

PATIENT

Nala Santiago

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

9 Years

WEIGHT

49 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Alma Alicea

INVOICE

14261

DATE

03/12/26

PRESENTING CLINICAL SIGNS

- Px presented as a referral for an abdominal ultrasound due to Hx of lethargy and hemoabdomen Dx
- rDVM would like to rule out a splenic mass
- Px originally visited rDVM yesterday 3/11/26 due to lethargy and anorexia, owner states that Px was BAR the day prior 3/10/26, and then suddenly became lethargic
- rDVM noticed hemoabdomen while performing a FAST abd U/S
- Owner reports hematuria
- A limited echocardiogram was performed and there was no pericardial effusion or masses observed in or around the heart

Abnormal PE/Chem/CBC/UA Results: Bloodwork and radiographs attached below for your reference

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder 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. The right iliac lymph node measured 0.30 cm x 2.4 cm.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 7.0 cm. The right kidney measured 6.3 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 2.59 cm length x 0.44 cm and 0.52 cm width. The right adrenal gland measured 2.1 cm length x 0.51 cm and 0.61 cm width.

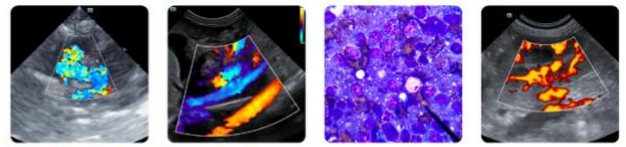
Spleen

A large irregular non-vascularized mottled echogenic mass measuring approximately 5.0 cm by 6.5 cm in size originating off the body of the spleen. The rest of the spleen is of normal size (1.8 cm in width) maintaining a normal echogenic appearance, a smooth homogenous parenchyma and a regular curvilinear capsule. Normal volume of the splenic vasculature without an overt congestion or thrombosis evident.

Liver

Normal size, echogenic appearance, portal markings and a regular curvilinear capsule. Small focal hyperechogenic parenchymal nodule measuring approximately 1.2 by 1.4 cm in the left lobe. No additional nodules or mass is evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder



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Full 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. The stomach measured 0.41 cm. The duodenum measured 0.36 cm. The small intestine measured 0.48 cm. The colon measured 0.16 cm.

Pancreas

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.

Moderate amount of cellular ascites present.

Thorax

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

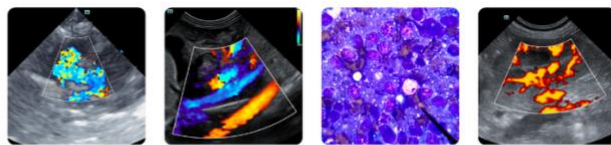
ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Ascites.
- Hepatic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenic mass would be neoplasia with granulomatous disease and hematoma less likely differential diagnoses. The ascites would be consistent with hemoabdomen as per the patient's history. Although the most likely etiology for the hepatic nodule would be incidental nodular hyperplasia, a small metastatic nodule should still be considered.

Further assessment would be three-view thoracic radiographs and FNA cytology of the hepatic nodule. 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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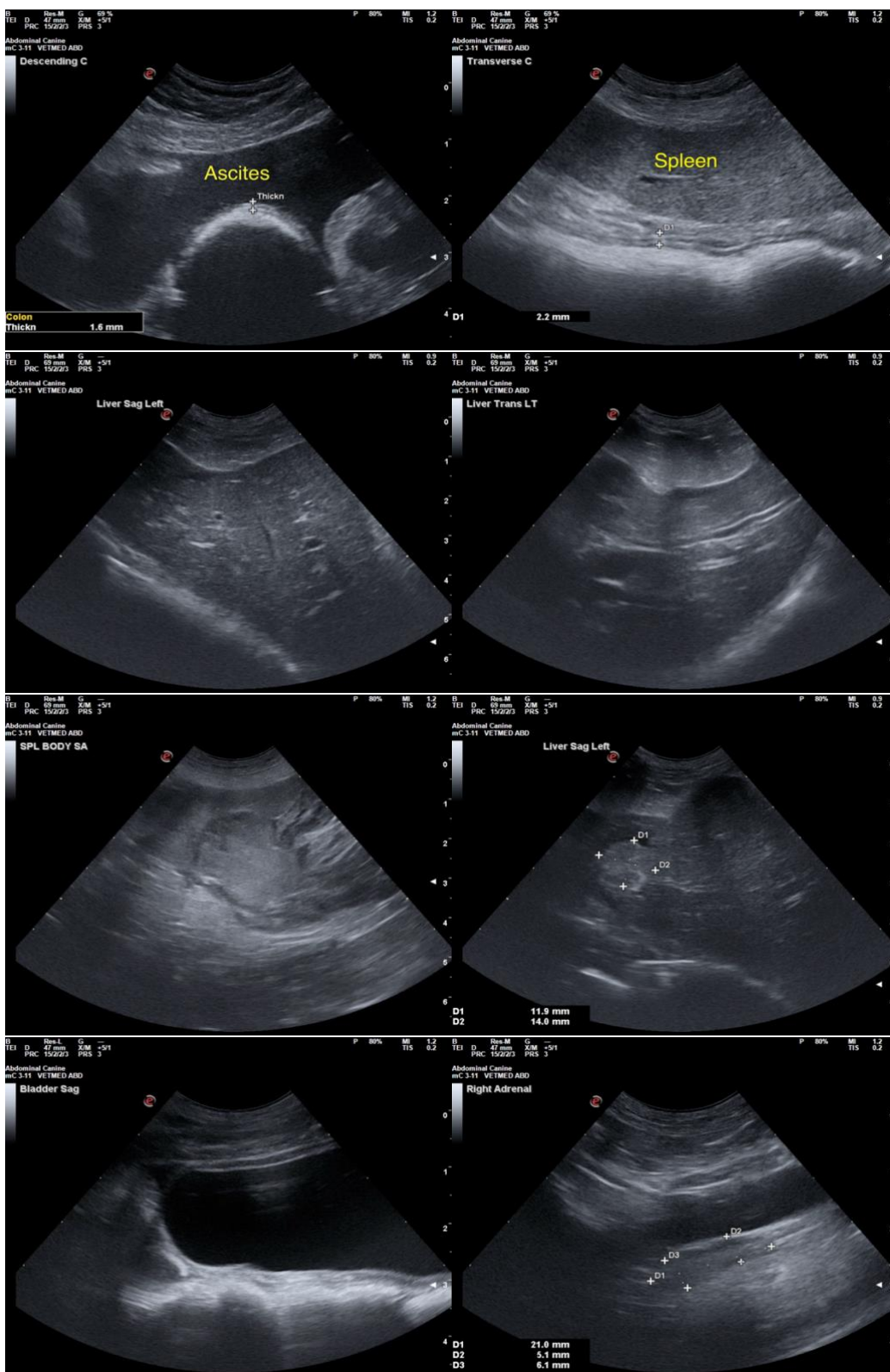
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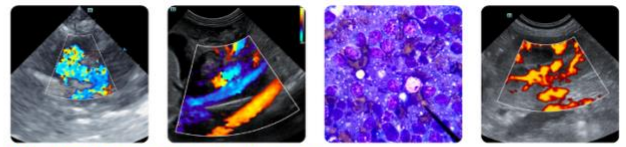
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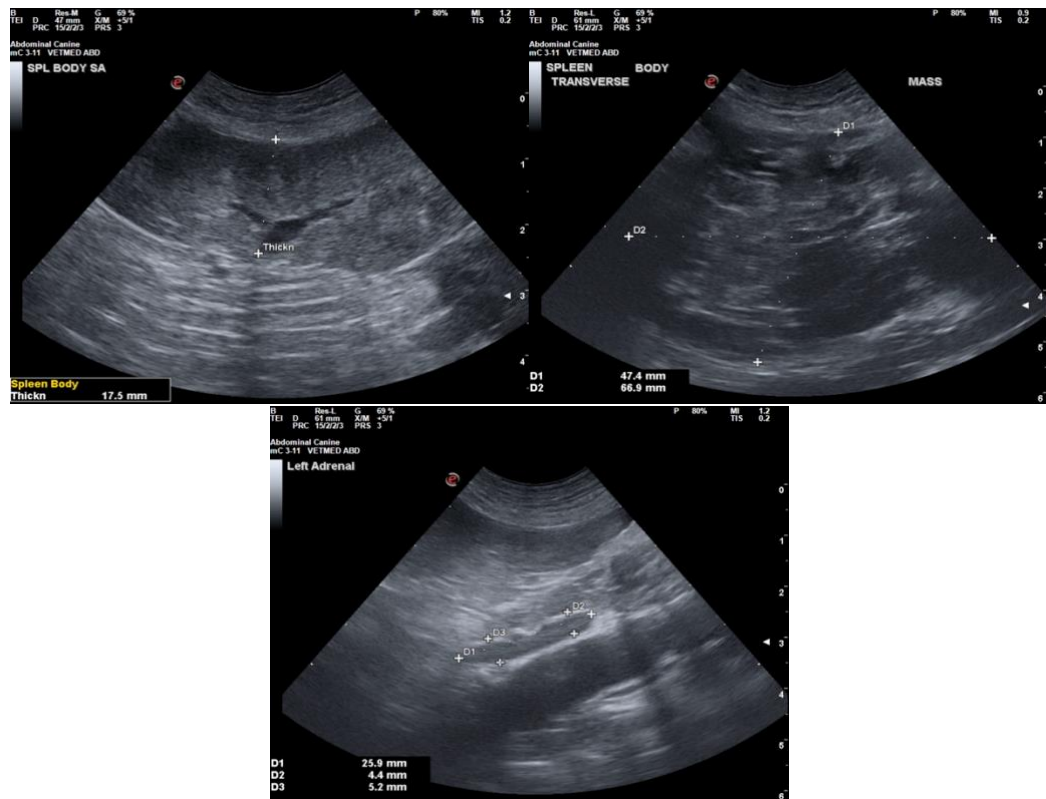
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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