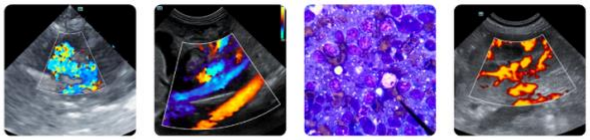


PATIENT

Finley Bivone

SPECIES

Canine

BREED

German Shepherd X

SEX

Neutered Male

AGE

8 Years 7 Months

WEIGHT

79.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

ACC of Flanders

REFERRING VET

Dr. Hallihan

INVOICE

35896

DATE

2/20/26

PRESENTING CLINICAL SIGNS

- 2/19/26 - Acute hind limb paresis - r/o degenerative myelopathy, intervertebral disc disease, spinal neoplasia
- Increased respiratory rate - r/o pain/discomfort, pulmonary pathology, cardiac disease
- Possible splenic mass (incidental finding) - r/o neoplasia, hematoma, benign nodule (seen on radiographs)
- Has improved on Prednisone
- Medications: Prednisone 20mg - 1 tab po sid, Gabapentin 300mg - 1 cap po 2 hours prior to scan, trazodone 100mg - 1 tab po 2 hours prior to scan
- Abnormal PE/Chem/CBC/UA Results: 2/19/26: WBC 17,900 Neutro 16,470 UA: pH 5.5 , marked rods / bacteria (free catch) USG: 1.016

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder, containing a moderate amount of both floating and dependent hyperechogenic sediment, 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, and iliac blood vessels. Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding. Proximal urethra was not visualized.

The prostate was not visualized.

Normal left renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, and capsule. Mild pyelectasia was noted. No infarcts, mineralization or renoliths evident. The left kidney measures 8.4 cm. A large cortical cyst was present in the caudal pole, measuring approximately 1.5 cm x 2.4 cm in size.

The right kidney was not clearly visualized but appears to be of normal size and appearance.

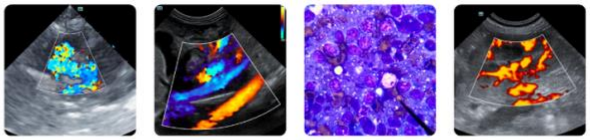
Adrenal Glands

The adrenal glands were not visualized.

Spleen

A large irregular mottled echogenic cystic mass was noted, measuring approximately 7.0 cm x 8.0 cm, originating off the head of the spleen. The rest of the spleen was of normal size (2.1 cm in width), maintaining a normal echogenic appearance, a smooth homogenous parenchyma, and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.

Liver



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

Gallbladder

Small gallbladder, 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

Not clearly visualized, but 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
- Urinary bladder sediment
- Left sided pyelectasia, left renal cyst

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenic mass would be neoplasia, with hematoma and granuloma unlikely differential diagnoses. Etiologies for the urinary bladder sediment would be incidental debris and bacterial cystitis. Although the left sided pyelectasia is most likely an incidental finding, emerging or low-grade pyelonephritis should still be considered. The renal cyst can be considered an incidental finding.

Further assessment would be 3 view thoracic radiographs, echocardiography to evaluate the right atrium and right auricle, and possibly FNA cytology of the splenic mass. Urine culture could also be considered. Although the hind quarter paresis may be an unrelated issue, metastatic disease from the splenic mass should be considered, and possibly followed up with either a CT scan or MRI.

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

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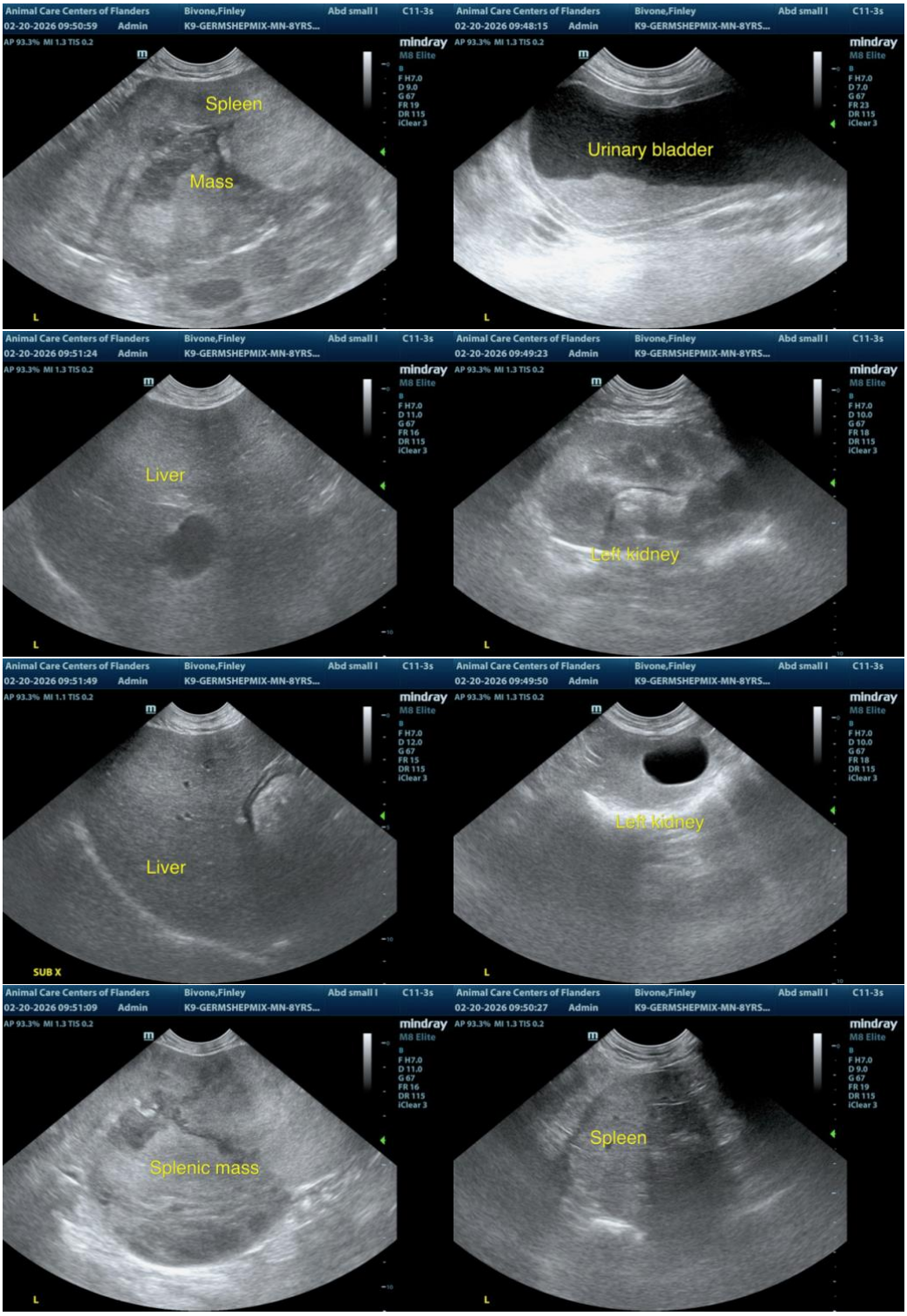

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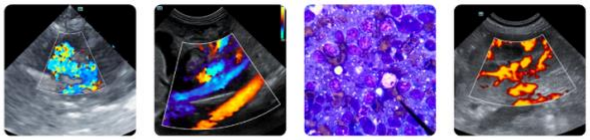

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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