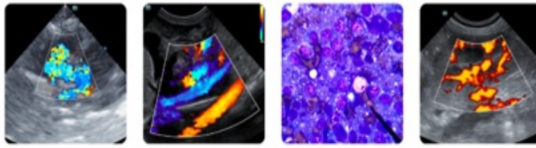


PATIENT
Mama Trumino

SPECIES
Canine

BREED
Pit Bull Terrier Mix

SEX
Spayed female

AGE
2010

WEIGHT
52 lbs

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

IMAGING PERFORMED BY
Denise Bruno, LVT, RDMS

HOSPITAL NAME
Veerinary House Calls

REFERRING VET
Dr. Nebel

INVOICE
69329

DATE
12/4/25

PRESENTING CLINICAL SIGNS

History: Recurrent UTIs, intermittent hematuria, hyperkalemia, thrombocytopenia. Labs attached

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, 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 6.4 cm, right measured 6.1 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

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Hyperechogenic, parenchymal nodules are present in the cranial and caudal pole of the left adrenal gland. The cranial nodule measures 0.9 x 0.9 cm in size. The caudal nodule measures 1.0 x 1.3 cm in size. Left adrenal gland measured 3.52 cm in length x 0.88 cm and 0.15 cm in width. The right adrenal gland measured 3.2 cm in length x 0.79 cm and 0.61 cm in width.

Spleen

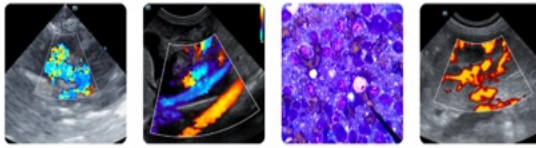
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Well circumscribed isoechogenic mass originating on the tail of the spleen measuring 2.7 x 3.0 cm in size. The spleen measures 2.1 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.

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.



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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 small intestine measured up to 0.52 cm.

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

- Splenic mass.
- Left adrenal nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenic mass would be reactive hyperplasia and emerging neoplasia.

The left adrenal nodules would be consistent with non-functional adenomas.

Further assessment would be FNA cytology of the splenic mass.

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

On this ultrasound there is no obvious etiology for the for the persistent hyperkalemia such as acute kidney injury, Addison's disease or uroabdomen. Although tissue necrosis or inflammation can result in hyperkalemia it would appear unlikely in this patient as it is most likely an incidental finding.

On this ultrasound there is no obvious etiology for the recurrent urinary tract infections.

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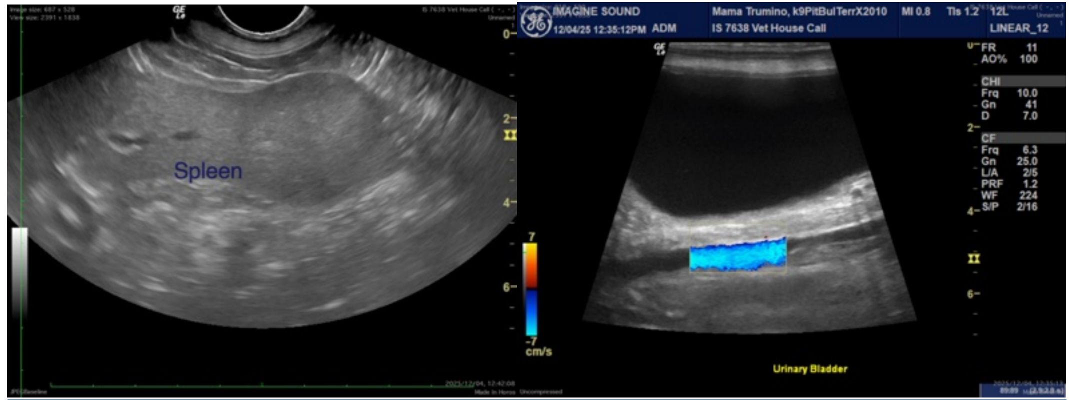

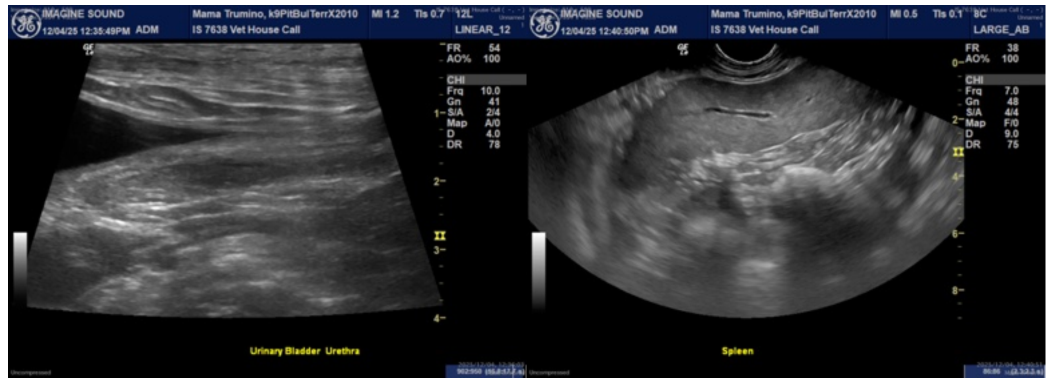

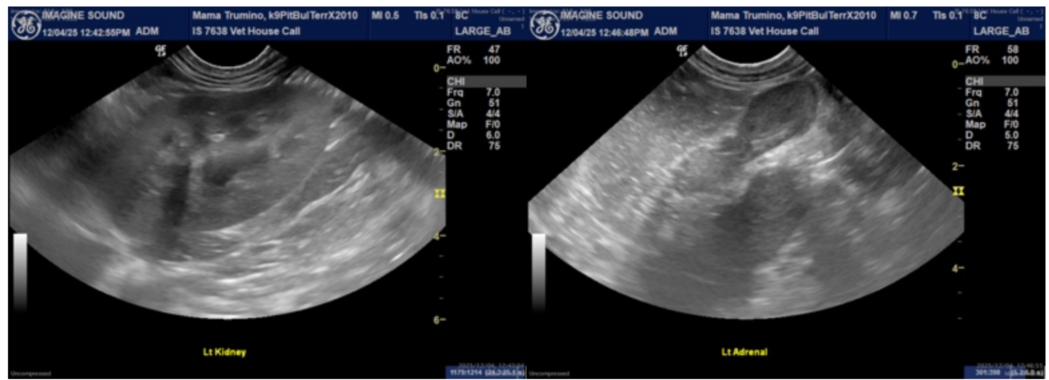

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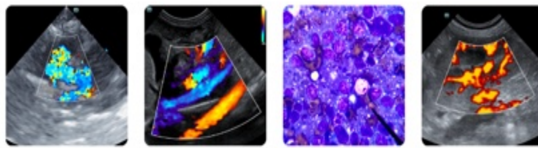

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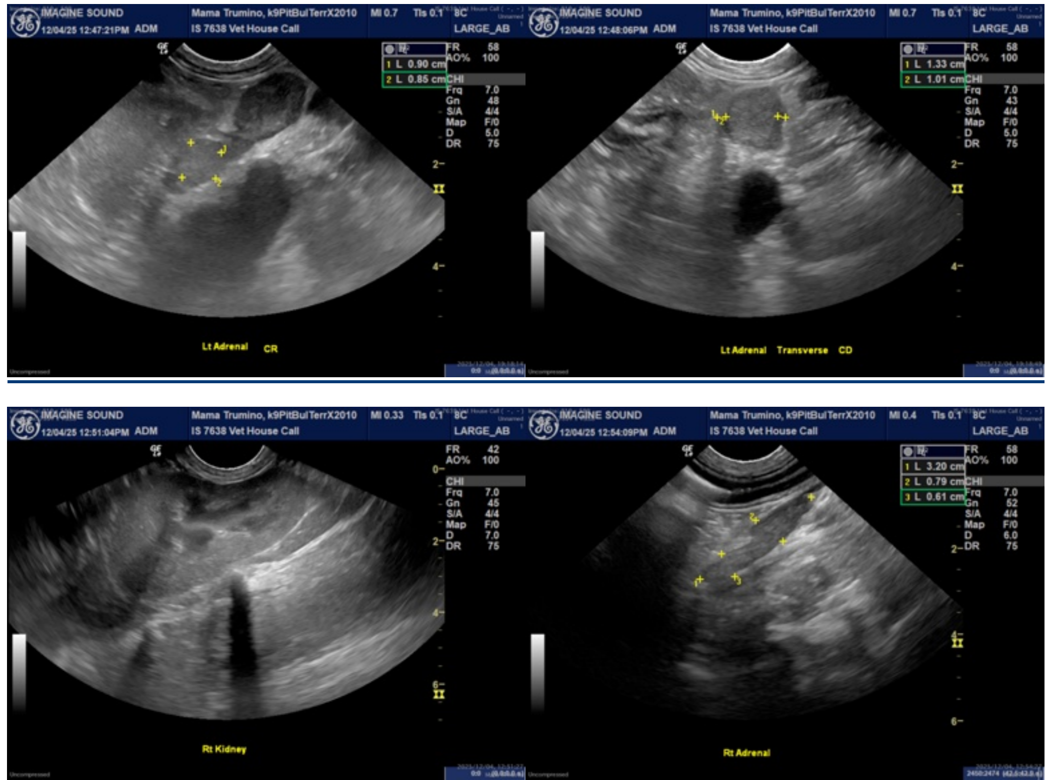

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com