by mouth twice daily for 14 days Baytril 22.7 mg- Give 1.5 tablets by mouth once daily for 14 days. Ursodiol 250mg- Give 1/4 tablet by mouth once daily *Patient was very anxious and tense for the exam. Gave 0.1 mL of butorphanol IV to help with relaxation.
Abnormal PE/Chem/CBC/UA Results: Monocytosis 1.55K/uL Otherwise, CBC/chem/ 4Dx wnl

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 3.3 cm, right measured 3.7 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

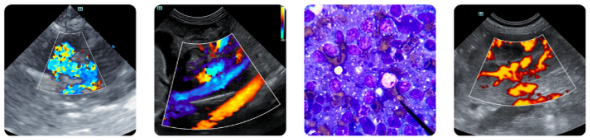
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.31 cm in length x 0.37 cm and 0.37 cm in width. The right adrenal gland measured 1.21 cm in length x 0.34 cm and 0.3 cm in width.

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. Two, small, focal, non-vascularized hypoechogenic parenchymal nodules in the body of the spleen measuring 0.5 cm in size. The spleen measured 1.2 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 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. Small amount of ingesta is present in the stomach compatible with a recent meal.

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

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

ULTRASONOGRAPHIC FINDINGS

- Splenic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenic nodules would be reactive hyperplasia/extramedullary hemopoiesis with hematoma, granuloma and emerging neoplasia a less likely differential diagnosis. Focal abscessation would be a differential diagnosis especially with the pyrexia.

Further assessment would be FNA cytology of the splenic nodules. Alternatively regular monitoring would be recommended and if there is any progressive enlargement or bulging of the overlying capsule noted, then a splenectomy is indicated.

Further specific therapy would be dependent on an etiological diagnosis.

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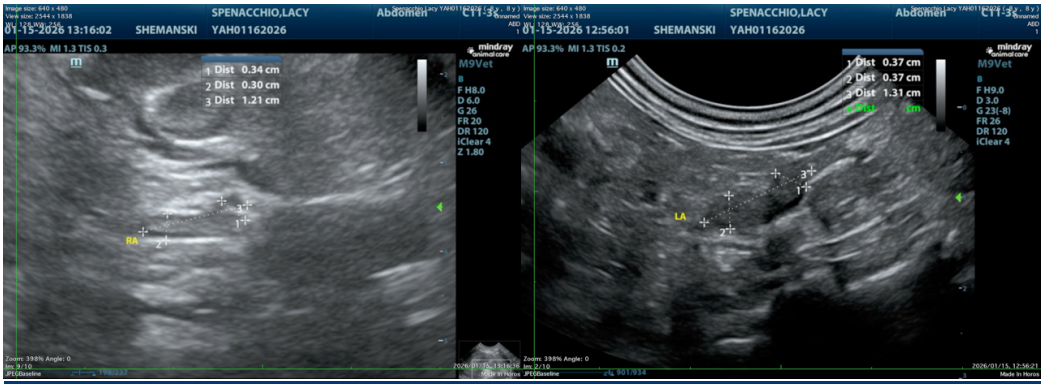

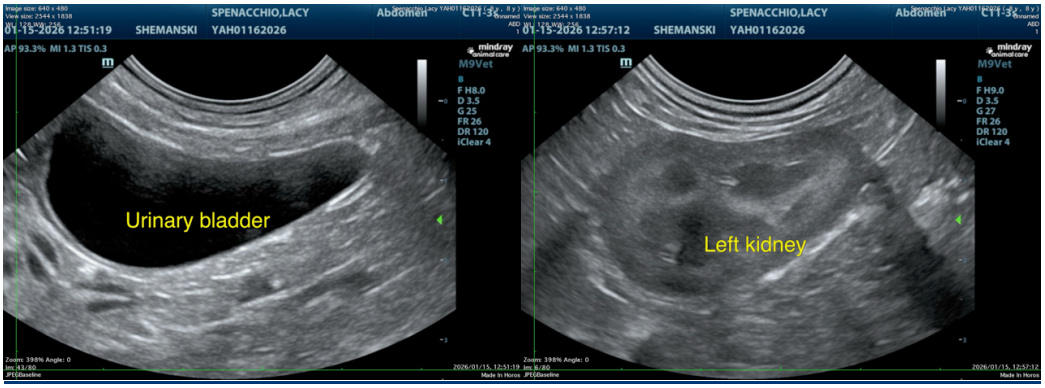

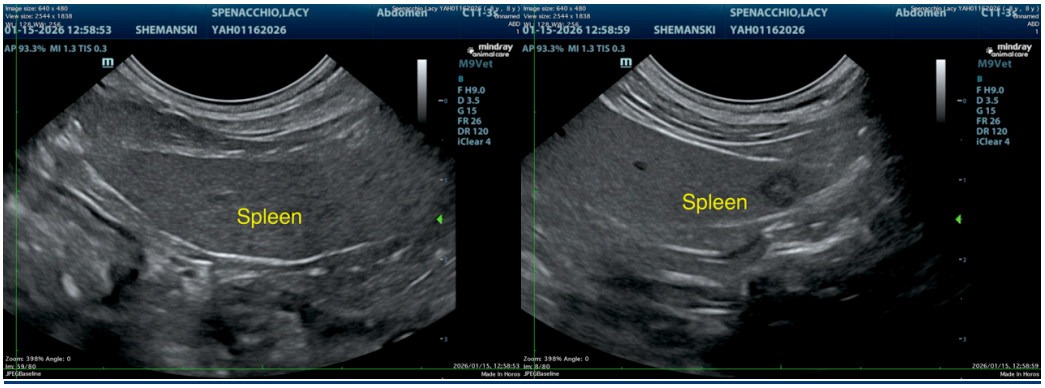

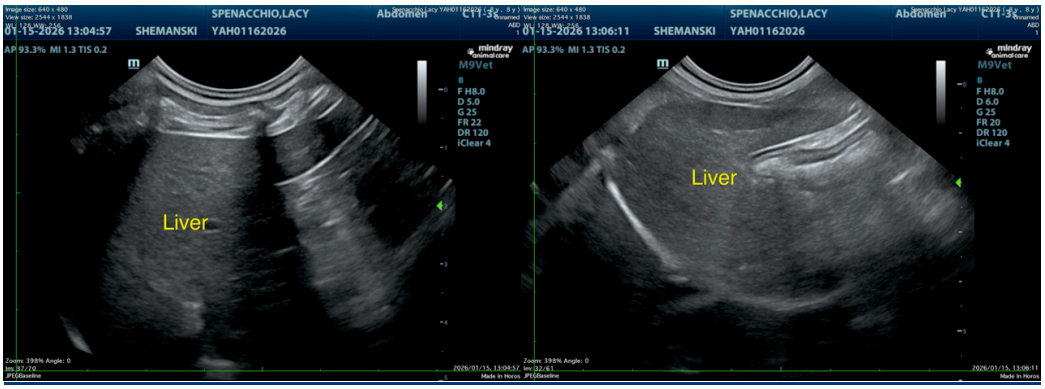

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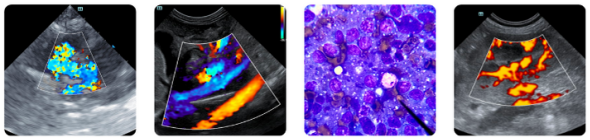

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Educational Teleconsultation Services™

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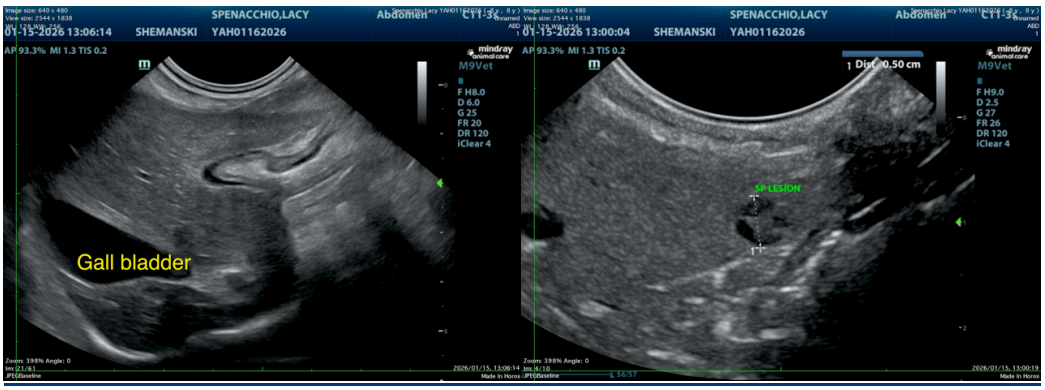

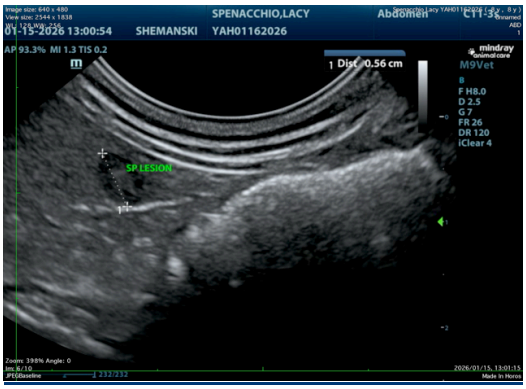

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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