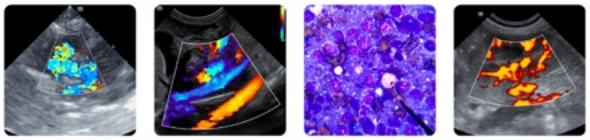


PATIENT

Indigo DeRubeis

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed female

AGE

10 years

WEIGHT

73.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Mortensen

INVOICE

71170

DATE

2/3/26

PRESENTING CLINICAL SIGNS

- History of frequent UTIs, switched to urinary diet (S/O food)
- Weight loss of 8 pounds over recent months, but partly intentional. Multiple vomiting episodes over past 2-3 weeks. Episodes include early morning retching (5:30-6:00 AM). Sunday episode: found lying in two piles of vomit on stairs, reluctant to stand. Additional vomiting episode on Tuesday. During illness episodes, becomes lethargic and reluctant to move
- Polydipsia noted
- Prefers sleeping on hardwood floor instead of carpet
- Participates in weekly dog hikes, had playful day during recent illness
- No diarrhea reported
- Vital Signs: LLDST - normal CBC/CHEM - NSF Oral: WNL, moderate tartar/gingivitis 2/4 Integument: Multiple masses noted - one on elbow (appears like skin tag), SQ mass in area of R prescap LN, prev tested as cyst per O Abdomen: Soft, nonpainful; pendulous abd

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.

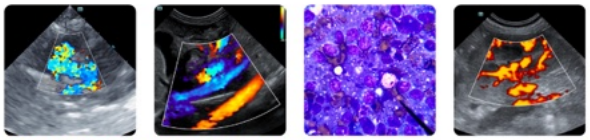
Normal renal size (left measured 7.5 cm, right measured 8.0 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.79 cm and 0.61 cm in width. The right adrenal gland measured 0.81 cm in width.

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, mottled echogenic, non-vascularized nodule is noted in the body of the spleen measuring 1.9 x 2.0 cm in size. The spleen measures 2.0 cm in width.



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Liver

Normal size, echogenic appearance, 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. The small intestine measured up to 0.55 cm.

Pancreas

The pancreas is enlarged (right pancreas measured 3.3 cm) with a hypoechogenic and nodular appearance and an irregular capsule. Hyperechogenic appearance of the mesentery surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic pathology.
- Splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the pancreatic pathology would be pancreatic neoplasia and chronic pancreatitis.

Etiologies for the splenic nodule would be reactive hyperplasia/extramedullary hemopoiesis, hematoma, granuloma, and possibly emerging neoplasia.

Further assessment would be three view thoracic radiographs, CPL/PSL assay and FNA cytology of the pancreas and splenic nodule.

Specific therapy would be dependent on an etiological diagnosis.

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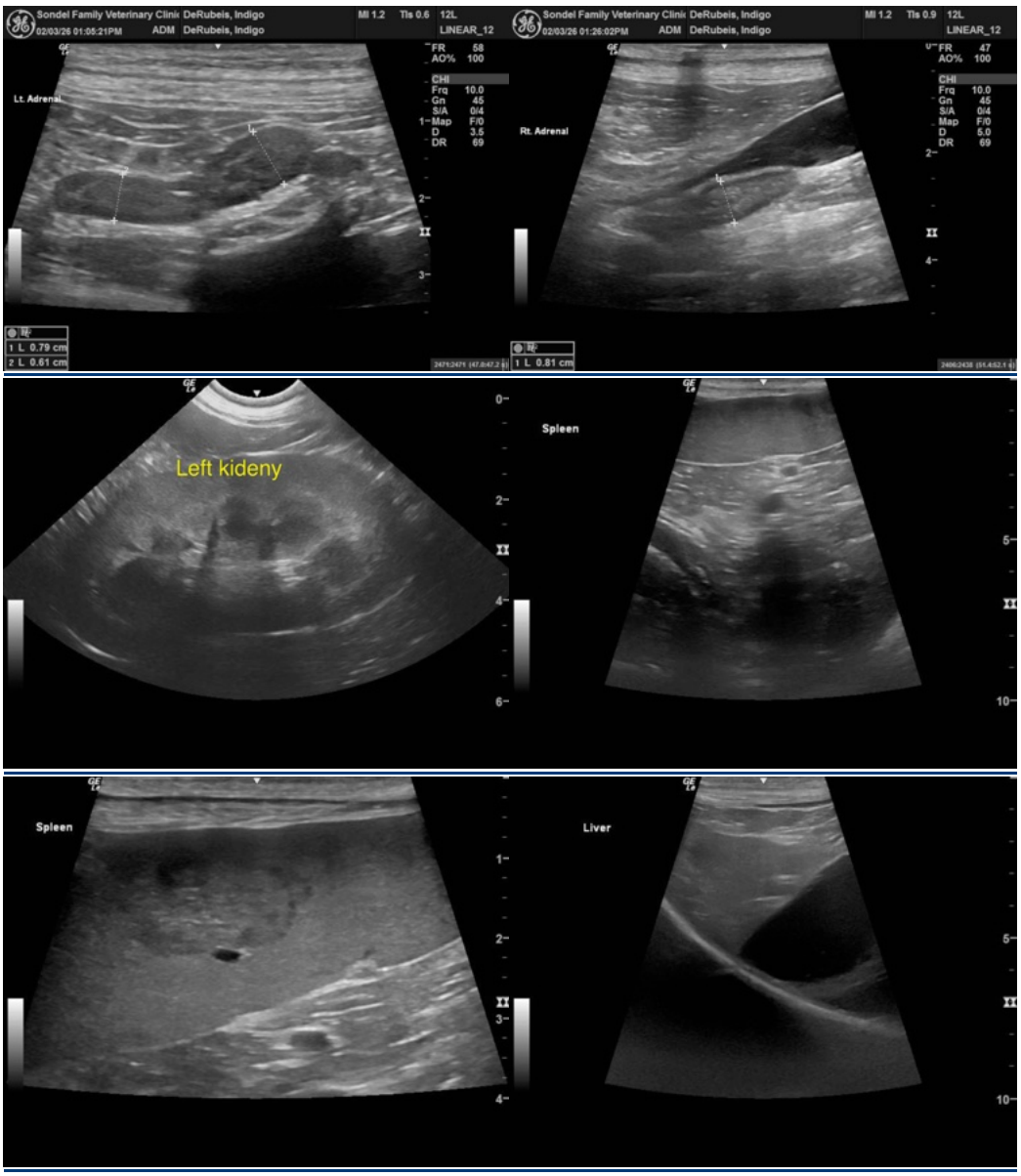

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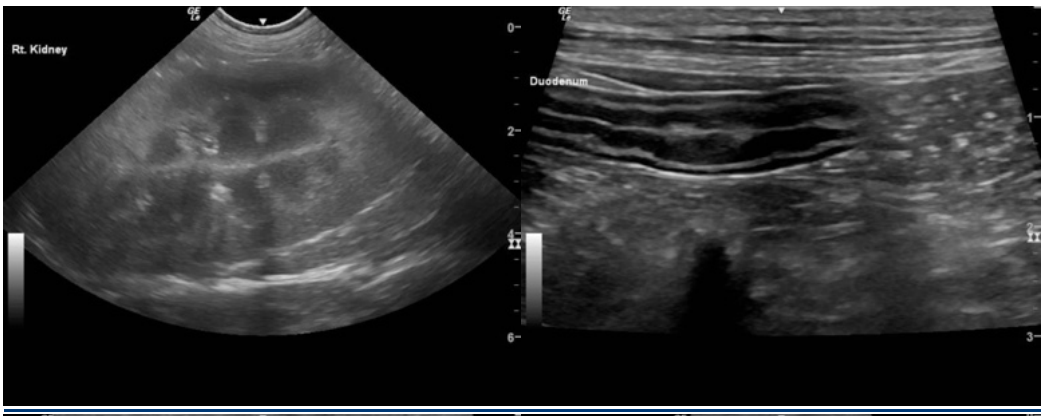

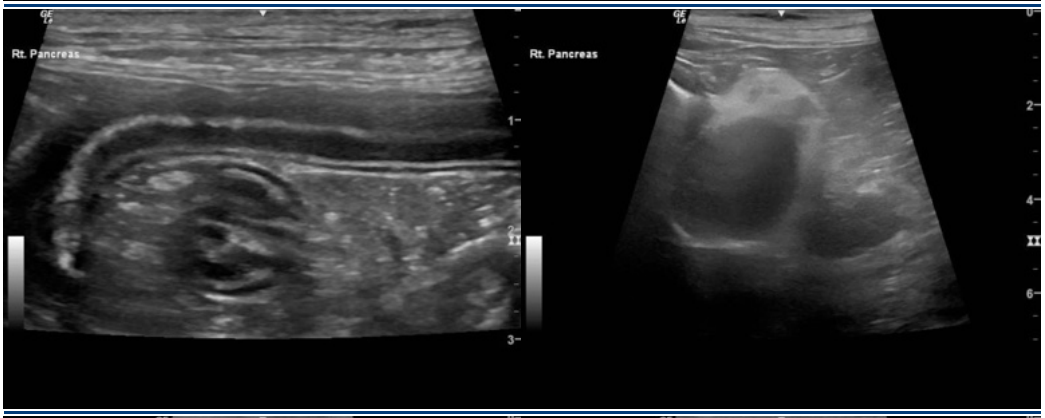

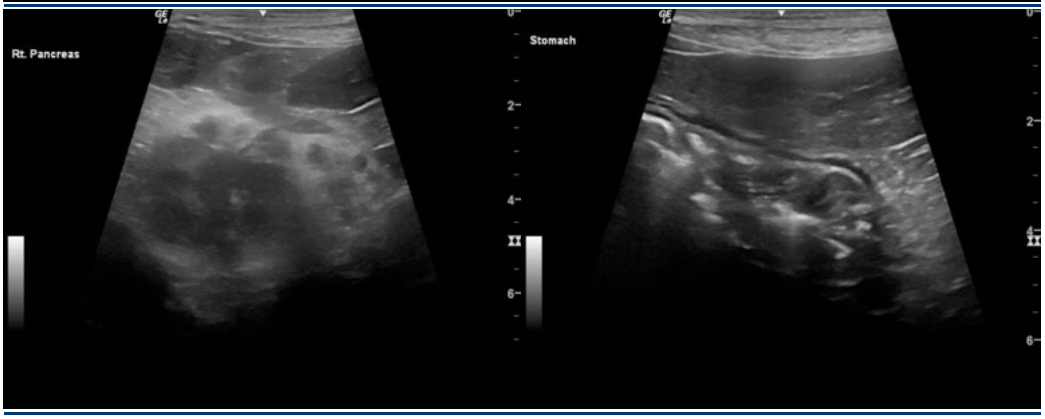

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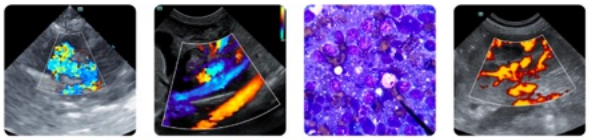

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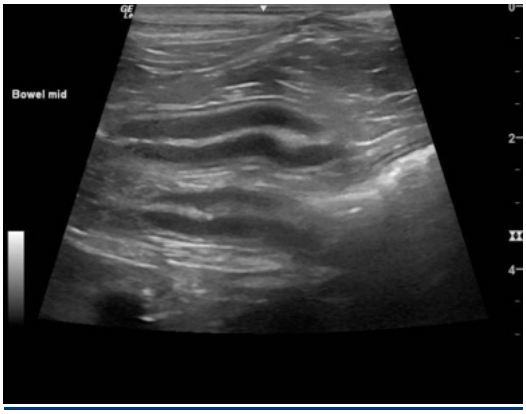

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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