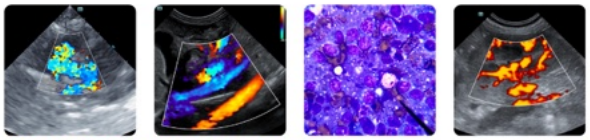




**PATIENT**

Franklin Ritinski

**SPECIES**

Canine

**BREED**

Soft Wheaton Terrier

**SEX**

Neutered male

**AGE**

7 years

**WEIGHT**

48.4 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Milad Gendi, DVM

**HOSPITAL NAME**

Severn River AH

**REFERRING VET**

Dr. Gendi

**INVOICE**

71028

**DATE**

1/28/26

## PRESENTING CLINICAL SIGNS

- Subjective: Presented for symptoms not getting better and P now has some new symptoms. P was seen on the 22nd for updating Rabies vaccination. After that visit P started vomiting, painful, and lethargy. P was seen on the 23rd and P was treated for vaccine reaction. P went home with medication to help treat symptoms. O said she stopped Tramadol on Sunday night because P no longer seemed painful. O last gave Entyce 2 days ago. Last gave Cerenia yesterday. O said P has been chugging his water bowl then regurgitating it. He just cannot seem to keep down water even with the cerenia. P has not had a bowel movement for the past two days and then yesterday had three. The first one, O said so much came out and the last two were very watery. P started having a hacking sound, like he was trying to get something out of his throat. Nothing ever came up. P has not had any nose to nose contact with other dogs. O said the last time he was boarded was in December when he went to Field Stone for boarding. P started licking the floor last night and is still licking the floor today. Activity level up and down. P will act very playful then pass out.

## 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 5.6 cm, right measured 5.6 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. The kidneys have a normal color flow pattern.

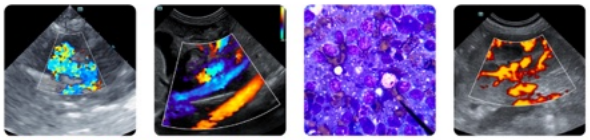
The prostate is small and hypoechogenic.

### *Adrenal Glands*

The adrenal glands were not clearly visualized, but appear to be of normal shape, echogenic appearance and size.

### *Spleen*

The spleen measured 2.5 cm in width with a patchy, increased echogenic appearance, but maintained a regular curvilinear capsule. A focal, hypoechogenic parenchymal nodule in the tail of the spleen measuring 0.6 cm. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.





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### *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*

The gallbladder is not visualized.

### *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.

A scant amount of ascites present.

## ULTRASONOGRAPHIC FINDINGS

- Splenic pathology
- Splenic nodule
- Ascites

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenic pathology would be reactive hyperplasia, splenitis and possibly infiltrative neoplasia.

The most likely etiology for the splenic nodule would be incidental reactive hyperplasia/extramedullary hemopoiesis with hematoma, granuloma and emerging neoplasia a less likely differential diagnosis.

The ascites can be ascribed as secondary to the splenic changes.

Further assessment would be FNA cytology of the spleen.

Specific therapy would be dependent on an etiological diagnosis.

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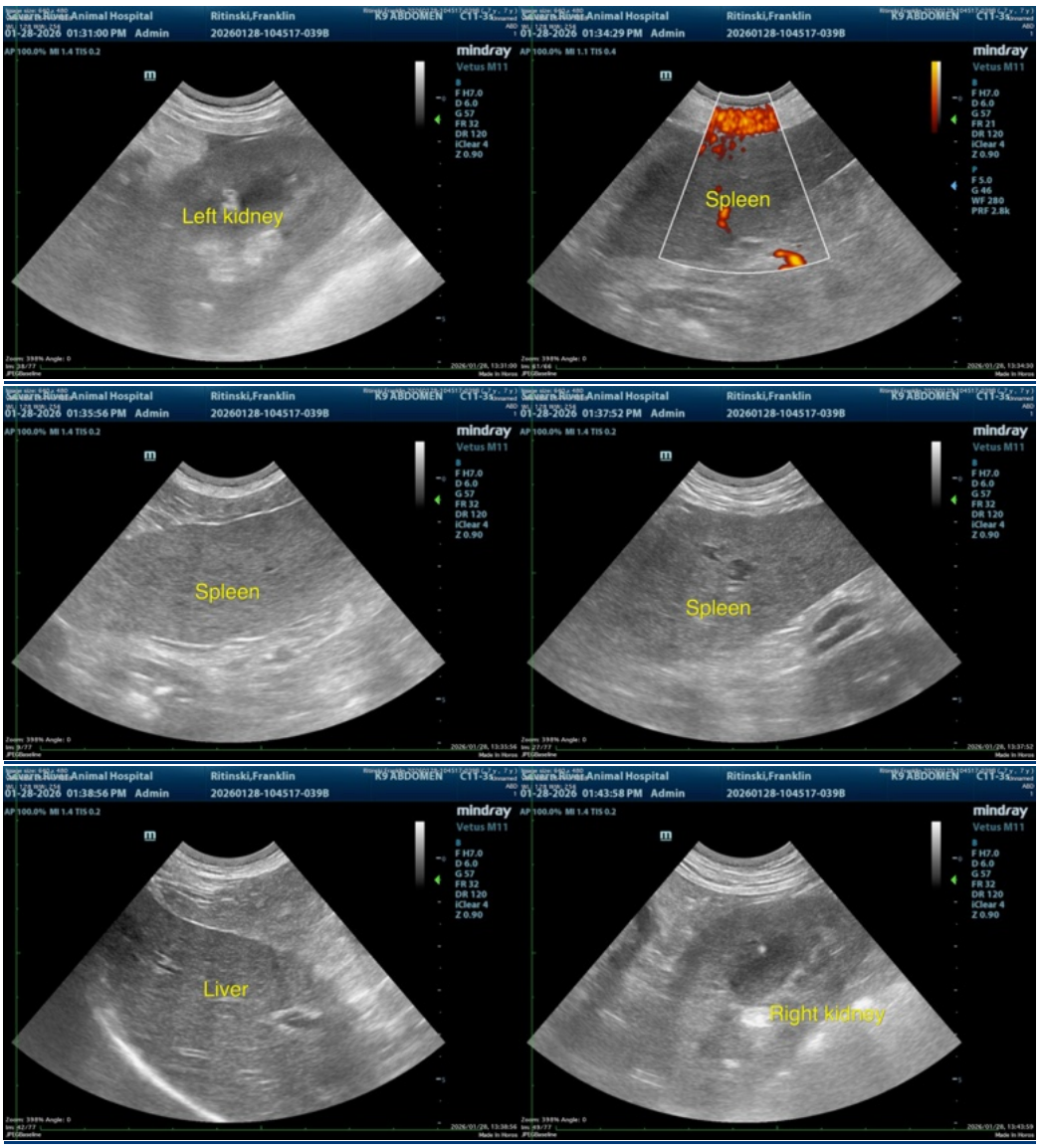

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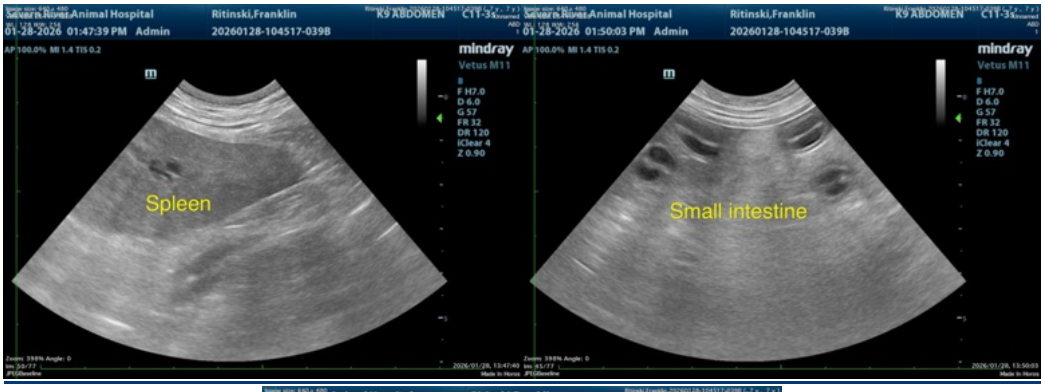


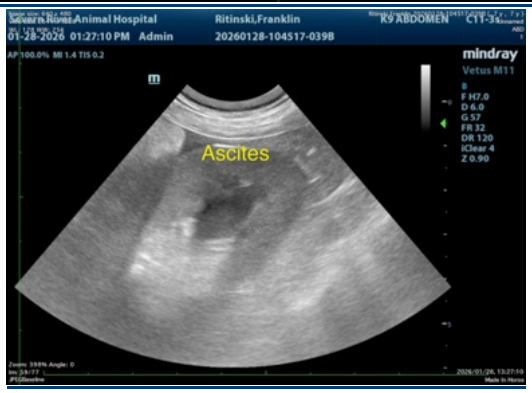


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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