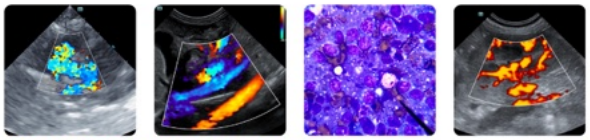


PATIENT

Reese Guynes

SPECIES

Canine

BREED

Pitbull Cross

SEX

Spayed female

AGE

15 years

WEIGHT

26 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Catherine Alexander, B.S., A.A.S., LVT

HOSPITAL NAME

NorthStar Veterinary Sonography

REFERRING VET

Dr. Parsons

INVOICE

68824

DATE

11/19/25

PRESENTING CLINICAL SIGNS

History: Mildly heterogeneous spleen. Extramedullary hematopoiesis/lymphoid hyperplasia is prioritized over neoplasia. Mildly heterogeneous pancreas-Differential diagnoses include chronic/prior pancreatitis, pancreatic fibrosis or pancreatic steatosis. - There is no evidence of regional inflammation to suggest an acute pancreatopathy. Moderate biliary debris - This may be an incidental finding or may represent cholestasis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is fll 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 6.2 cm, right measured 6.6 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. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

The left adrenal gland revealed a well circumscribed, hyperechogenic nodule in the cranial pole measuring 2.2 x 2.7 cm in size. Normal position and appearance of the visible per-adrenal vasculature. Normal size and echogenic appearance of the caudal pole measuring 1.1 cm in width.

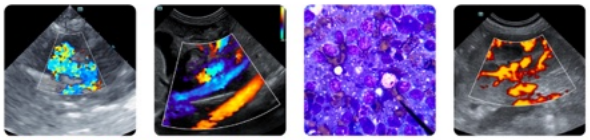
The right adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The right adrenal gland measured 0.85 cm and 0.99 cm in width.

Spleen

Normal size (2.8 cm in width) with a diffuse, increased echogenic and coarse appearance, but maintained a regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. A few, hypoechogenic, parenchymal nodules measuring up to 1.0 x 1.3 cm in size.

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 a moderate 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.

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. The stomach measured 0.52 cm, duodenum measured 0.33 cm, colon measured 0.12 cm.

Pancreas

Normal size with a diffuse, mottled echogenic appearance and an irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Splenic pathology.
- Splenic nodules.
- Left adrenal nodule.
- Chronic pancreatitis versus pancreatic fibrosis.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenic pathology would be age related reactive hyperplasia with splenitis and infiltrative neoplasia a highly unlikely differential diagnosis.

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

The most likely etiology for the left adrenal nodule would be a non-functional adenoma with emerging carcinoma a less likely differential diagnosis.

The gallbladder sediment can be considered an incidental finding.

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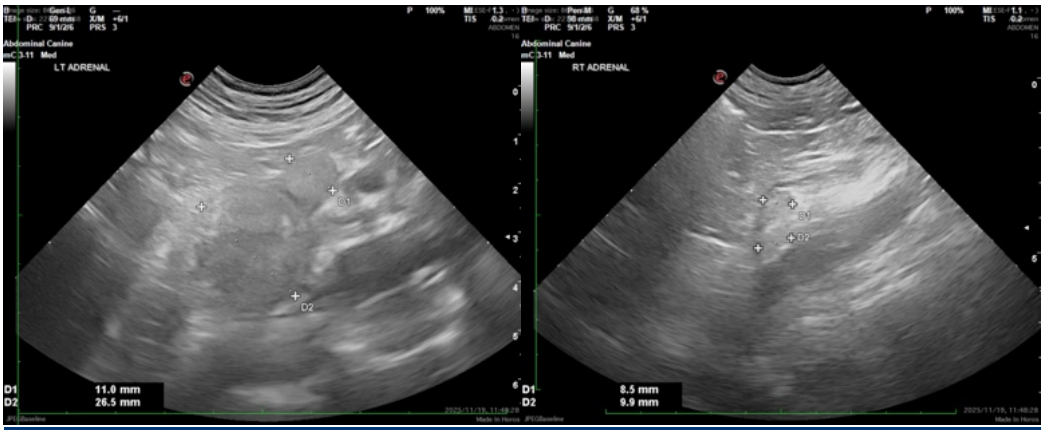
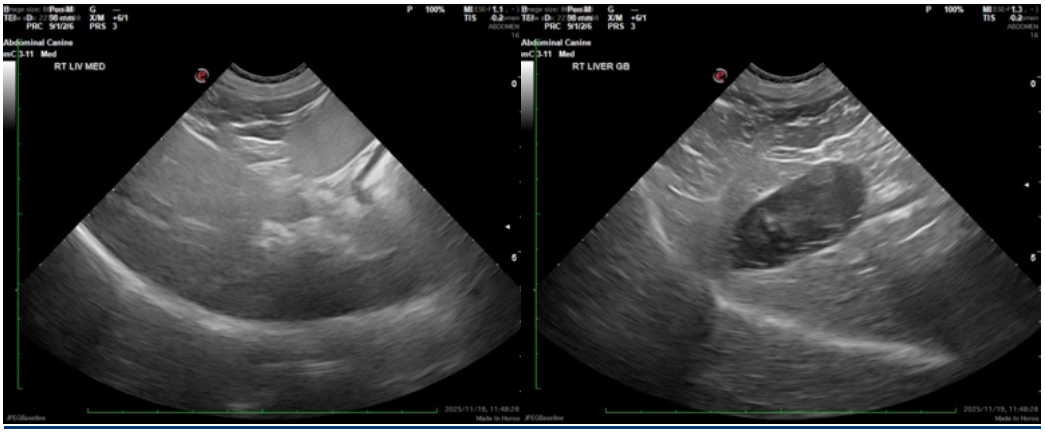
Initial further assessment would be CPL/PSL assay and FNA cytology of the spleen.

Ultrasound monitoring of the left adrenal gland and splenic nodules would be recommended and if there is any progressive enlargement, especially of the splenic nodules or bulging of the overlying capsule then a splenectomy can be considered. If there is progressive enlargement of the left adrenal nodule then further assessment that can be considered would be FNA cytology.

Specific therapy would be dependent on an etiological diagnosis.





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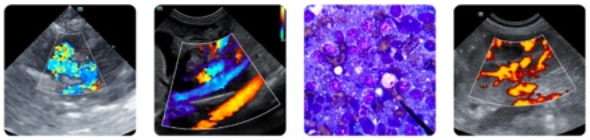

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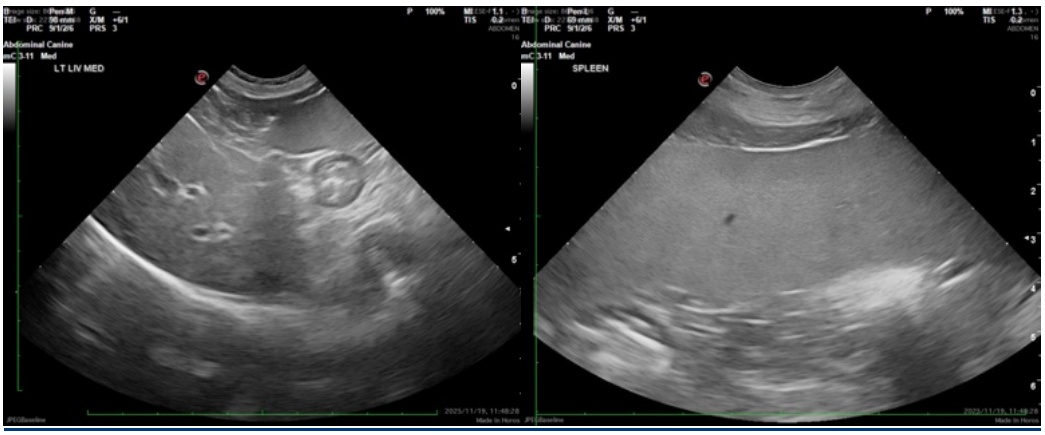

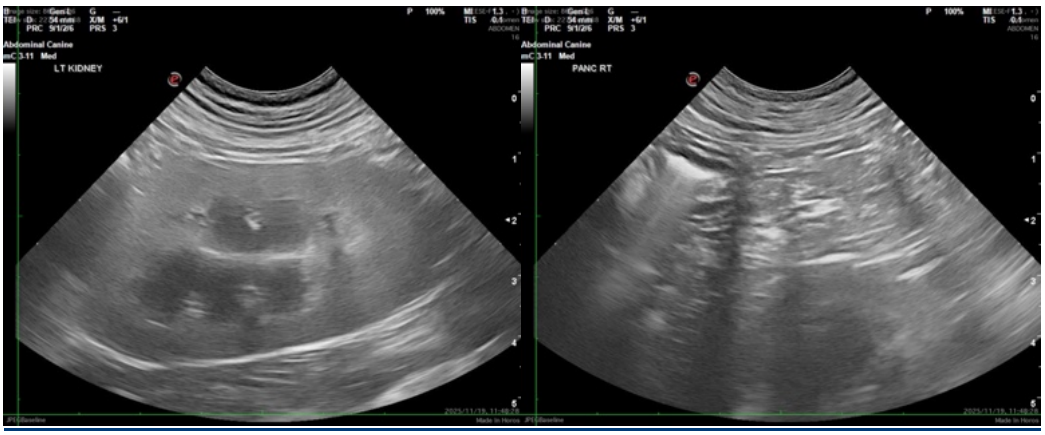

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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