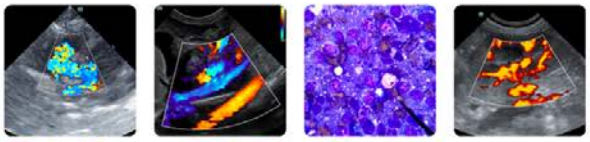

PATIENT

Jaeger Coca

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

11 Years

WEIGHT

78 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Traci Holder, DVM

INVOICE

72944

DATE

1/2/26

PRESENTING CLINICAL SIGNS

Jaeger has been having chronic diarrhea and weight loss. History of mild ALT elevation. Senior panel with ACTH stim and GI panel unremarkable (see attached).

Abnormal PE/Chem/CBC/UA Results: FNA of splenic nodule performed today to send for cytology

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 8.0 cm. Right kidney measures 7.6 cm. Normal color flow pattern evident in both kidneys.

Reproductive System

Small, hypoechogenic prostate measuring 1.1 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 2.16 cm in length x 0.82 cm in width. Right measures 2.87 cm in length x 0.88 cm and 0.86 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 small, focal, non-vascularized, mottled echogenic parenchymal nodule is noted in the body of the spleen, measuring approximately 1.2 cm x 1.5 cm in size. The spleen measures 2.6 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.

Gallbladder

Full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

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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 intestinal wall measures up to 0.40 cm.

Pancreas

Visible section presents normal size and echogenic appearance. 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

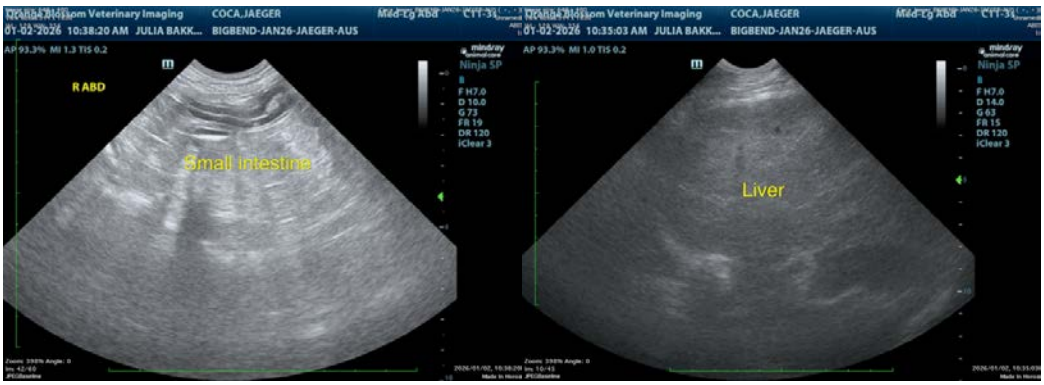
The most likely etiology for the splenic nodule would be reactive hyperplasia/extramedullary hematopoiesis, with hematoma, granuloma, and emerging neoplasia being less likely differential diagnoses.

On this ultrasound there is no obvious etiology for the presenting clinical signs. Although the GI tract appears ultrasonographically normal and the GI panel is within reference range, and underlying enteropathy such as parasitic enteritis, dietary hypersensitivity, and inflammatory bowel disease should still be considered.

Further assessment would include fecal analysis and endoscopy of the upper GI tract with biopsies.

Specific therapy of the splenic nodule would be dependent on an etiological diagnosis.

Symptomatic management for the enteropathy that could be considered would be feeding a novel protein/hypoallergenic diet, course of Fenbendazole, and if there is still not a satisfactory improvement, then a course of Prednisolone would then be indicated.



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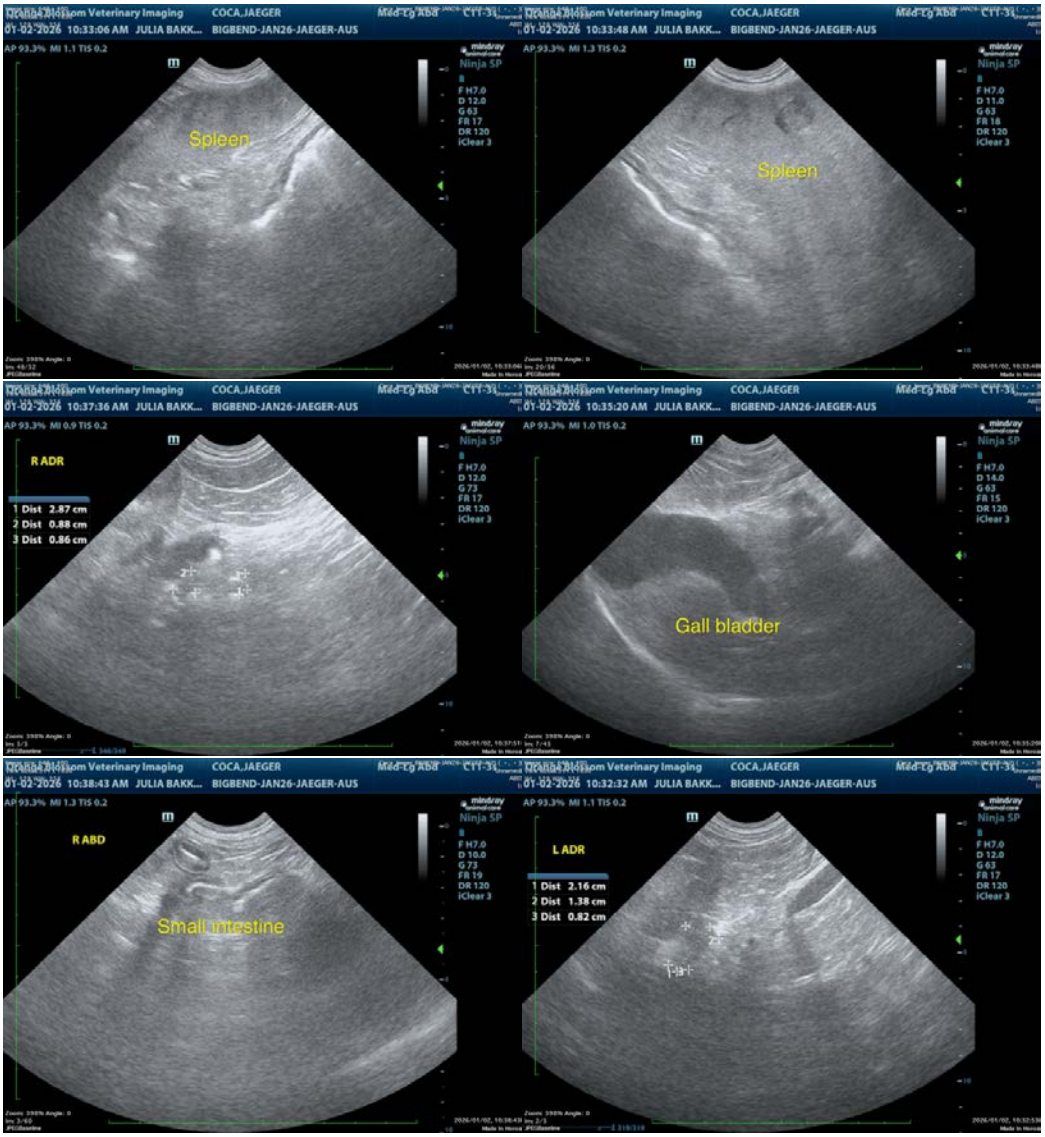

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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