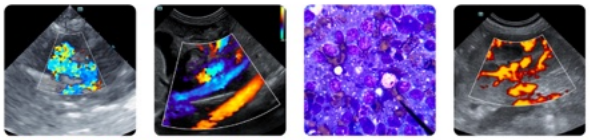




**PATIENT**

Blu Karros

**SPECIES**

Canine

**BREED**

Staffordshire Terrier

**SEX**

Spayed female

**AGE**

13 years

**WEIGHT**

77 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

John Ammeraal, DVM

**HOSPITAL NAME**

Sova AH

**REFERRING VET**

Dr. Ammeraal

**INVOICE**

69453

**DATE**

12/19/25

## PRESENTING CLINICAL SIGNS

History: Numerous low grade mast cell tumors on dermis. Doing well overall at home. Stools are solid but they get softer at the end. Energy is good overall. Licking herself at vulva , did have hx of infection, was treated with Cefpodoxime , rechecking
Abnormal PE/Chem/CBC/UA Results: Numerous dermal growths, ALT 232 U/L, ALKP 1157 U/L Rest chem normal, CBC WNL' T4 1.7ug/dL USG 1.018 Blood trace WBC 21-50 HPF, Rods > 100 HPF UPC 1.2 Accuplex Lyme pos, rest neg

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is small with an irregular appearance of the wall, but with normal thickness. A small amount of floating hyperechogenic sediment is present. No uroliths evident.

Thickened appearance of the trigone area. Normal appearance of the 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 7.0 cm, right measured 7.4 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, and capsule. Bilateral mild pyelectasia. No infarcts, mineralization or renoliths evident.

### *Adrenal Glands*

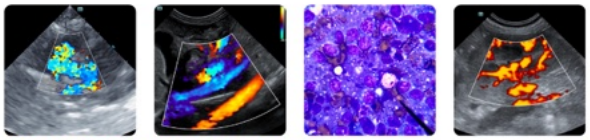
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.78 cm in length x 0.83 cm and 0.76 cm in width. The right adrenal gland measured 2.99 cm in length x 0.89 cm in width.

### *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. Focal, mottled echogenic parenchymal nodule in the head of the spleen measuring 1.0 x 1.1 cm in size. The spleen measured 1.7 cm in width.

### *Liver*

Normal size with a diffuse, mottled echogenic and coarse appearance, normal 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 scant 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.

### *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.

## ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Splenic nodule.
- Urinary bladder pathology with urinary bladder sediment.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia highly unlikely differential diagnosis.

Etiologies for the splenic nodule would be reactive hyperplasia, extramedullary hemopoiesis, hematoma, granuloma and possibly emerging neoplasia.

The most likely etiology for the appearance of the urinary bladder would be bacterial cystitis as per the patient's history. Emerging neoplasia would be a less likely differential diagnosis.

Further assessment would be urine culture, BRAF analysis and/or catheter assisted aspirate/biopsy of the urinary bladder wall for cytology/histopathology and culture and FNA cytology of the liver.

A tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis.

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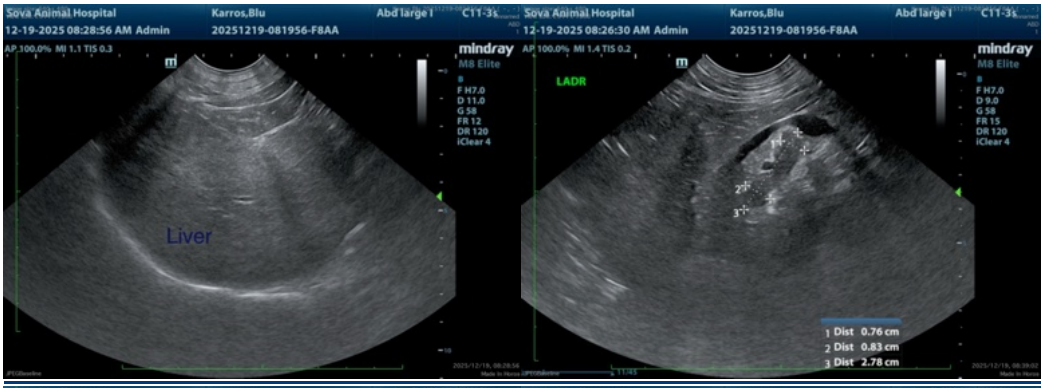
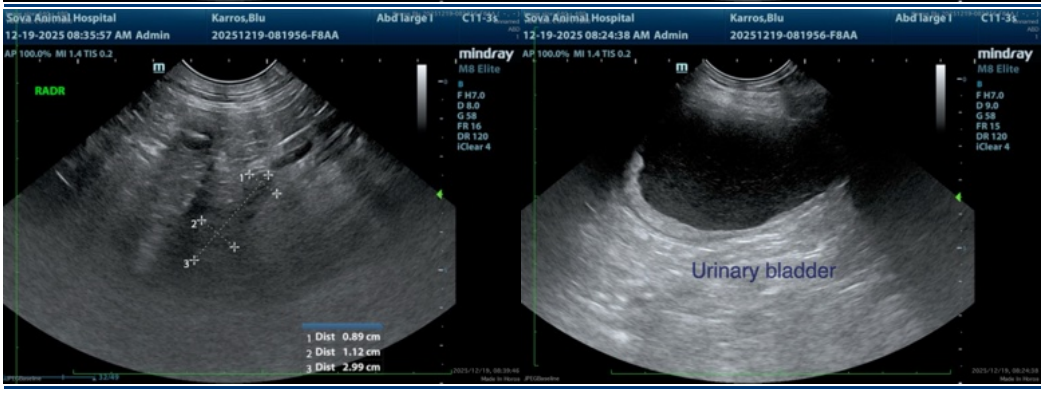
Monitoring of the splenic nodule would be recommended and if there is any progressive enlargement or bulging of the overlying capsule noted, then splenectomy should be considered.

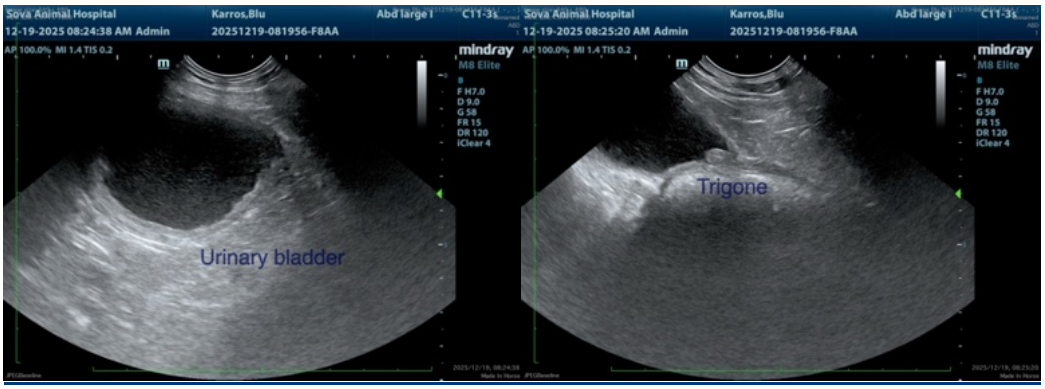
Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the hepatopathy would be the use of Ursodiol with regular monitoring of liver enzyme activity.

Although the bilateral pyelectasia is most likely an incidental age related finding, early pyelonephritis needs to be considered.



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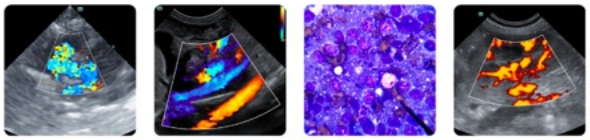

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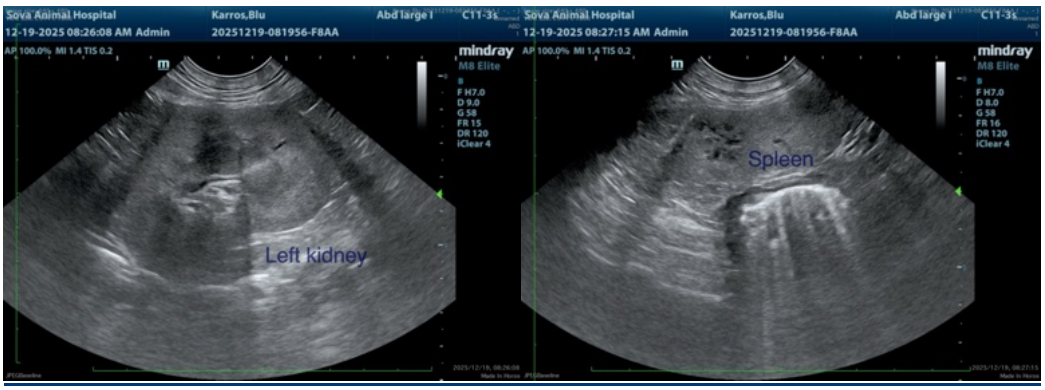


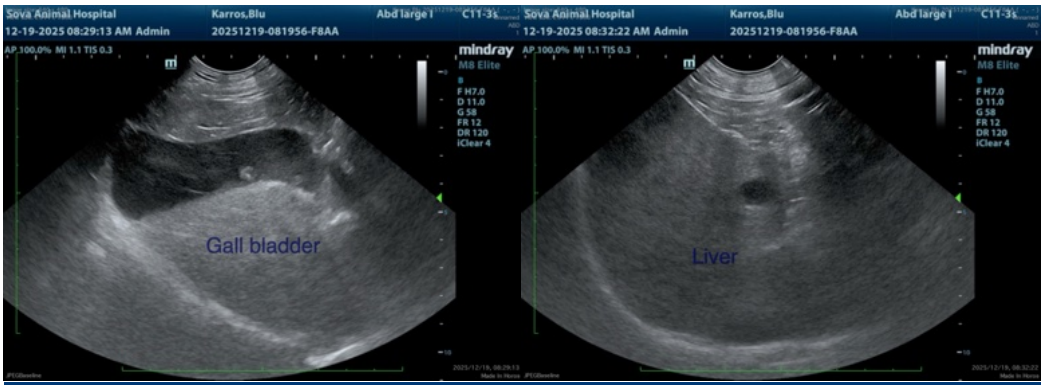


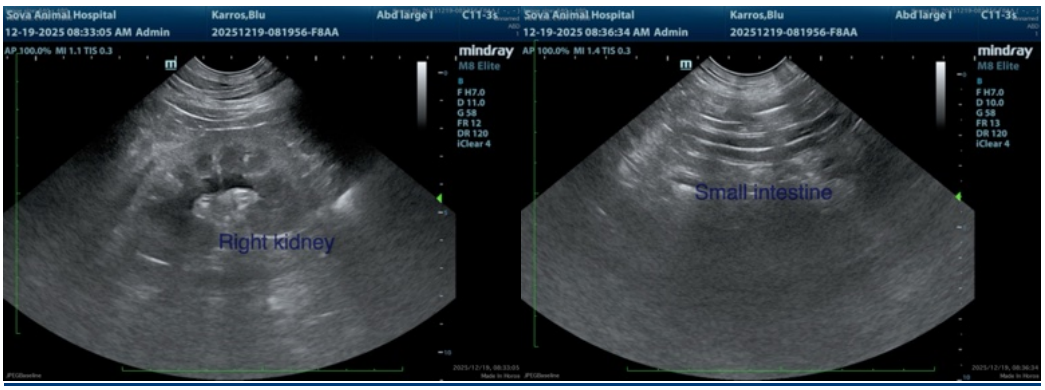


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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