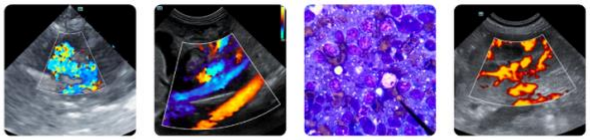


PATIENT

Francine Sheldon

SPECIES

Canine

BREED

American Bulldog Mix

SEX

Spayed Female

AGE

13 Years

WEIGHT

57 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Nicole Hession

HOSPITAL NAME

Petfolk Oviedo

REFERRING VET

Dr. Guerrido

INVOICE

12398

DATE

11/21/25

PRESENTING CLINICAL SIGNS

P first presented on 10/25 for a single episode of vomiting bile and decreased appetite. History of multiple tumors that were surgically removed by a previous veterinarian; the owner believes they were cancerous. The owner reports signs of cognitive changes over the past year, including waking in the middle of the night and appearing confused. RHL caudal thigh- 2cm SQ mass- firm and fixed. Cytology results from the mass on the right caudal thigh confirmed a mast cell tumor. Pt presented yesterday for surgical removal of mast cell tumor, but surgery postponed due to owner reports of worsening condition. P has been declining over the last few weeks at home, noting continued lethargy and inappetence. Owner also noted P vomited in the parking lot on the way in to the clinic.

Abnormal PE/Chem/CBC/UA Results: Liver values (ALT and alkaline phosphatase) were mildly elevated.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and smooth appearance of the wall. The urinary bladder contained a moderate amount of floating hyperechogenic sediment. Normal appearance of the trigone area, proximal urethra, and iliac blood vessels. The proximal urethra measured 0.60 cm.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding. The iliac lymph nodes measured 0.40 cm x 1.1 cm.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts or mineralization evident. The left kidney measured 7.3 cm in length. The right kidney measured 7.6 cm in length. A few small nonobstructive renoliths were evident in both kidneys.

Adrenal Glands

Bilaterally enlarged with a rounded shape but maintaining a normal echogenic appearance, position and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.79 cm and 1.11 cm in width. The right adrenal gland measured 1.37 cm and 2.04 cm in width.

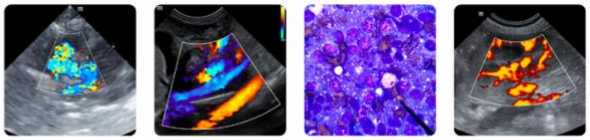
Spleen

Large, irregular, mottled echogenic cavitated mass measuring at least 8.0 cm 11.0 cm in size, originating off the head of the spleen. The remainder of the spleen is of normal size maintaining a normal echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. The spleen measured 2.1 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Small focal parenchymal hyperechogenic nodule measuring approximately 1.3 cm x 1.8 cm in size. No additional nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder



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Full containing normal anechoic bile. 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 colon measured 0.33 cm. The jejunum wall measured 0.41 cm. The stomach measured 0.46 cm. The duodenum wall measured 0.48 cm.

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. The left pancreas measured 1.6 cm in width. The right pancreas measured 0.90 cm in width.

Free Abdomen

Normal mesenteric lymph nodes measuring 0.50 cm x 1.2 cm.

No ascites evident.

Thorax

Normal appearance of the heart with no pleural or pericardial effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Hepatic nodule.
- Bilateral adrenomegaly.
- Urinary bladder sediment.
- Renoliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenic mass would be neoplasia with granulomatous disease and hematoma a less likely differential diagnosis. The most likely etiology for the hepatic nodule would be incidental nodular hyperplasia with granuloma, organized abscessation and neoplasia less likely differential diagnoses. Etiologies for the adrenomegaly would be disease stress, reactive hyperplasia and possible pituitary dependent Cushing's disease. The most likely etiology for the urinary bladder sediment would be incidental debris with crystalluria and bacterial cystitis less likely differential diagnoses. The renoliths can be considered incidental findings.

Initial further assessment would be three view thoracic radiographs, urinalysis and possibly urine culture. FNA cytology of the mass could be considered. Splenectomy would be indicated as it could be both diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis. Further assessment of the adrenal glands (if the compatible clinical signs of Cushing's disease; low urine specific gravity and abnormal urine to cortisol creatinine ratio) would be adrenal function testing (ACTH stimulation/LDDST).

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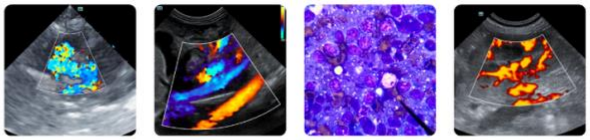

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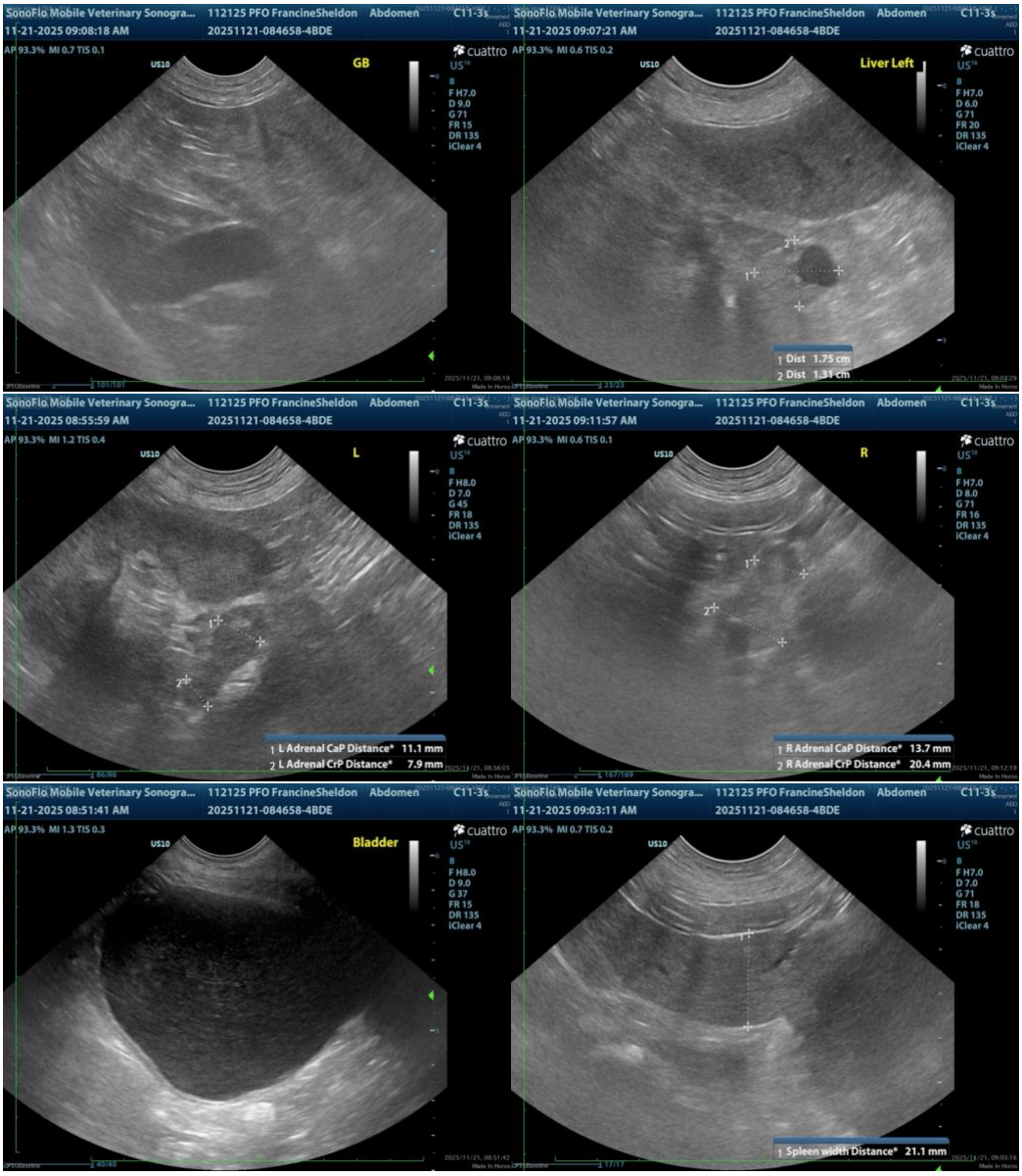

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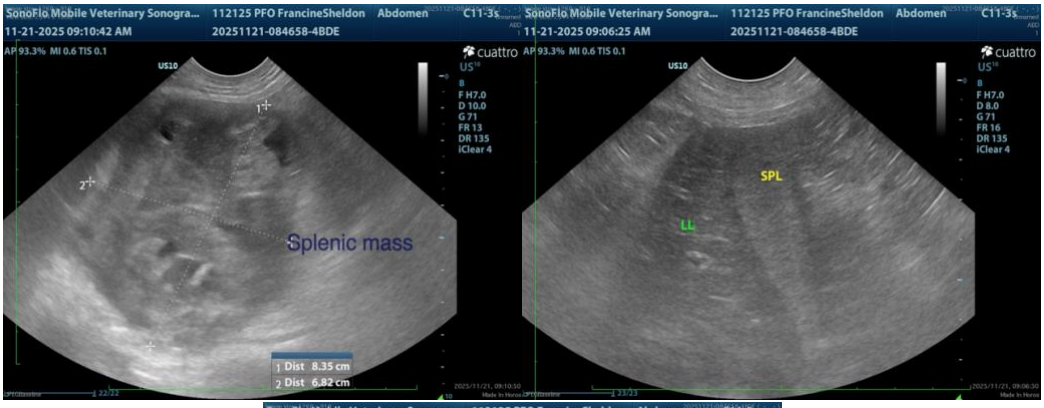

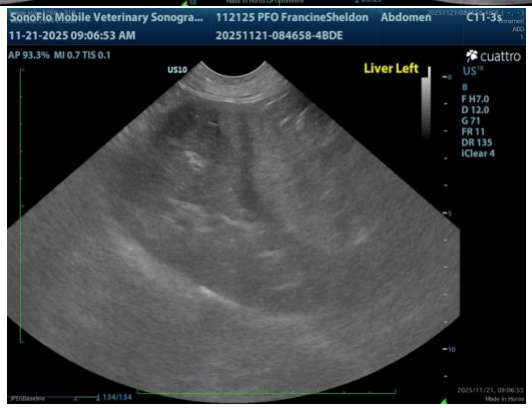

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com