

PATIENT

Marley Glasgow

SPECIES

Canine

BREED

Cavalier King Spaniel

SEX

Neutered male

AGE

12 years

WEIGHT

13.5 lb

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Kenilworth AH

REFERRING VET

Dr. Mansour

INVOICE

68671

DATE

11/13/25

PRESENTING CLINICAL SIGNS

History: History of seizures on Phenobarbital 1/4 gr Bid. Recent blood work shows increase in Globulin 4-3. AUS to evaluate for neoplasia. Labs attached

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 (0.4 cm), 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 kidney measured 4.5 cm, right kidney measured 4.2 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

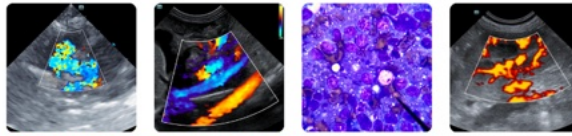
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 1.78 cm in length x 0.45 cm in width. The right adrenal gland measured 1.32 cm in length x 0.42 cm and 0.51 cm in width.

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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.1 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. Intrahepatic calcification of the bile ducts are evident.

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Gallbladder

The gallbladder is full containing a small amount of non-adhered, hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct. The common bile duct measured 0.1 cm in diameter.

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. A small amount of ingesta was present in the stomach compatible with a recent meal. The small intestine measures up to 0.41 cm.

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.

Prominent appearance of a lymph node in the caudal abdomen adjacent to the urinary bladder measuring 0.7 x 1.7 cm in size with increased echogenic appearance, but maintained normal shape.

ULTRASONOGRAPHIC FINDINGS

- Focal lymphadenomegaly.
- Gallbladder sediment.
- Intrahepatic bile duct calcification.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

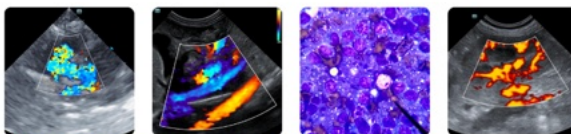
The most likely etiology for the lymphadenomegaly would be incidental reactive hyperplasia with lymphadenitis and infiltrative neoplasia an unlikely differential diagnosis.

The gallbladder sediment and the intrahepatic bile duct calcification.

The most likely etiology for the lymphadenomegaly would be incidental reactive hyperplasia with lymphadenitis and infiltrative neoplasia an unlikely differential diagnosis.

The gallbladder sediment and intrahepatic bile duct calcification can be considered an incidental finding.

Further assessment would be FNA cytology of the enlarged lymph node.



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Specific therapy would be dependent on an etiological diagnosis.

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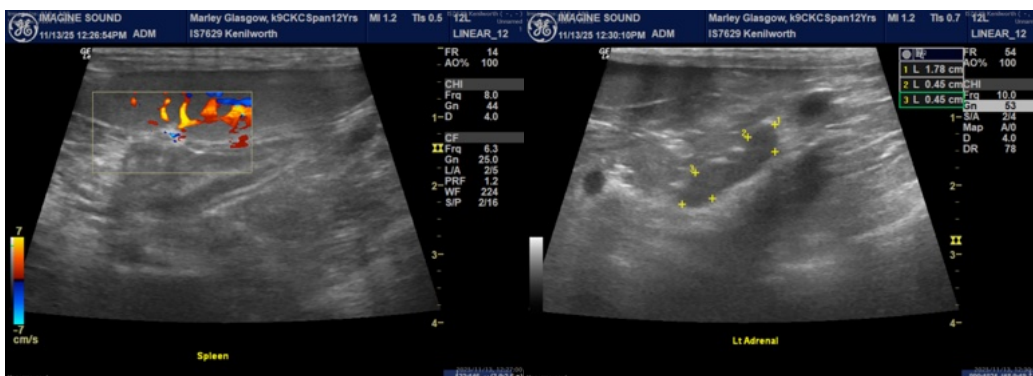
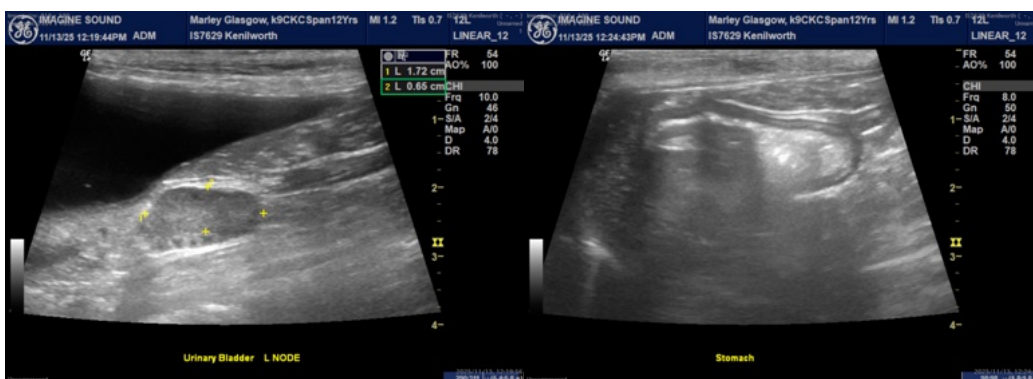
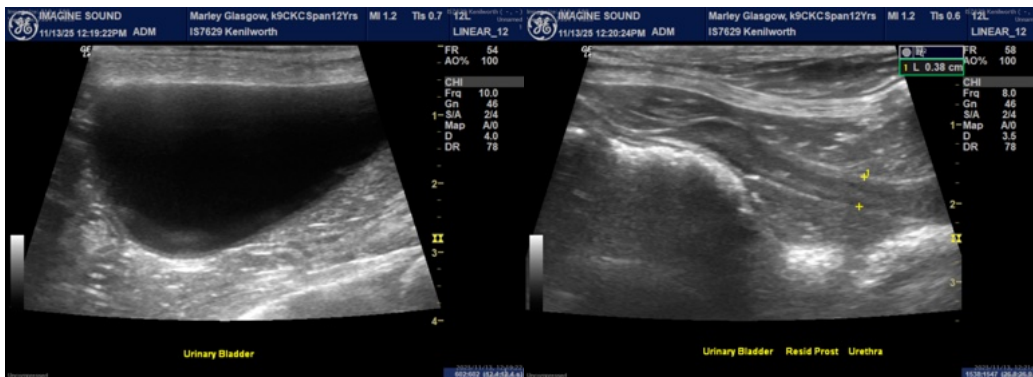
Dr. Mansour

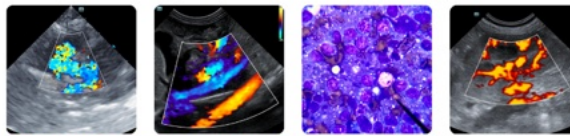
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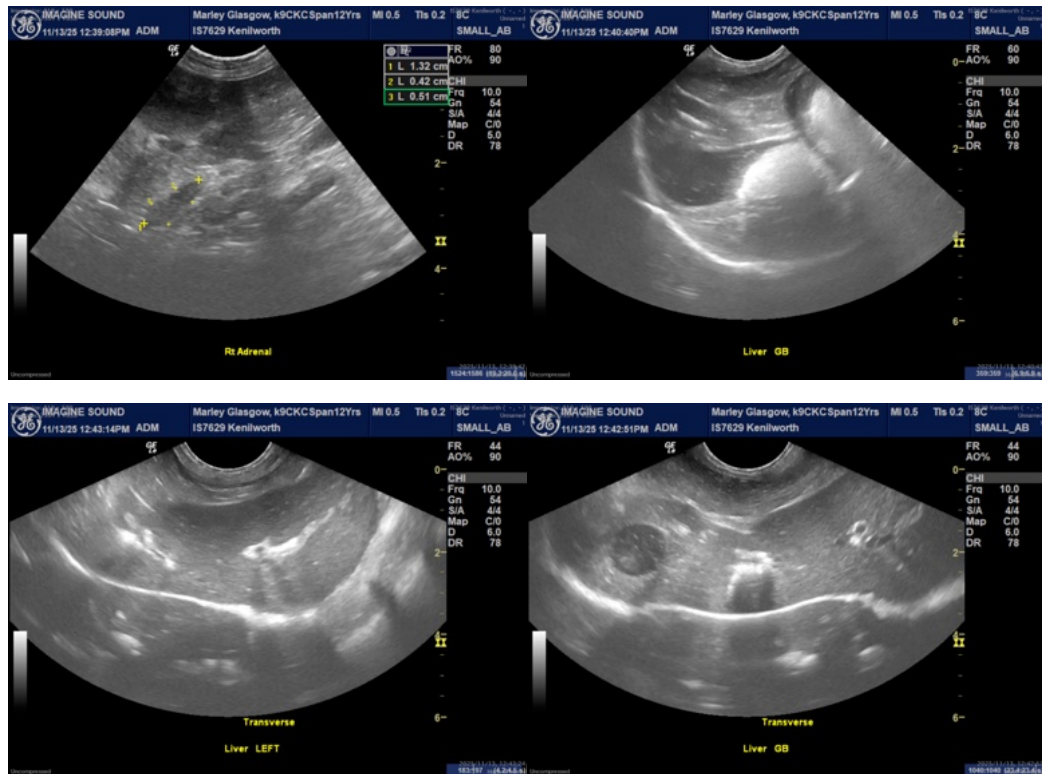
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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