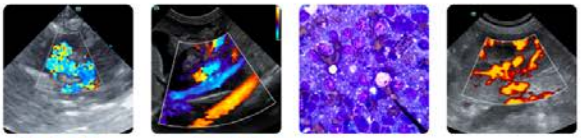

PATIENT

Dory Lee

SPECIES

Canine

BREED

Pug x Beagle

SEX

Spayed Female

AGE

12 Years 7 Months

WEIGHT

31 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

William Penn Veterinary Hospital

REFERRING VET

Dr. Bouzaout

INVOICE

72368

DATE

12/5/25

PRESENTING CLINICAL SIGNS

Check liver, spleen, adrenals glands, GB. Elevated ALT & ALP, non-regenerative anemia, thrombocytopenia. Receiving Denamarin, Epakitin, Surolan.

Abnormal PE/Chem/CBC/UA Results: Elevated ALT & ALP, anemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left measures 4.8 cm. Right measures 5.4 cm. Normal color flow pattern evident in both kidneys.

Adrenal Glands

The right adrenal gland presents normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature, measuring 2.01 cm in length x 0.56 cm and 0.73 cm in width.

The left adrenal gland presents an irregular, mottled, echogenic mass measuring 1.99 cm in length x 0.89 cm and 0.94 cm in width, maintaining normal position and appearance of the visible periadrenal vasculature.

Spleen

The spleen presented a large, mottled, echogenic, vascularized mass originating off the body of the spleen, measuring approximately 6.0 cm x 7.6 cm. A small, hypoechogenic parenchymal nodule was noted in the tail of the spleen, measuring approximately 0.70 cm in size. The rest of the spleen is of normal size, maintaining a normal echogenic appearance, a smooth homogeneous parenchyma, and a regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. The spleen measures 1.5 cm in width.

Liver

The liver presented a large, mottled, echogenic, poorly vascularized mass measuring approximately 3.5 cm x 7.6 cm in size on the caudal aspect of the left lobe. The rest of the liver is of normal size, maintaining a normal echogenic appearance, portal markings, and a regular curvilinear capsule. No nodules or additional masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

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.

Pancreas

Visible sections present normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Thorax

Normal appearance of the heart. No pleural or pericardial effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Hepatic mass.
- Splenic nodule.
- Left adrenal mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the both the splenic and hepatic masses would be neoplasia, with granulomatous disease being an unlikely differential diagnosis.

The most likely etiology for the splenic nodule would be incidental reactive hyperplasia/extramedullary hematopoiesis.

Etiologies for the left adrenal mass would be non-functional carcinoma and pheochromocytoma.

Further assessment would include 3-view thoracic radiographs and FNA cytology of the hepatic and splenic masses. Tru-cut or wedge biopsies of the masses may however be required for a final etiological diagnosis.

Further assessment of the adrenal gland that could be considered would be serial blood pressure determination, urinary/plasma catecholamine assay, and possibly FNA cytology.

Specific therapy would be dependent on an etiological diagnosis.

At this point, palliative therapy is most likely indicated.

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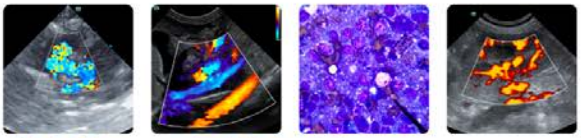

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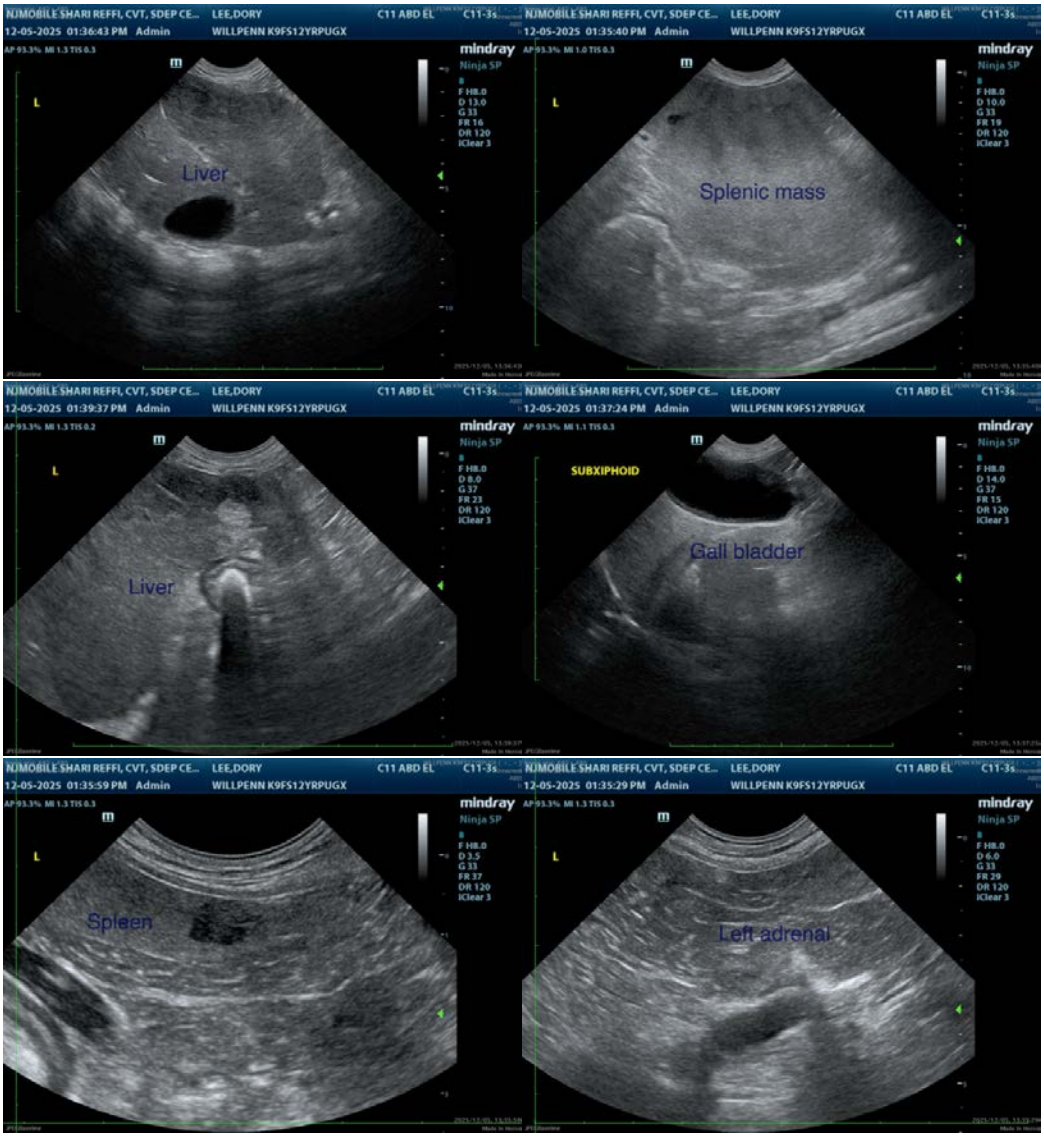

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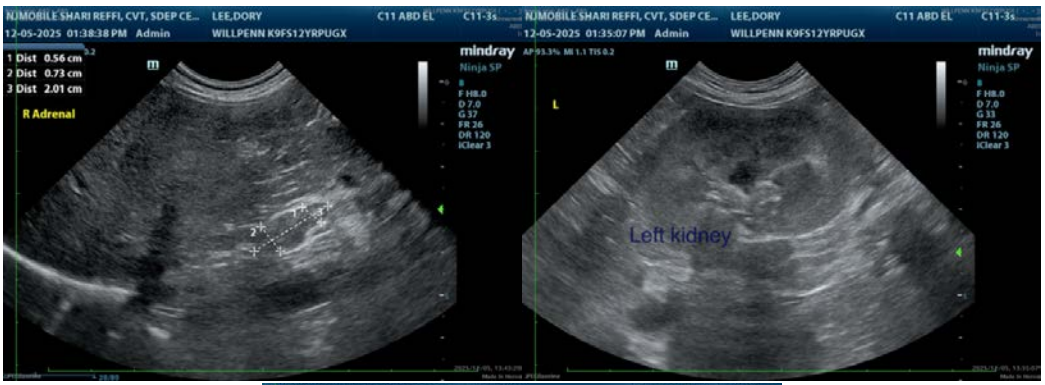

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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