



PATIENT PRESENTING CLINICAL SIGNS

- Sammie Browning
- Splenic mass noted while screening prior to anesthesia for TPLO.
 - Doing well clinically
- SPECIES**
- History of multiple cutaneous MCT

Canine Abnormal PE/Chem/CBC/UA Results: PE= Solitary cutaneous MCT ~ 1 cm, otherwise no concerns. CBC: Hemoglobin= 13.6 g/dL (14.6-21.7), MCH= 21.6 pg (22.1-26.7), MCHC= 30.3 g/dL (32.3-38), all other values WNL. Chem: Potassium = 5.7 mmol/L (4-5.4), Na: K Ratio= 26 (28-37), all other values WNL. U/A: Specific Gravity= 1.023, Crystals OCCASIONAL CALCIUM OXALATE DIHYDRATE (0-1)/HPF Otherwise inactive sediment

BREED

Pitbull Terrier

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Female Spayed

AGE

11

URINARY SYSTEM

Small, almost empty 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.

WEIGHT

75 lbs

Normal renal size (left 6.2 cm / right 6.7 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 evident in both kidneys.

INTERPRETED BY Adrenal Glands

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

The left adrenal gland is of shape, echogenic appearance, size (1.49 cm in length x 0.51 and 0.38 cm in width), position, and appearance of the visible peri-renal vasculature. The right adrenal gland is not clearly visualized, but appears to be of normal shape, echogenic appearance, and size.

Spleen

Large, irregular, mottled echogenic mass in the head of the spleen (measuring approximately 3.0 x 4.0 cm in size). The rest of the spleen is of normal size (1.8 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.

HOSPITAL NAME Liver

Humboldt VMG

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

REFERRING VET Gallbladder

Desen Ertunc, DVM

Small, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

INVOICE Gastrointestinal

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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.

DATE Pancreas

3-18-26

The visible section of the pancreas is of normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.



PATIENT *Free Abdomen*
Sammie Browning Normal mesenteric lymph nodes.
No ascites evident.

SPECIES **ULTRASONOGRAPHIC FINDINGS**

Canine Splenic mass

BREED **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Pitbull Terrier Etiologies for the splenic mass would be hematoma, granuloma, and neoplasia.

SEX Further assessment would be three-view thoracic radiographs, echocardiography to evaluate the right atrium and right auricle, and possibly FNA cytology of the splenic mass. Splenectomy should be considered, as it could be both diagnostic and therapeutic, with further specific therapy dependent on an etiological diagnosis.

Female Spayed

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WEIGHT

75 lbs

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IMAGING PERFORMED BY

Desen Ertunc, DVM

HOSPITAL NAME

Humboldt VMG

REFERRING VET

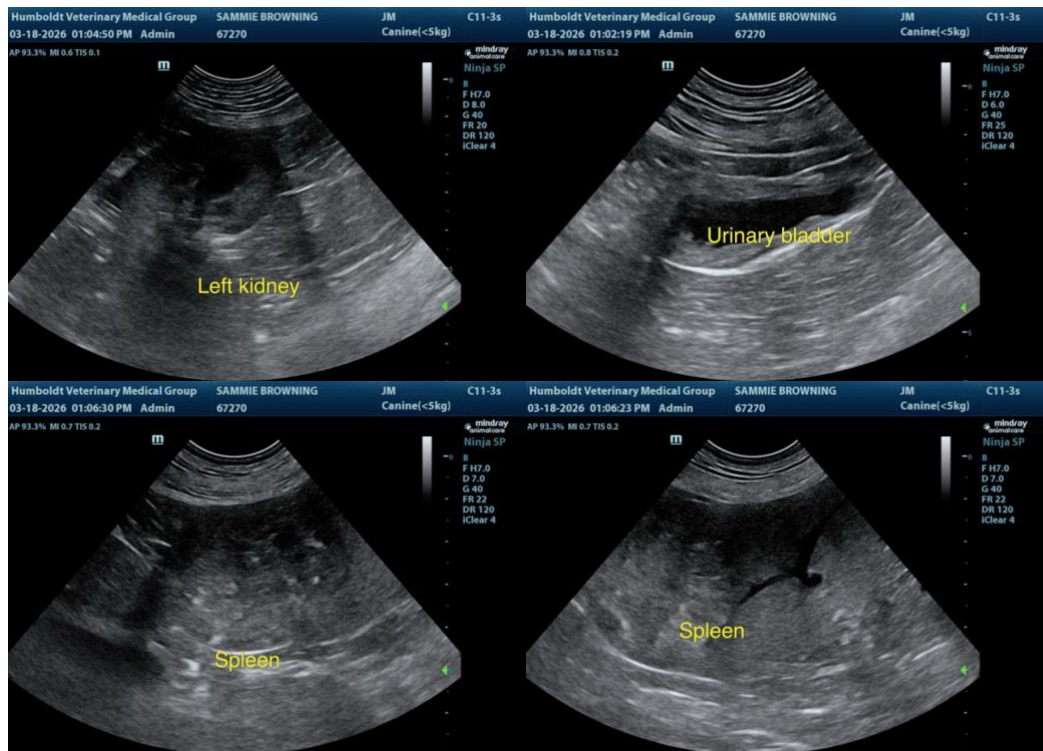
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PATIENT

Sammie Browning

SPECIES

Canine

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Pitbull Terrier

SEX

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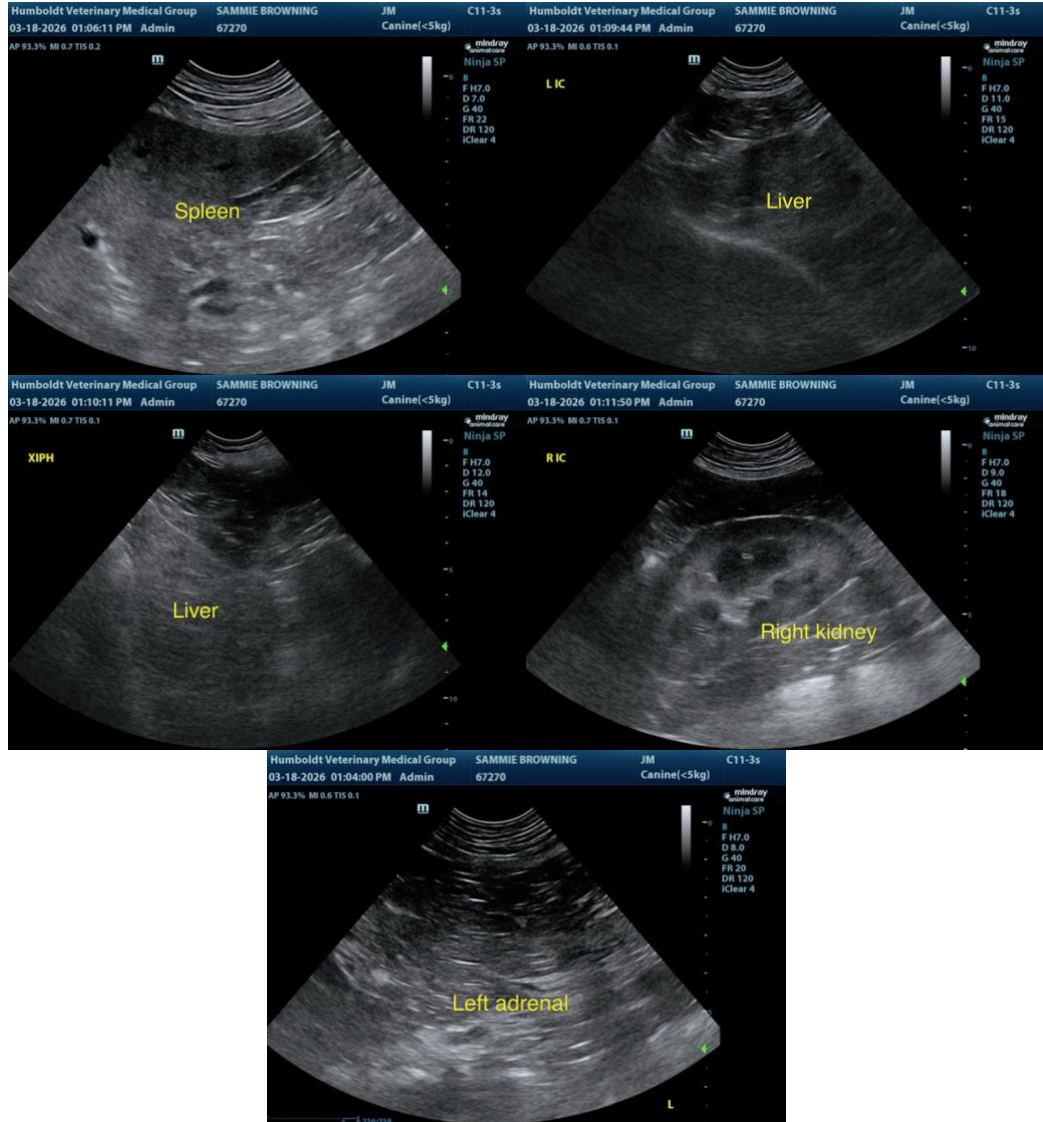
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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