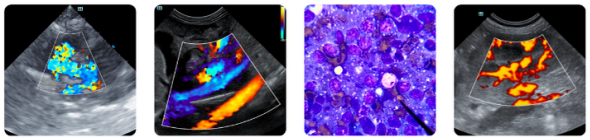


PATIENT

Locke Pipek

SPECIES

Canine

BREED

German Shorthair Pointer

SEX

MN

AGE

13 years

WEIGHT

72 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Allison Maxey

HOSPITAL NAME

Everygreen AH

REFERRING VET

Dr. Allison Maxey

INVOICE

11496

DATE

3/13/2026

PRESENTING CLINICAL SIGNS

- Multiple intermittent episodes of significant hematuria (urine looks like frank blood).
- No pollakiuria or stranguria
- No other clinical symptoms.

Abnormal PE/Chem/CBC/UA Results: Unremarkable CBC and chemistry panel 1/2026 UA - TNTC RBC with small number WBC and no bacteria or crystals seen Urine culture - no growth PT/PTT pending with lab.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder containing moderate amount of floating hypoechogenic sediment, as well as a small amount of hyperechogenic adhered sediment like material. With 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 6.0 cm, and the right kidney measures 6.5 cm.

Reproductive System

Small, hypoechogenic prostate measuring 1.1 cm x 1.8 cm in size.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal measures 0.44 cm, and 0.56 cm in width.

The right adrenal gland was not clearly visualized.

Spleen

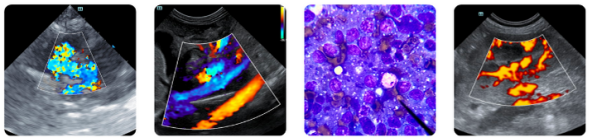
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Small focal hypoechogenic parenchymal nodule measuring approximately 1.1 cm in the body of the spleen. The spleen measures 3.4 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.

Gallbladder

Full containing a small amount of non-adhered hyperechogenic sediment. 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. Small amount of ingesta and gas present within the stomach.

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Focal, non-vascularized cystic mass like structure cranial to the right kidney measuring approximately 1.2 cm x 4.0 cm in size.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment.
- Mesenteric cyst.
- Splenic nodule.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the urinary bladder sediment would be hematuria, as per the patient's history. Although the hyperechogenic sediment is most likely a hematoma formation, with the presenting clinical signs, neoplasia should still be considered.

The most likely etiology for the splenic nodule would be incidental reactive hyperplasia, extramedullary hematopoiesis, with hematoma, granuloma, and emerging neoplasia a less likely differential diagnoses.

The mesenteric cyst can be considered an incidental finding.

The gallbladder sediment can also be considered an incidental finding.

Further assessment would be BRAF analysis. Monitoring of the splenic nodule would be recommended and if there's any progressive enlargement or bulging of the overlying capsule noted, then splenectomy should be considered.

Specific therapy would be dependent on an etiological diagnosis.

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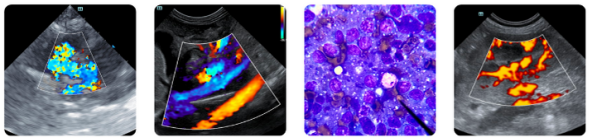

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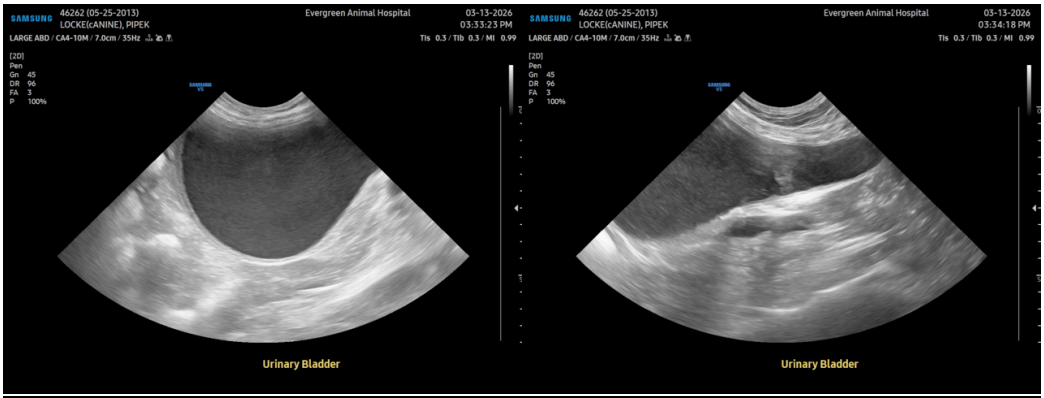

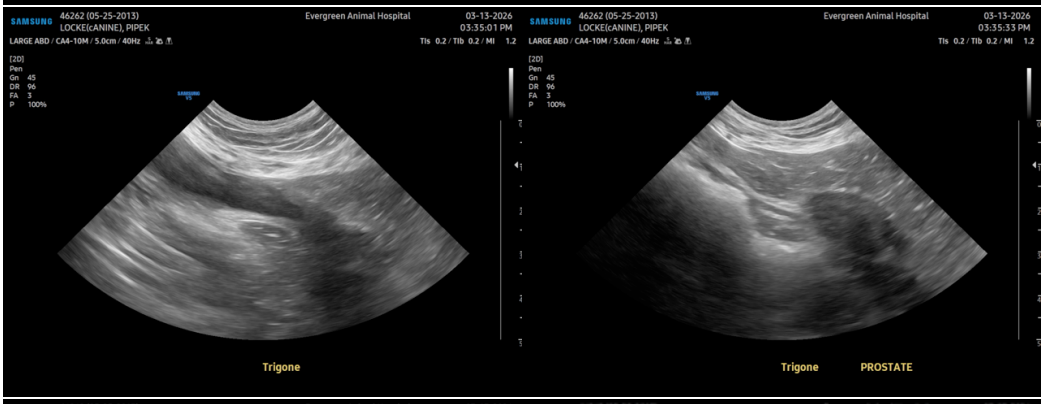

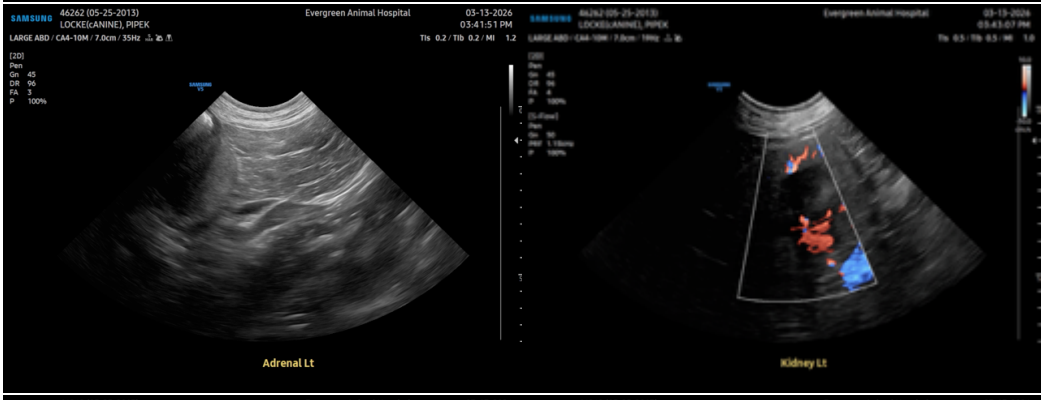

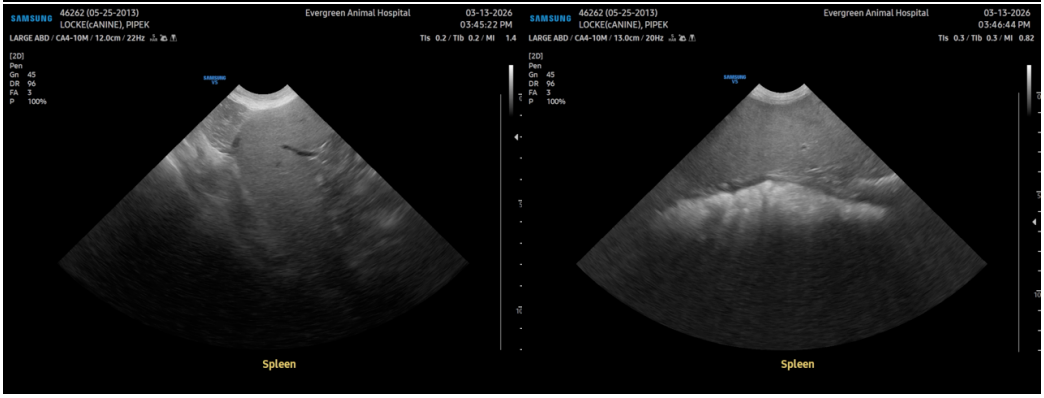

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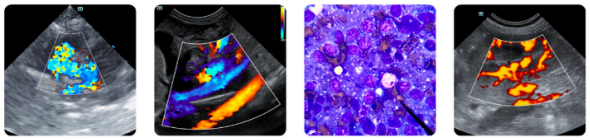

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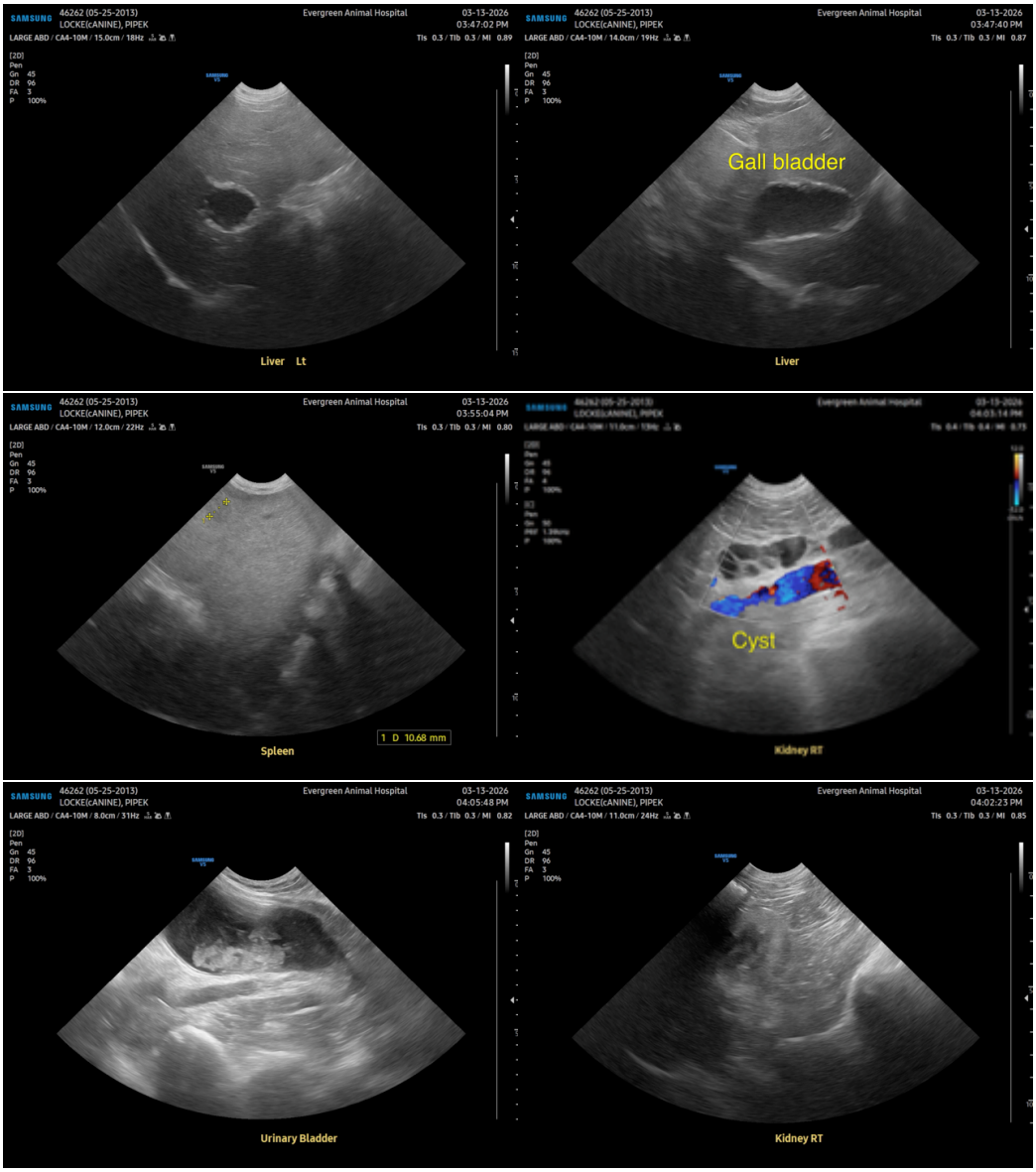

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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