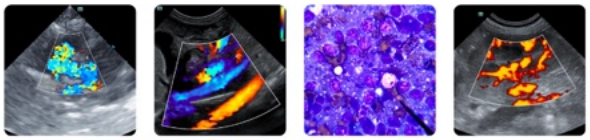


PATIENT

Ellie Cherry

SPECIES

Canine

BREED

American Pit Bull Terrier

SEX

Spayed female

AGE

12 years

WEIGHT

68 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sheldon

HOSPITAL NAME

Advanced PetCare of Oakland

REFERRING VET

Dr. Sheldon

INVOICE

69628

DATE

12/29/25

PRESENTING CLINICAL SIGNS

History: 4/26/25 a lymphocytosis(6,468) was noted on routine bloodwork. Rechecked 6/3/25 lymphocytosis progressive(8,550) also mild anemia of 37 %. Cancer DX negative. Path review of CBC: mild normocytic, normochromic and nonregenerative anemia. Mild/moderate absolute lymphocytosis with small-intermediate sized cells. the cells did have them concerned about a possible lymphoproliferative neoplasm, but cant rule out other things that can mimic lymphoproliferative neoplasia. Owner declined further testing/treatment at that time 11/7/25: presented with what appeared to be Horner's syndrome. anisocoria - OS mydriatic, OD miotic with retracted globe and elevated nictitans, visual OU, + menace and dazzle response. Lymphocytosis progressive (9,434) HCT back to normal 53 %. 12/29/25: The Horner's syndrome is mostly resolved just when pet is tired the left third eye lid will still be prominent but both pupils are equal in size. Pet has also been straining to urinate for the past few months, she is otherwise normal. BRAF TEST PENDING. CHEST RADS nsf.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with an irregular appearance of the dorsal wall, but maintained a normal thickness (0.4 cm) with the rest of the wall having normal thickness and smooth appearance. 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.

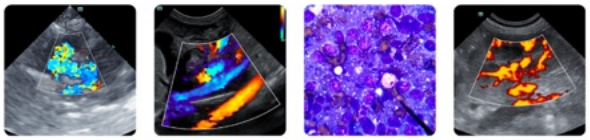
Normal renal size (left measured 6.5 cm, right measured 6.5 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The kidneys had a normal color flow pattern.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.5 cm and 0.37 cm in width. The right adrenal gland measured 0.69 cm and 0.53 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. Small, focal, hypoechogenic parenchymal nodule in the body of the spleen measuring 1.0 cm in size. The spleen measured 2.5 cm in width.



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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

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.

Pancreas

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

- Urinary bladder pathology?
- Splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the appearance of the dorsal wall of the urinary bladder may merely be a reflection of the small size of the bladder, with a history of stranguria, emerging neoplasia and chronic bacterial cystitis needs to be considered.

The most likely etiology for the splenic nodule would be an incidental reactive hyperplasia/extramedullary hemopoiesis with hematoma, granuloma and emerging neoplasia a less likely differential diagnosis.

Further assessment and therapy needs to be based on the pending results, but could include urinalysis (if not already done) and urine culture.

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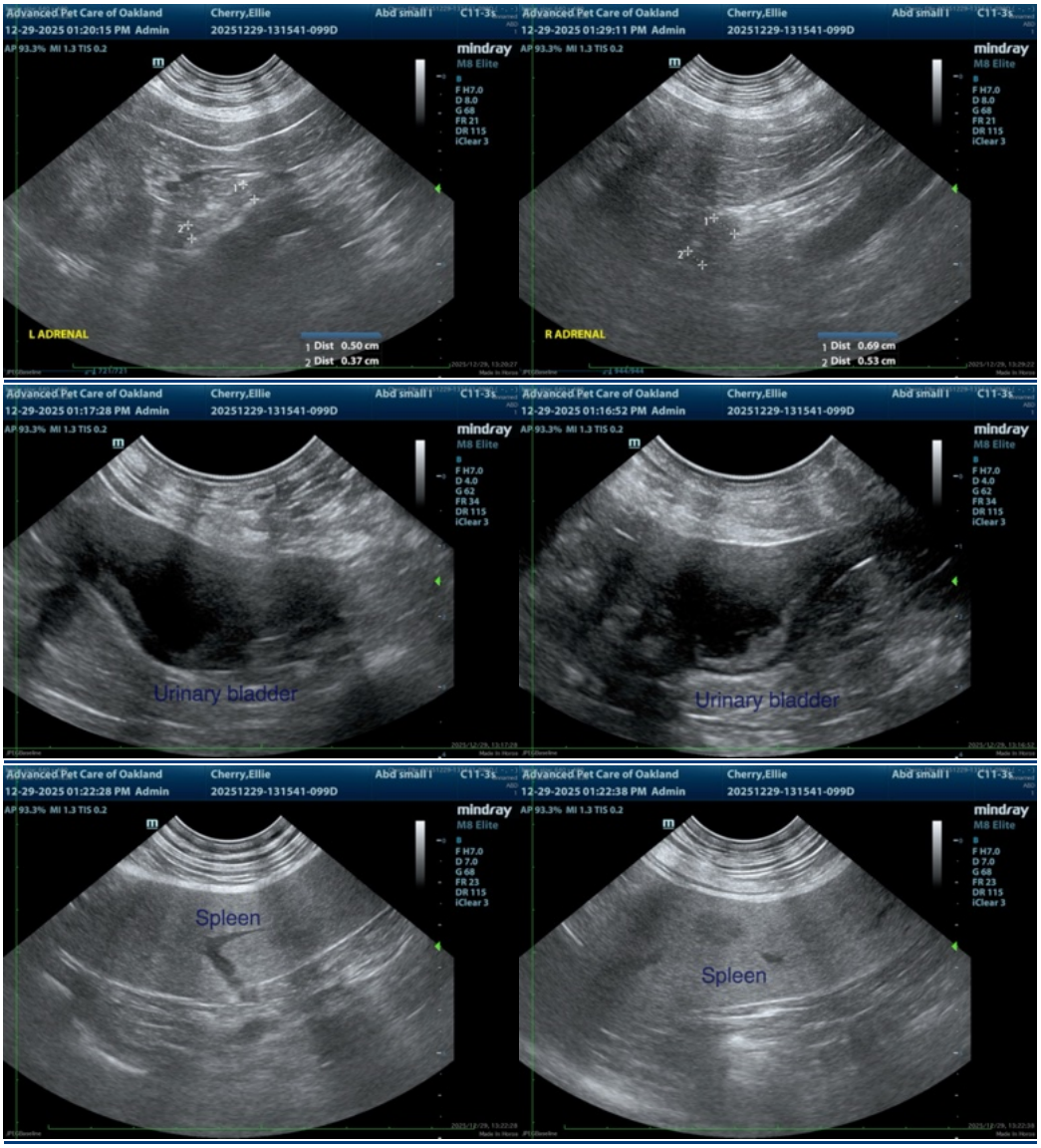
Monitoring of the splenic nodule is recommended and if there is any progressive enlargement or bulging of the overlying capsule noted, then a splenectomy should be considered.

The most likely etiology for the chronic progressive lymphocytosis would be chronic lymphocytic leukemia.



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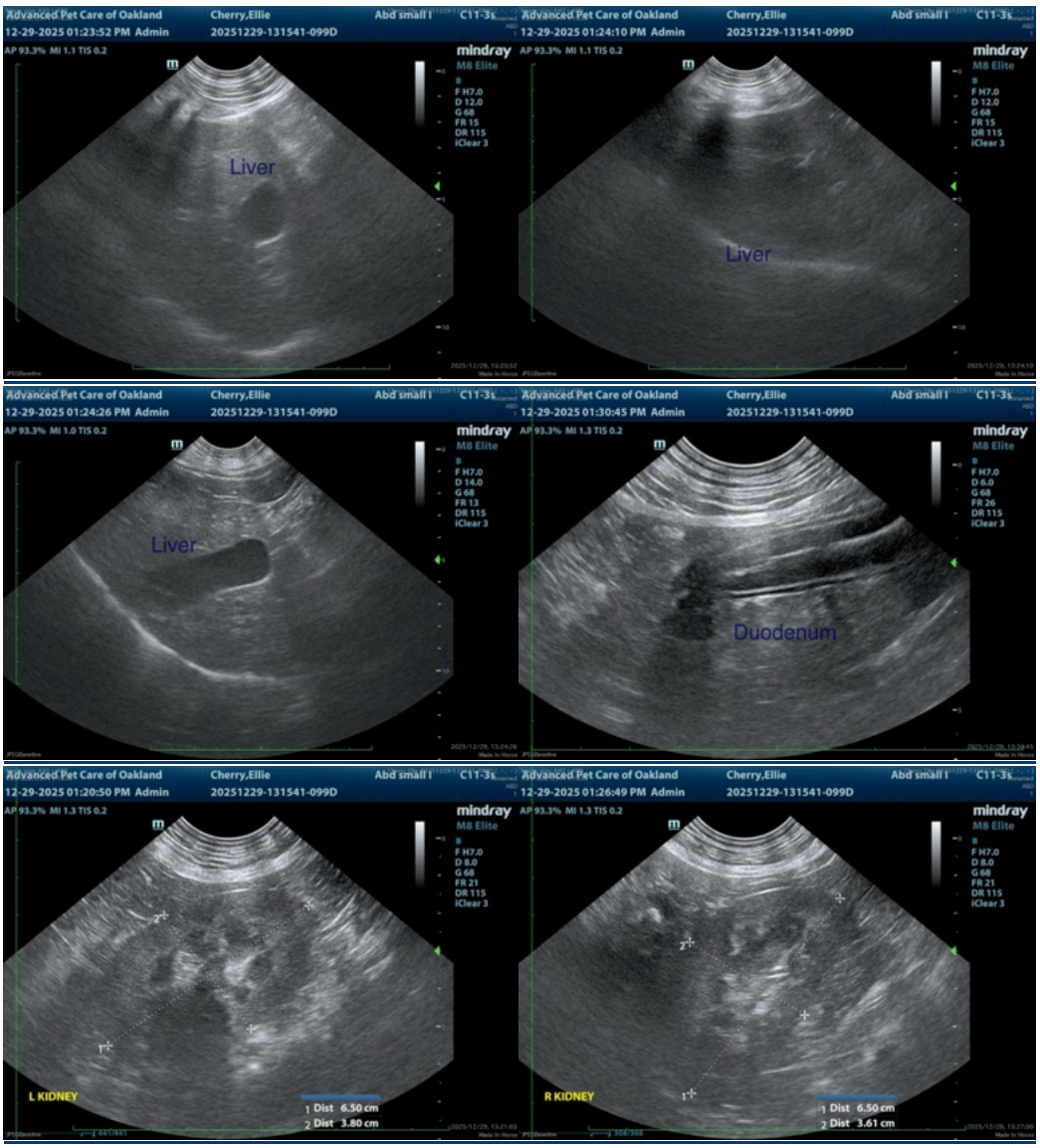

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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