



PATIENT

Bowie Linas

SPECIES

Canine

BREED

Spaniel

SEX

Neutered male

AGE

12 years

WEIGHT

44.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cecelia Dean

HOSPITAL NAME

Wellesley AH

REFERRING VET

Dr. Leal

INVOICE

72019

DATE

2/27/26

PRESENTING CLINICAL SIGNS

- Pt presents for 1 week history of waxing and waning lethargy and anorexia. Pt has history of multiple SQ masses, no FNA
- Historic -- dental disease, TPLO, OA
- CBC - HCT 20% with mild regeneration Chem/UA -- pending TXR -- no evidence of pulmonary metastasis or other dz

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small amount of floating, hyperechogenic sediment.

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 5.6 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.47 cm in width. The right adrenal gland measured 2.05 cm in length x 0.45 cm and 0.45 cm in width.

Spleen

The spleen is enlarged and irregular with mottled echogenic vascularized mass in the head of the spleen measuring 2.0 x 3.0 cm in size. The rest of the spleen is of normal size, maintaining a normal echogenic appearance, smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. A few, incidental myelolipomas are present. The spleen measures 2.3 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.



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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.

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 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.

A small amount of ascites is present.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Ascites.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenic mass would be neoplasia with hematoma a less likely differential diagnosis.

The ascites can be ascribed as secondary to the splenic pathology.

The most likely etiology for the urinary bladder sediment would be incidental debris with crystalluria and bacterial cystitis, a less likely differential diagnosis.

Further assessment would be urinalysis, possibly urine culture and if possible analysis of the ascitic fluid.



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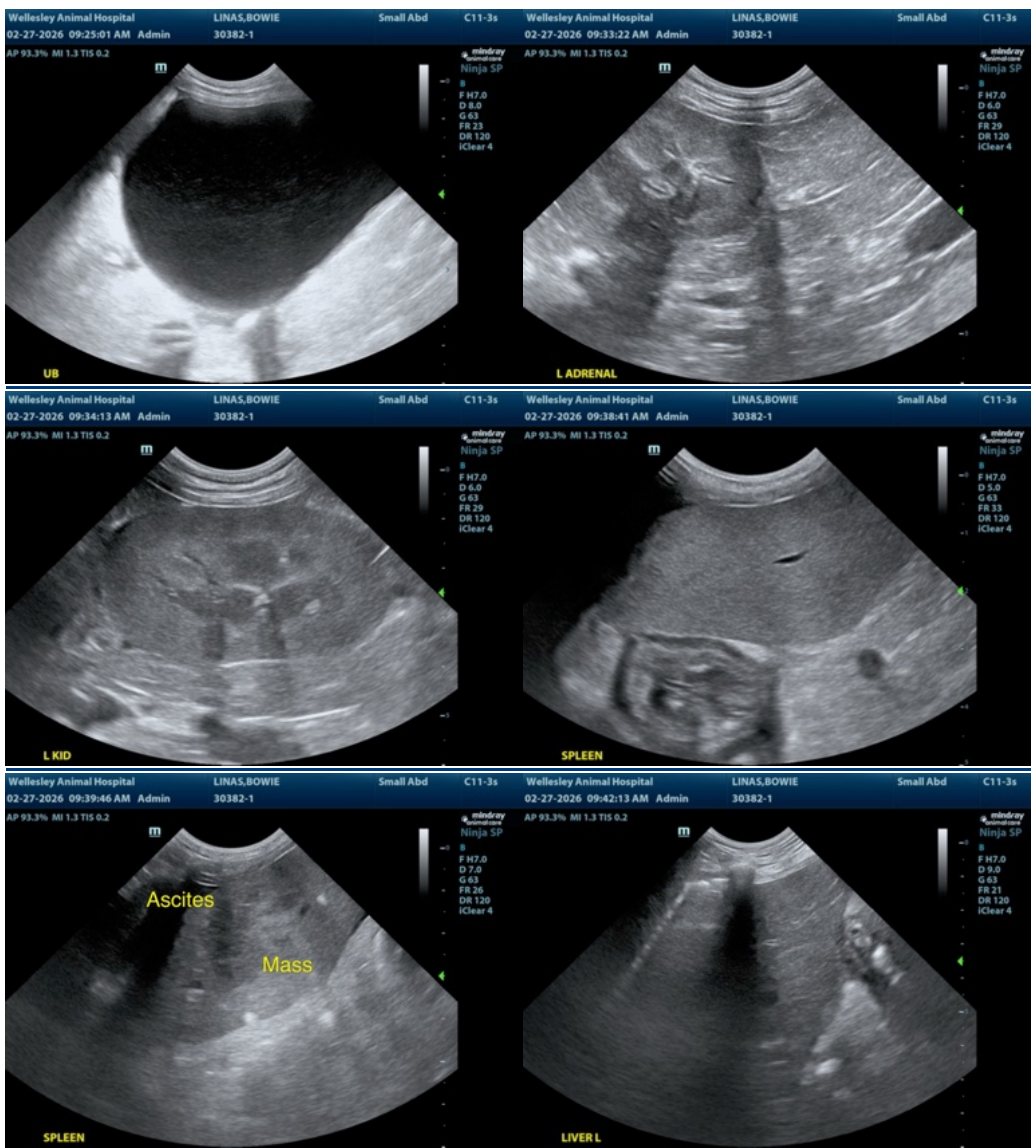
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Splenectomy should be considered as it could be both diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis.





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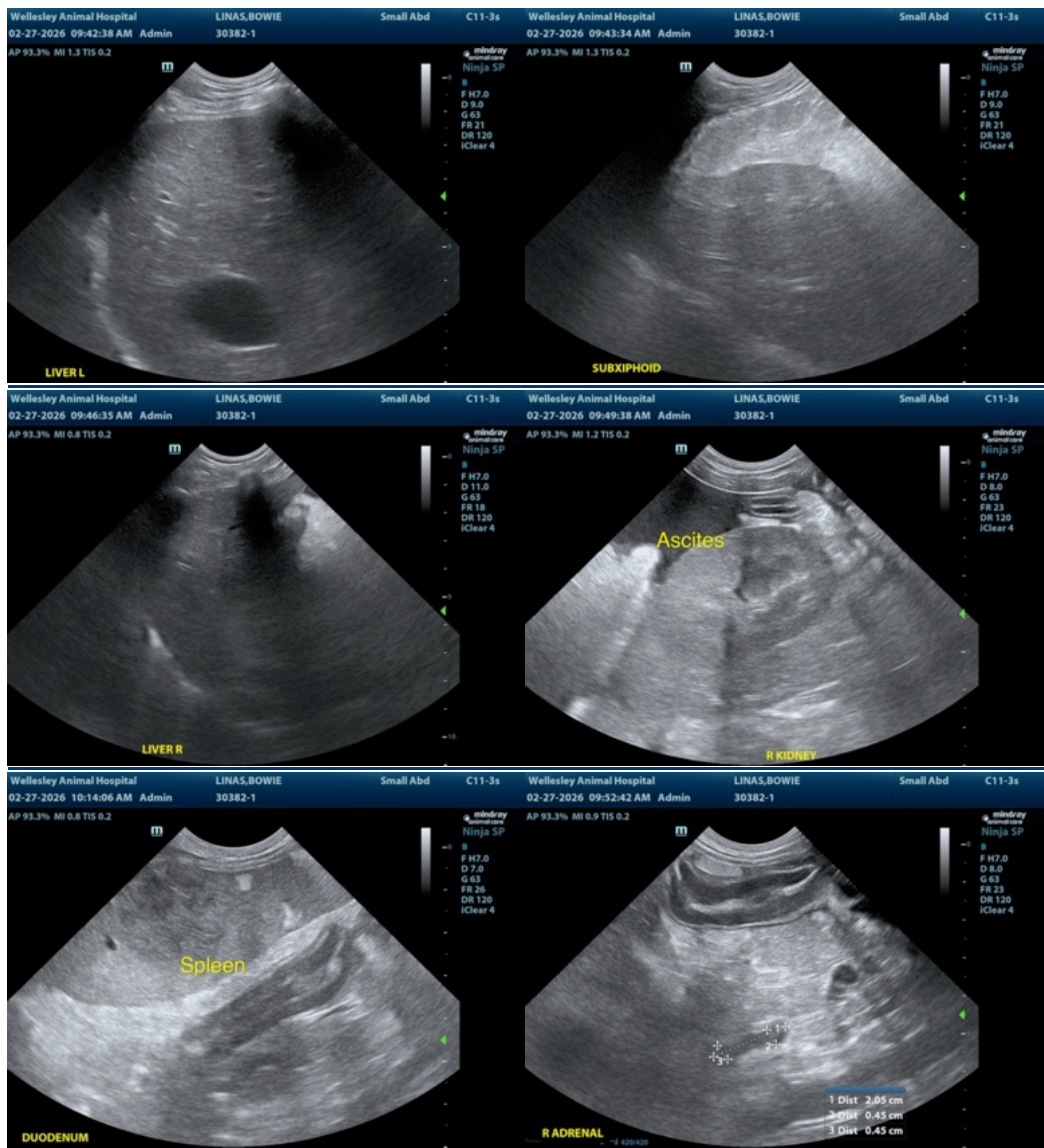
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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