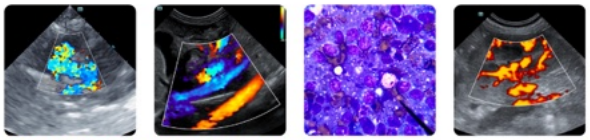


PATIENT

Eli Olexa

SPECIES

Canine

BREED

Beagle

SEX

Neutered male

AGE

12 years

WEIGHT

35.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Justin Eckenrode, DVM

HOSPITAL NAME

Carlisle Small Animal VC

REFERRING VET

Dr. Morrison

INVOICE

69420

DATE

12/9/25

PRESENTING CLINICAL SIGNS

History: Suspected Renal Mass / Renomegaly/Splenic mass. Previously mild alkp elevation (when on galliprant) but currently normal. Weight Gain – The patient has gained weight since his last visit and has a pendulous abdomen. Bilateral stifle OA-stable with just gabapentin Patient History : Radiographs from a previous visit show a large L cranial abdominal mass, suspected kidney or splenic mass. The patient is currently clinically asymptomatic however recent bloodwork shows a new regenerative anemia. Has gained a little weight and abdomen is pendulous. Primary concern or rule out: Renal/splenic carcinoma, hemangiosarcoma, lymphoma, benign cyst, congenital abnormality, metastasis Abnormal PE/Chem/CBC/UA Results: CBC: RBC 4.49 (5.84-8.95) * was 6.87 on 5/16/25 Hct 31% (41-60) * 45 MCV normal, decreased MCHC, Retics 341 * WBC 8.8, mild lymphopenia, mild eosinopenia Platelets 466 U/a: USG 1.024*, pH >9, 2+ protein, inactive sample, 1+ struvite crystals, rare epi cells Path Review CBC uploaded

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 5.5 cm, right measured 5.0 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.

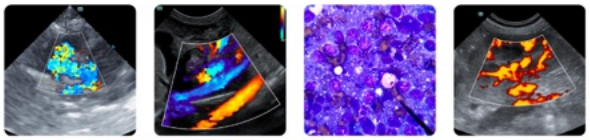
The prostate is small and hypoechogenic measuring 0.7 cm in width.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.44 cm in width. The right adrenal gland was not visualized.

Spleen

The spleen is enlarged with a mottled echogenic, irregular and vascularized mass measuring at least 9 x 11 cm in size. This originated off the body of the spleen. The rest of the spleen is of normal size with a normal echogenic appearance, smooth homogenous parenchyma and regular curvilinear capsule. The spleen measures 1.5 cm in width.



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Liver

Normal size, diffuse increased echogenic and coarse appearance, normal 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

The pancreas was not visualized.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenic mass would be neoplasia.

The most likely etiology for the hepatopathy would be age related reactive hyperplasia with nodular hyperplasia with nodular hyperplasia, vacuolar and metabolic differential diagnosis, hepatitis and infiltrative neoplasia would be highly unlikely differential diagnosis.

Further assessment would be three view thoracic radiographs, echocardiography to evaluate the right atrium and right auricle and possibly FNA cytology of the mass.

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

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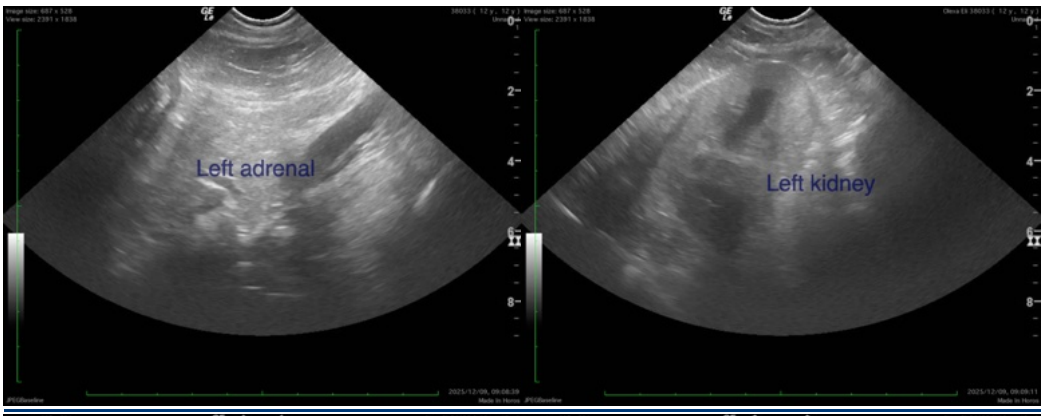

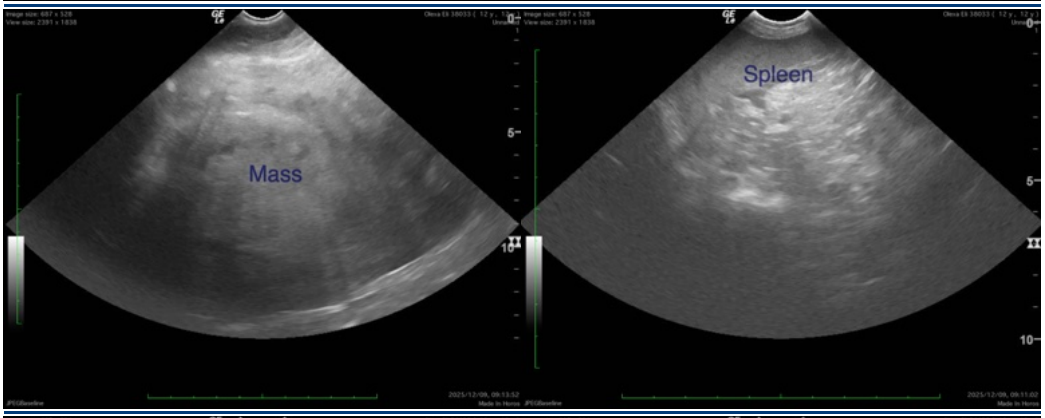

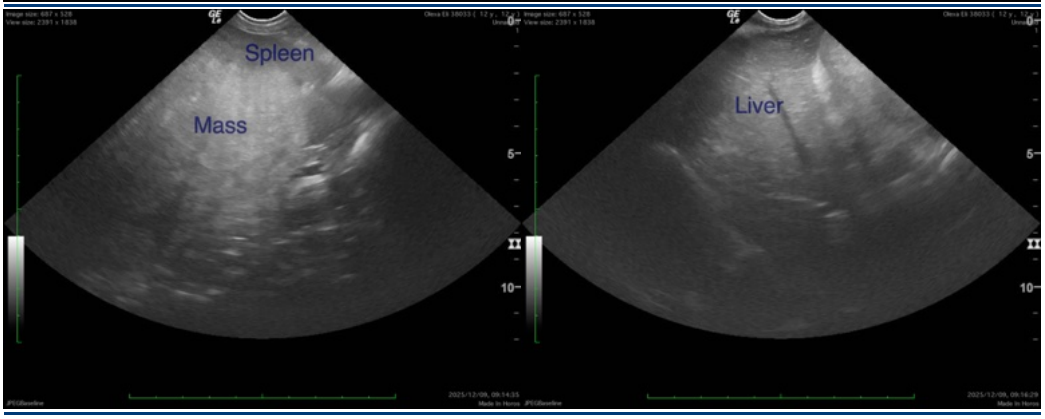

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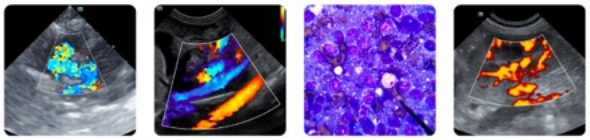

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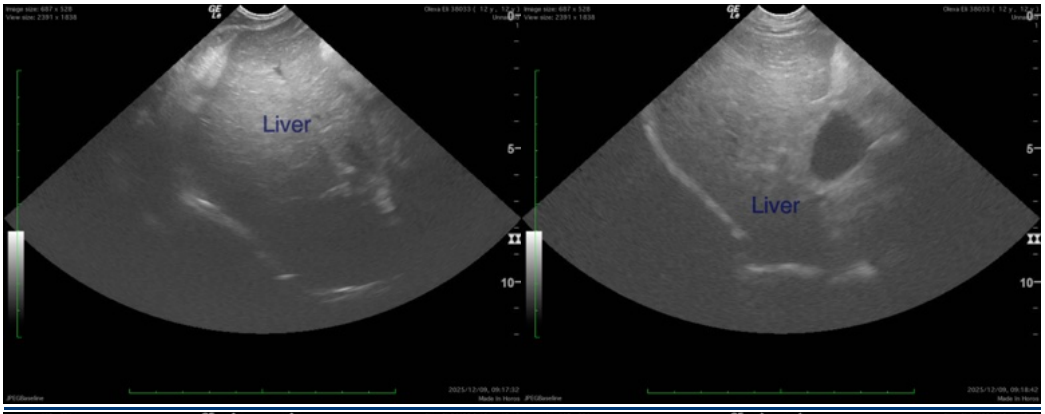

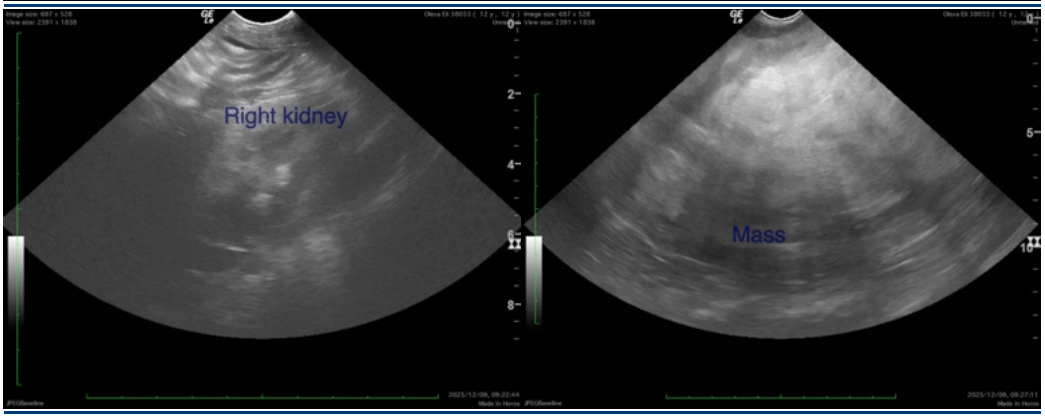

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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