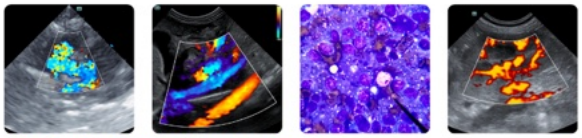

PATIENT

Misty Fogel

SPECIES

Canine

BREED

Pekingese

SEX

Spayed female

AGE

13 years

WEIGHT

10 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Mobile Veterinary Imaging

REFERRING VET

Dr. Krane

INVOICE

69538

DATE

12/23/25

PRESENTING CLINICAL SIGNS

History: Hyporexia over a few weeks / acute resp distress

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 (0.3 cm in diameter), 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 3.8 cm, right measured 4.2 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts or renoliths evident. Mild, mineralization is evident in the renal pelvises of both kidneys.

Adrenal Glands

The left adrenal gland revealed a mass like effect with a diffuse, increased echogenic appearance, rounded shape, but maintained normal position and appearance of the visible peri-adrenal vasculature. The left adrenal gland measures 2.58 cm in length and 1.06 x 0.92 cm in width. The right adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. A hyperechogenic parenchymal nodule in the cranial pole measuring 0.8 x 1.0 cm in size The caudal pole measured 0.46 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. Hypoechogenic parenchymal nodule in the body of the spleen measuring 1.0 x 1.2 cm in size with some bulging of the overlying capsule evident. The spleen measures 1.0 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.

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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. The duodenum measured 0.29 cm, small intestine measured 0.31 cm. Fecal material was present in the colon.

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

- Left adrenal mass.
- Right adrenal nodule.
- Splenic nodule.
- Age related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the left adrenal gland would be a non-functional carcinoma or pheochromocytoma with a functional carcinoma a less likely differential diagnosis.

The most likely etiology for the right adrenal nodule would be a non-functional adenoma.

Etiologies for the splenic nodule would be emerging neoplasia, hematoma and granuloma with reactive hyperplasia/extramedullary hemopoiesis an unlikely differential diagnosis.

Further assessment of the adrenal glands would be serial blood pressure monitoring and urine/plasma catecholamine assay.

FNA cytology of the left adrenal gland could also be considered.

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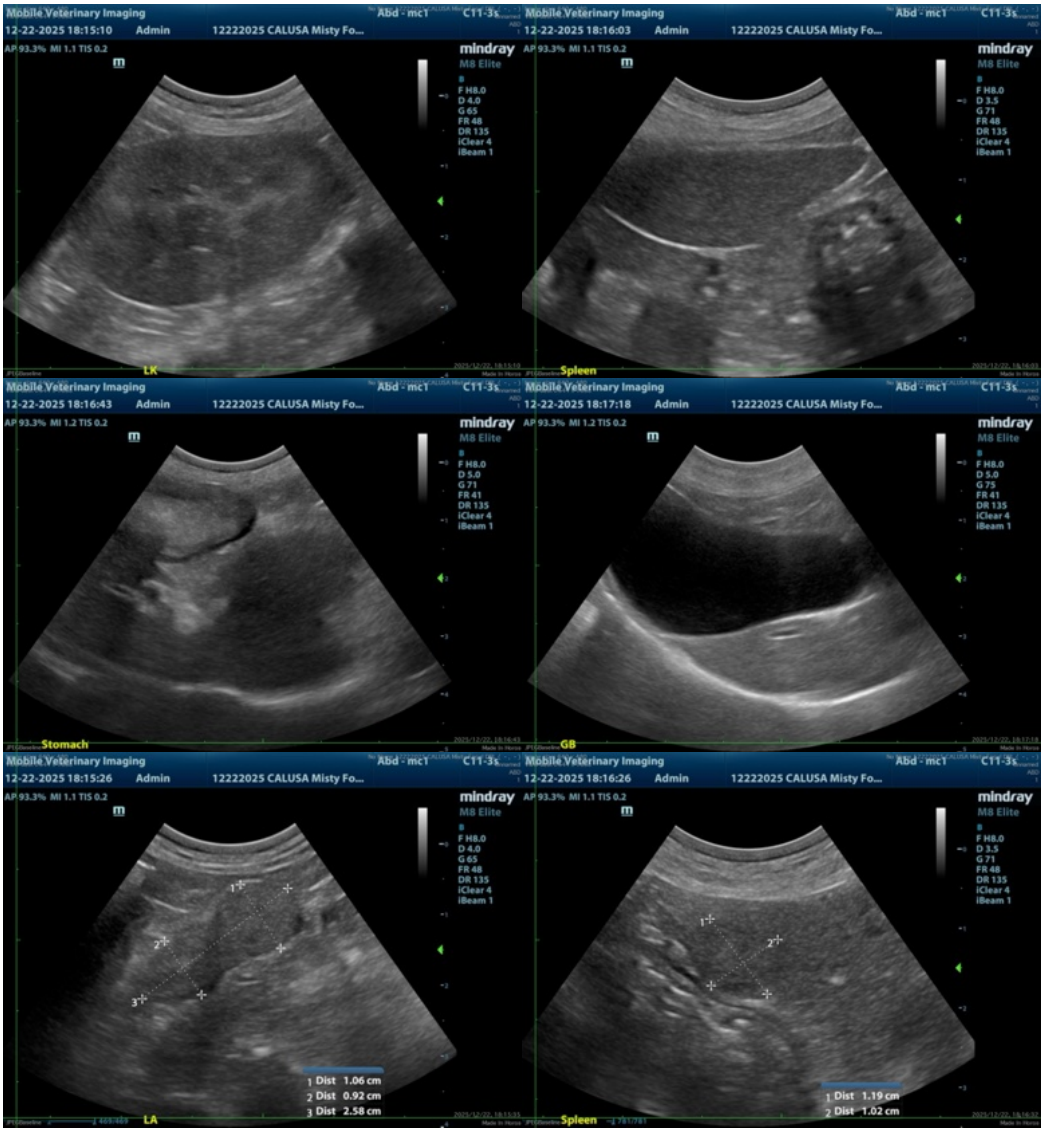
Further assessment of the splenic nodule would be three vie thoracic radiographs and echocardiography to evaluate the right atrium and right auricle. FNA cytology could also be considered.

Specific therapy would be dependent on an etiological diagnosis. Regular monitoring of the splenic nodule would be recommended and if there is any progressive enlargement then a splenectomy should be considered. If surgery is being contemplated for the left adrenal gland then a CT scan would be recommended. Regular ultrasound monitoring of the adrenal glands would be a suitable alternative.



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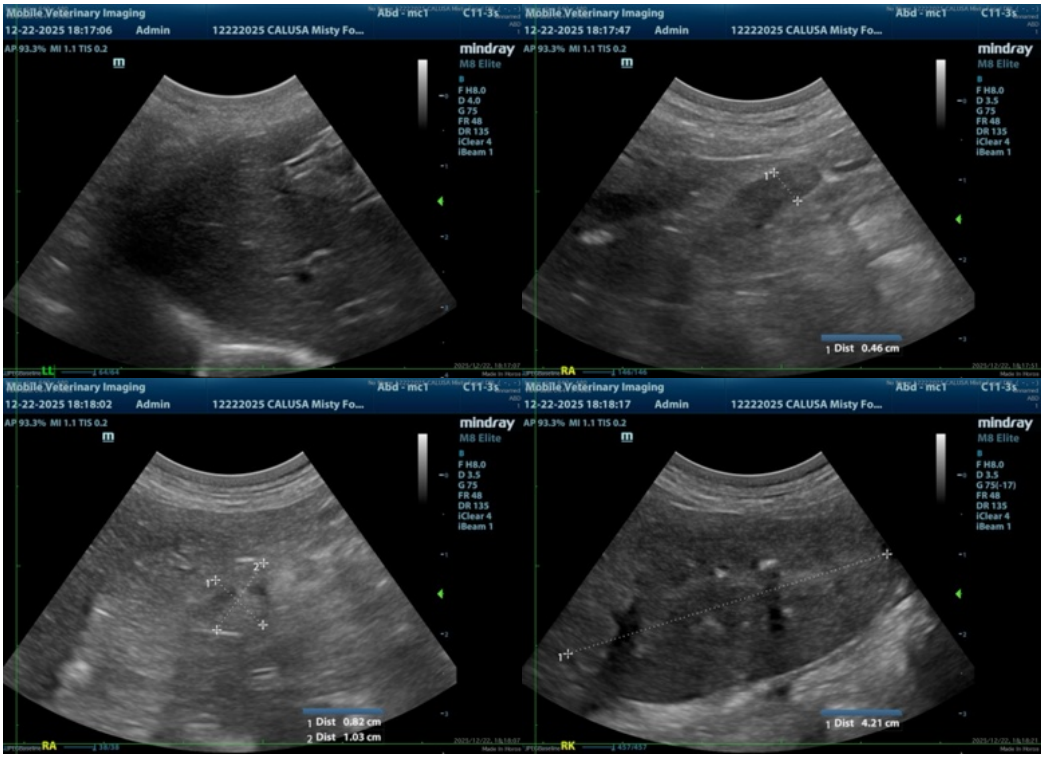

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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