



## PATIENT

Dusk Krysko

## SPECIES

Canine

## BREED

Pembroke Welsh Corgi

## SEX

Spayed female

## AGE

10 ½ years

## WEIGHT

30.8 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Tessa Fiamengo

## HOSPITAL NAME

Slade VH

## REFERRING VET

Dr. Fiamengo

## INVOICE

68114

## DATE

11/6/25

## PRESENTING CLINICAL SIGNS

**History:** Dusk is a ~10.5-year-old Pembroke Welsh Corgi, 30.8 lb, female spayed dog presenting for PD and a mild LF lameness of approximately 2 weeks' duration. Pet has been dealing with recurrent urinary tract infections prompting owner to become concerned about possible bladder stones. Owner also notes that the polyuria and polydipsia Dusk has been experiencing are similar to symptoms experienced by prior dogs in the family that have developed Cushing's as they age. An abdominal ultrasound was performed as part of the diagnostic workup. Relevant history includes intermittent hyporexia and recent owner-initiated administration of a cranberry supplement due to recent e coli isolation from the urine. Pet was not fasted or premedicated for today's appointment. Most recent blood work was from June. At that time renal function was within normal limits

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is small 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 5.2 cm, right measured 5.0 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 is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.4 cm in width. The right adrenal gland was not visualized.

### *Spleen*

A large, irregular, mottled echogenic cystic mass was noted and appears to involve the whole of the spleen measuring at least 6.0 x 7.0 cm in size. Hyperechoic appearance of the mesentery surrounding the mass.

### *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 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. A moderate amount of ingesta was present in the stomach compatible with a recent meal.

## ***Pancreas***

The pancreas is not visualized.

## ***Free Abdomen***

Normal mesenteric lymph nodes.

A small amount of ascites is present in the cranial abdomen.

## **ULTRASONOGRAPHIC FINDINGS**

- Splenic mass.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

Further assessment would be three view thoracic radiographs and echocardiography to evaluate the right atrium and right auricle.

FNA cytology of the mass can also be considered.

Splenectomy would be indicated as it could be both diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis.



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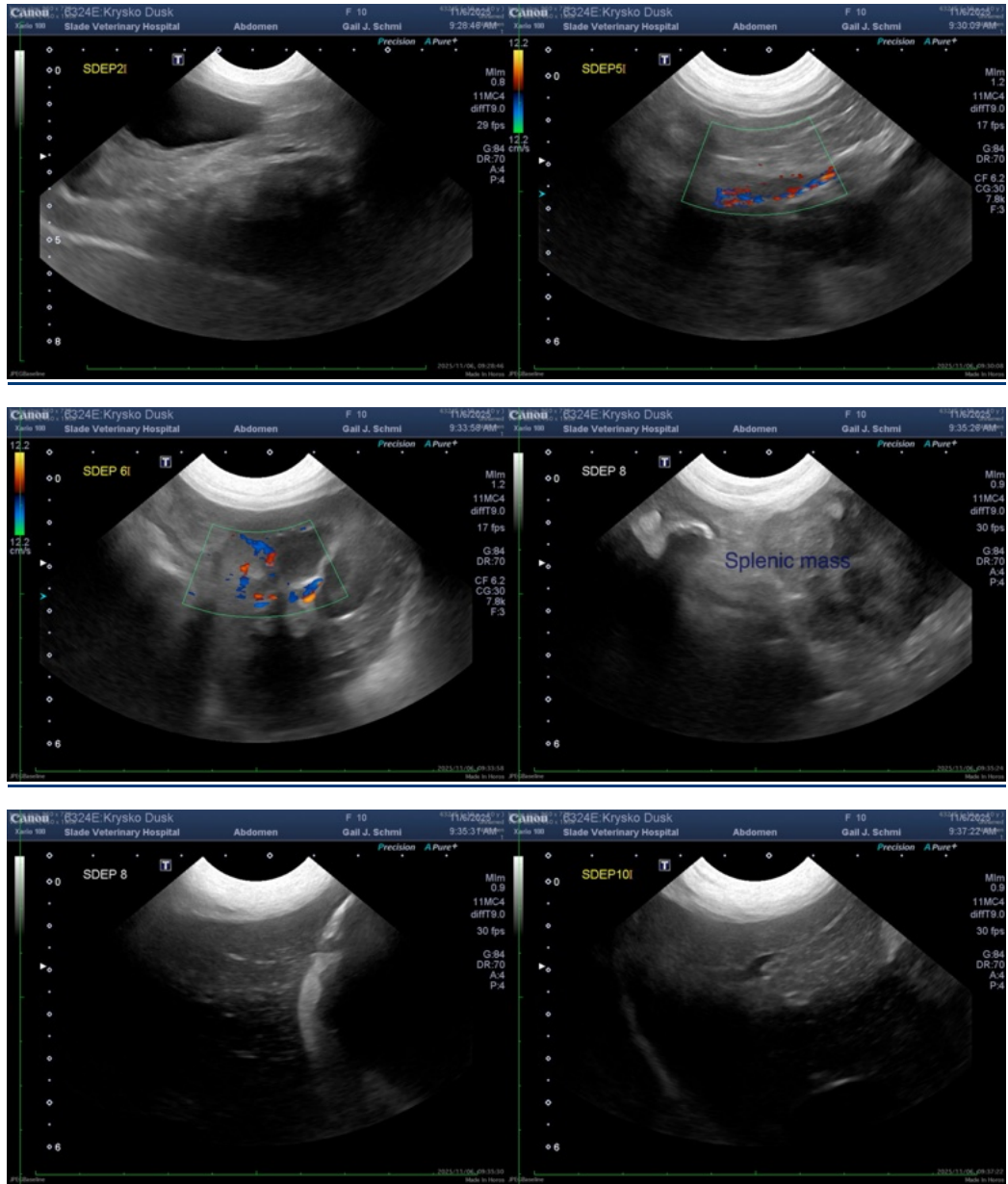
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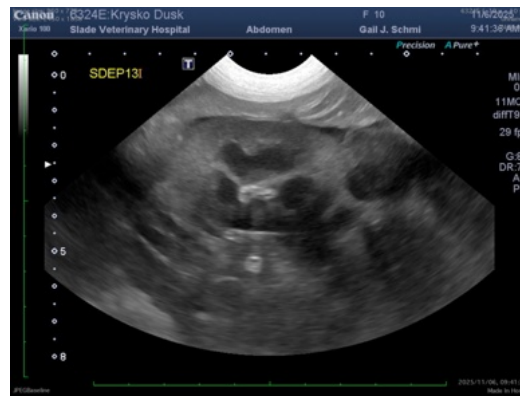
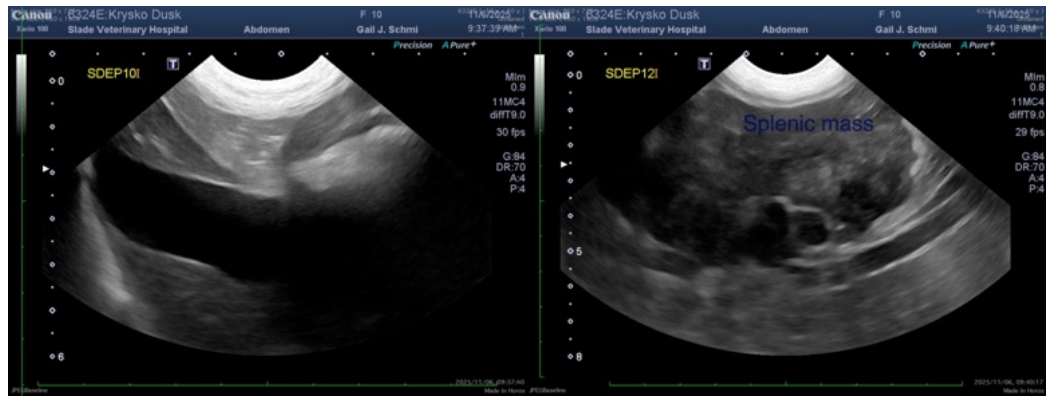
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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