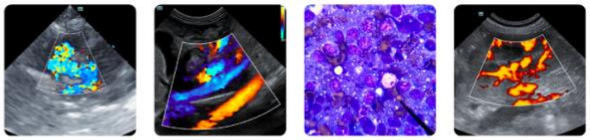


PATIENT

Tango Binion

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered Male

AGE

5

WEIGHT

47 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Alyssa Huntington

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Alyssa Huntington

INVOICE

35643

DATE

1/31/26

PRESENTING CLINICAL SIGNS

- About 2 wk ago pt started having D+. Tried changing diets/bland diet, nothing seemed to be working. Day before yest, V+, leth and not wanting to move around. Seen @ RDVM yest. and had BW done. Pt does go to the river and likes to swim. Pt does like to play with rocks and tear things up but does not tend to eat things.
- Symptoms: Cont. D+ on and off for about 2 wks, V+, leth. Decreased appetite.
- Duration (Date & Time): D+ x2 wks, V+ and leth started day before yest. Not E yest, E sm. amt today.
- E/D/U/D: Decreased appetite/Increased water intake/ur normally/runny stool this AM, on and off D+ for past two wks.
- V/D/C/S: V+ day before yest/D+ on and off x2 wks/sneezes a lot per O, does it a lot when he urinates/no cough
- Indoor/Outdoor/both: Both
- Previous Medical Conditions: Nov. had episode of V+ and D+ as well.
- Current Medications: (dosage, how often, last time/dose given, why is the pt on this medication?): Proviable last given x3 days ago, Cerenia (O unsure dose) last given 4:00pm
- Abnormal PE/Chem/CBC/UA Results: Hydration: Slightly dehydrated, Oral Cavity: unable to examine due to temperament, basket muzzle in place, Musculoskeletal: over conditioned.

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.

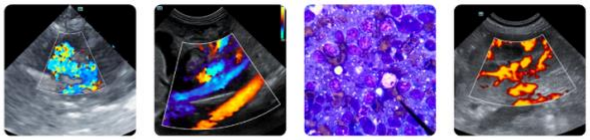
Small hypoechogenic prostate was noted.

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. The left kidney measured 6.8 cm. The right kidney measured 7.0 cm. Normal colorflow pattern was evident in both kidneys.

Adrenal Glands

Normal left adrenal gland shape, echogenic appearance, size (0.65 cm in width), position, and appearance of the visible peri-adrenal vasculature.

The right adrenal gland was not visualized.



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Spleen

A large mottled echogenic poorly vascularized mass was noted in the body of the spleen, measuring approximately 3.4 cm x 5.0 cm in size with bulging of the overlying capsule present. Small hypoechogenic parenchymal nodule was noted in the head of the spleen, measuring approximately 0.7 cm in size. The rest of the spleen is of normal size, maintaining a normal echogenic appearance, a smooth homogenous parenchyma, and a regular curvilinear capsule. The spleen measures 2.6 cm in width. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.

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

Gastrointestinal

Thickening of the pylorus (up to 1.0 cm) with a hypoechogenic appearance but with no loss of layering. The rest of the stomach wall is of normal thickness, maintaining a 1:3 muscularis to mucosa ratio, and no loss of layering evident. Normal appearance of the 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

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 small amount of ascites present.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Splenic mass
- Pyloric thickening
- Splenic nodule
- Ascites

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenic mass would be neoplasia with granuloma and hematoma less likely differential diagnoses.

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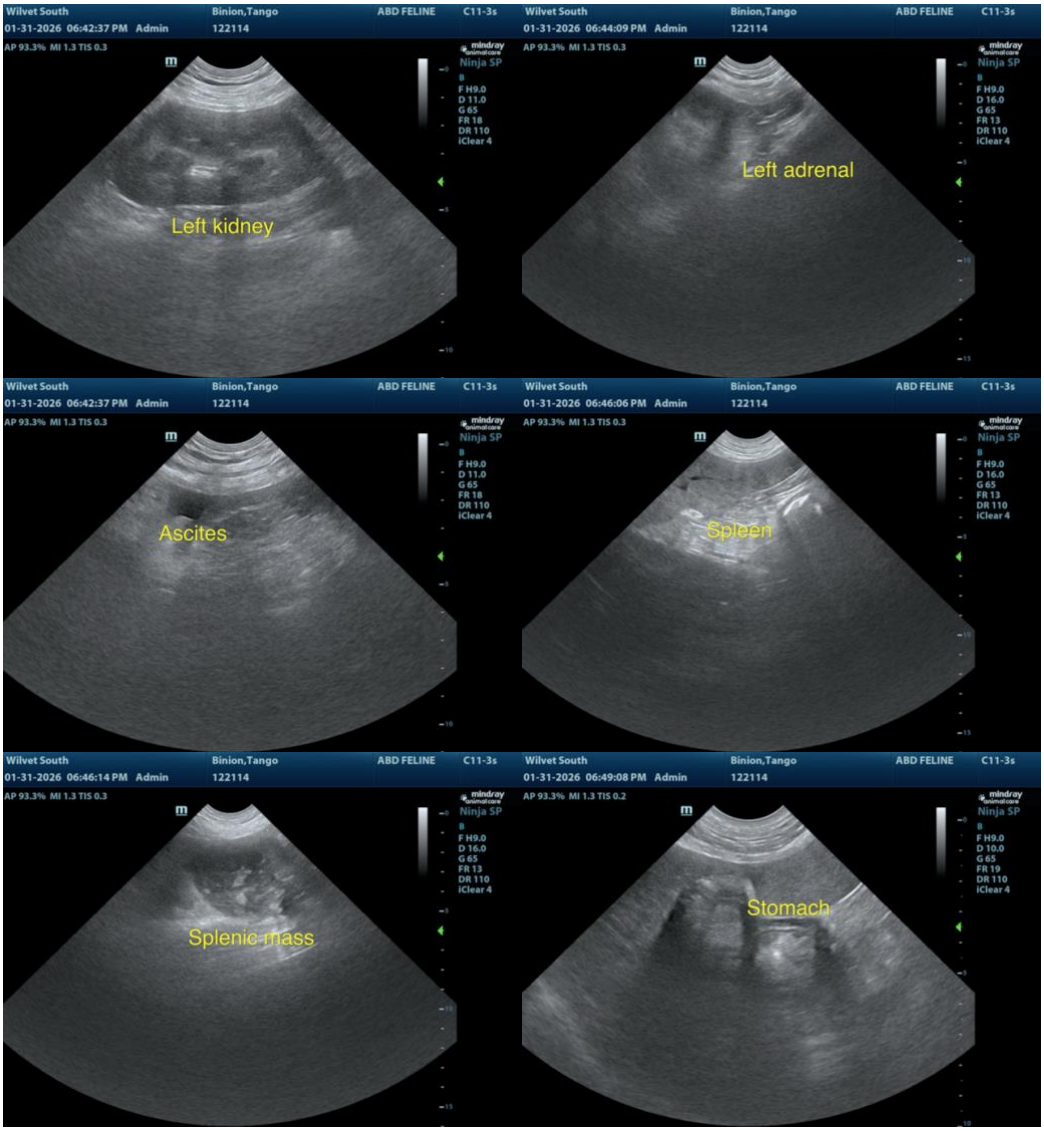
Etiologies for the pyloric thickening would be chronic gastritis, pyloric hyperplasia, *Helicobacter* gastritis, ulcerative disease, granulomatous disease, IBD, and possibly emerging neoplasia.

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

Further Assessment would be 3-view thoracic radiographs and possibly FNA cytology of the splenic mass and pylorus. If it can be aspirated, then analysis of the ascitic fluid would also be indicated.

Management would be splenectomy, which could be both diagnostic and therapeutic, as well as allowing for full evaluation of the GI tract and obtaining full thickness biopsies of the pylorus.

Further specific therapy would be dependent on an etiological diagnosis



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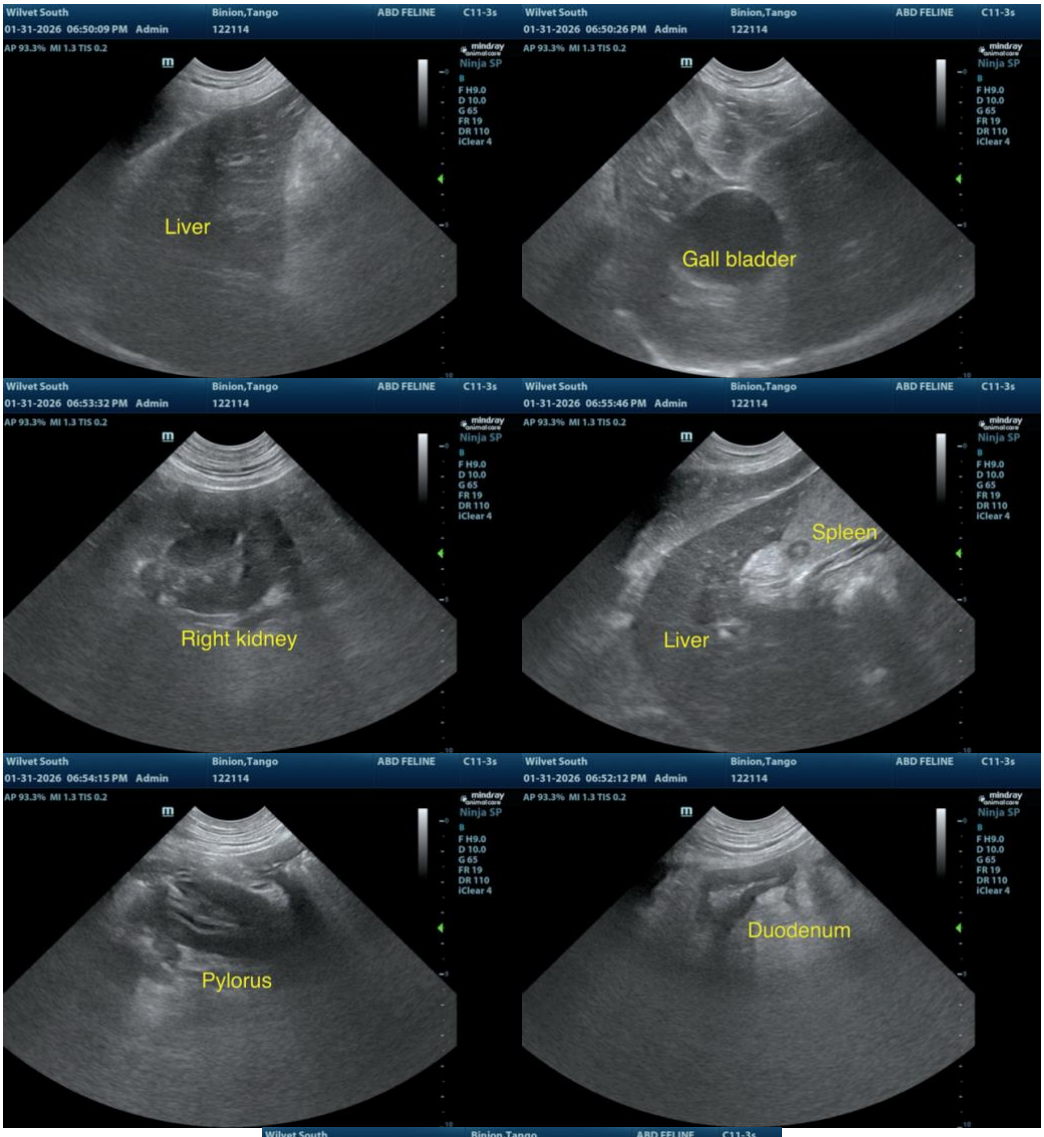

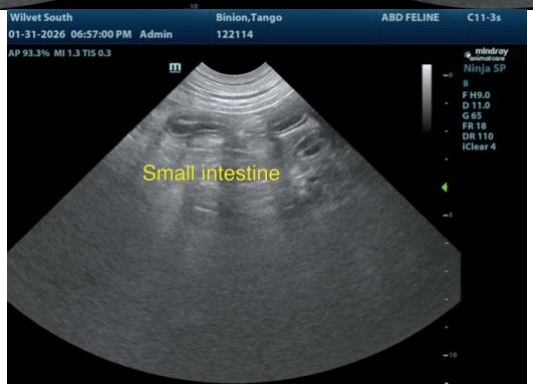

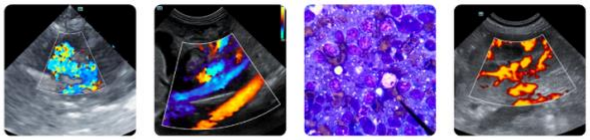

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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