



PATIENT

Marcia B Soto

SPECIES

Canine

BREED

Pit Bull Terrier

SEX

Spayed female

AGE

13 years

WEIGHT

50.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Elda Kwong

HOSPITAL NAME

Petvacx AH

REFERRING VET

Dr. Kwong

INVOICE

71582

DATE

2/16/26

PRESENTING CLINICAL SIGNS

- Marcia B was being treated for a UTI and an incidental splenic mass was found upon bladder ultrasound. History of urinary incontinence that improved with Incurin use.
- Normal chem/CBC other than mild hypercholesterolemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 6.2 cm, right measured 6.3 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.

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 0.65 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

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. Focal, well-circumscribed, hypoechogenic parenchymal nodule/small mass in the body of the spleen measuring 1.7 x 2.0 cm in size. The spleen measures 2.3 cm in width.

Liver

Normal size with a 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 small 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. A small amount of ingesta is present within the stomach compatible with a recent meal.

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 nodule/small mass.
- Hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenic nodule/mass would be hematoma and emerging neoplasia.

Reactive hyperplasia/extramedullary hemopoiesis would be an unlikely differential diagnosis.

As there is no elevation of liver enzyme activity the most likely etiology for the hepatopathy would be age related reactive hyperplasia.

Further assessment would be three view thoracic radiographs and echocardiography to evaluate the right atrium and right auricle.

FNA cytology of the splenic nodule/mass could also be considered.

Ideal management would be splenectomy.

Alternatively regular monitoring of the spleen by means of ultrasound and if there is any progressive enlargement of the nodule/small mass or bulging of the overlying capsule then splenectomy would be indicated.



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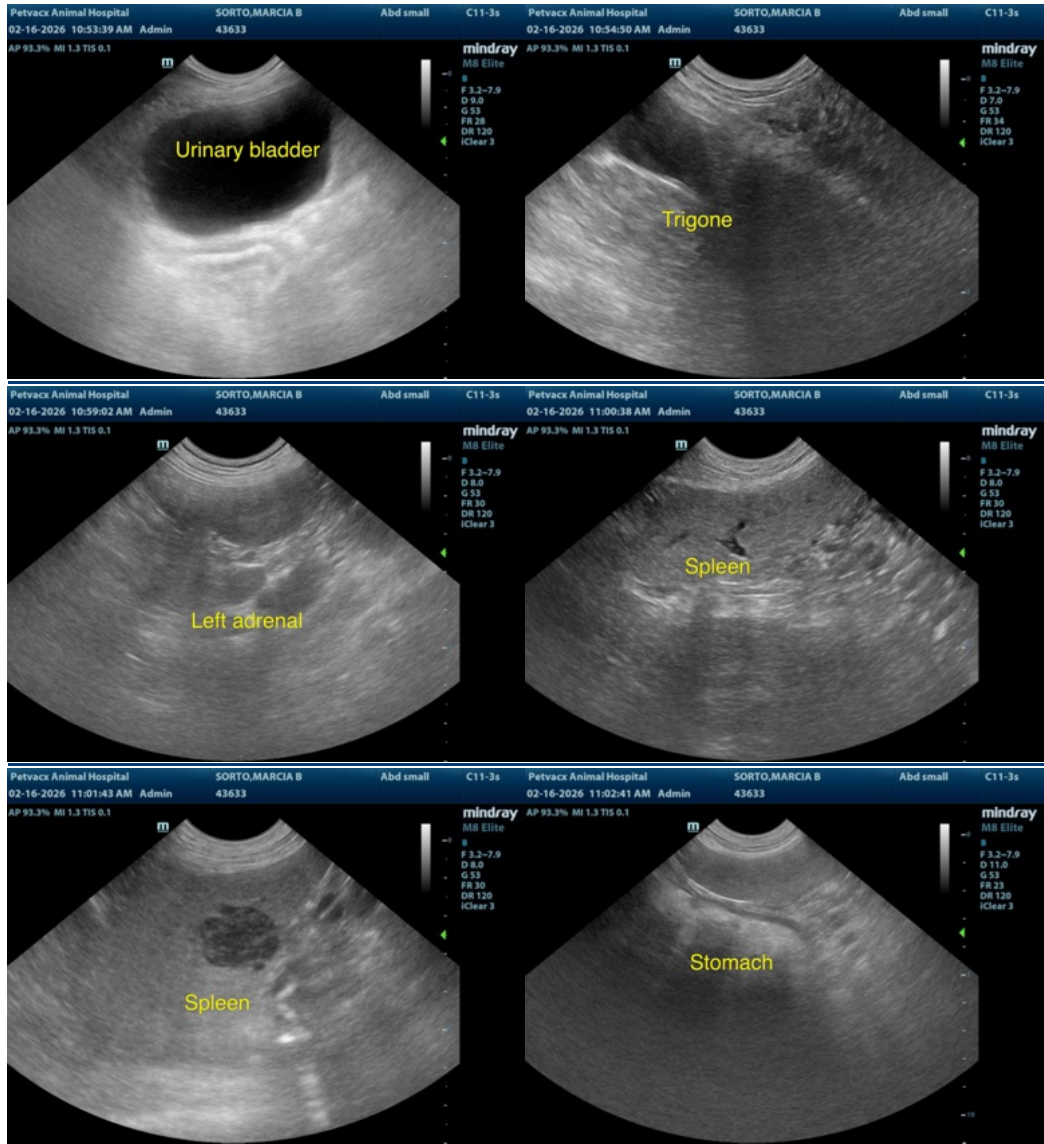
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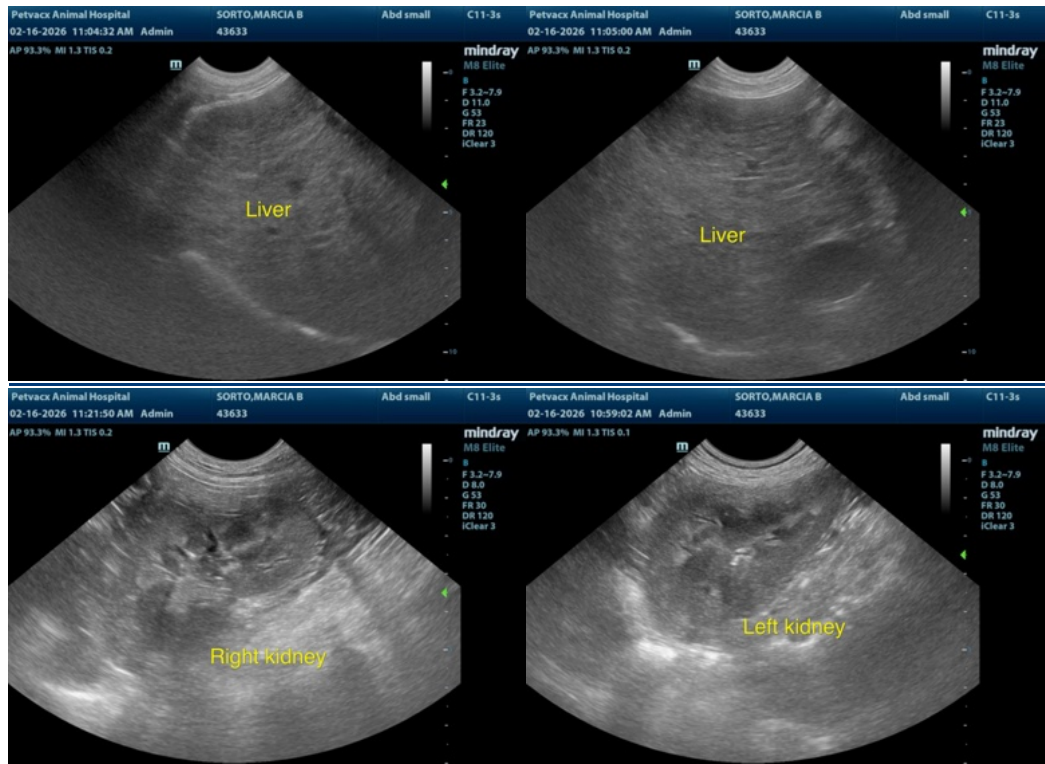
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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