



## PATIENT

Tucker Louis Higley

## SPECIES

Canine

## BREED

Heeler Mix

## SEX

Neutered male

## AGE

12 ½ years

## WEIGHT

91 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Carly Pate

## HOSPITAL NAME

VCA McKenzie AH

## REFERRING VET

Dr. Arpaia

## INVOICE

75072

## DATE

4/30/26

## PRESENTING CLINICAL SIGNS

History: P presents for increasing weight, lethargy and pursuing imaging following abnormal lab results- neutrophilic leukocytosis, low TT4, urate crystals.

C reports P's mobility is no longer improving with Rovera and Librela, and C notes weight loss has been unsuccessful despite calorie restriction.

Abnormal PE/Chem/CBC/UA Results: Chemistry profile - ALBUMIN 2.4 (2.7 - 4.4 g/dL) GLOBULIN 4.2 (1.6 - 3.6 g/dL) ALK PHOS 579 (5 - 131 IU/L) - 341 in 8/2025; CBC - WBC 24.2 (4 - 15.5 10<sup>3</sup>/uL) Absolute Neutrophils 21780 (2060 - 10600/uL) Absolute Bands 242 (0 - 300 /uL) Absolute Lymphocytes 484 (690 - 4500 /uL) Absolute Monocytes 1452 (0 - 840) Platelet Count 596 (170 - 400) - increased Urinalysis - USG 1.029 pH 5.5 urine chems: 1+ protein, 1+ bilirubin urine sedi: amorphous urate crystals >50 per high power field MA: (<2.5) 0.9

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is full 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 7.3 cm, right measured 7.1 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.

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 0.85 cm and 0.93 cm in width. The right adrenal gland measured 0.83 cm and 1.09 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. A large, irregular, mottled echogenic, non-vascularized mass originating off the head of the spleen measuring 18 x 20 cm in size. A hyperechogenic appearance of the mesentery surrounding the mass. Incidental myelolipomas are present. The spleen measures 1.6 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 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 pancreas is enlarged (left pancreas measured 4.9 cm in width) with a mottled echogenic appearance and an irregular capsule. Mild, increase in the echogenic appearance of the mesentery and fat surrounding the pancreas.

### *Free Abdomen*

Normal mesenteric lymph nodes.

No ascites evident.

### *Thorax*

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

## ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Chronic pancreatitis versus pancreatic fibrosis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenic mass would be neoplasia with granuloma and hematoma unlikely differential diagnosis.

Further assessment would be three view thoracic radiographs and CPL/PSL assay.



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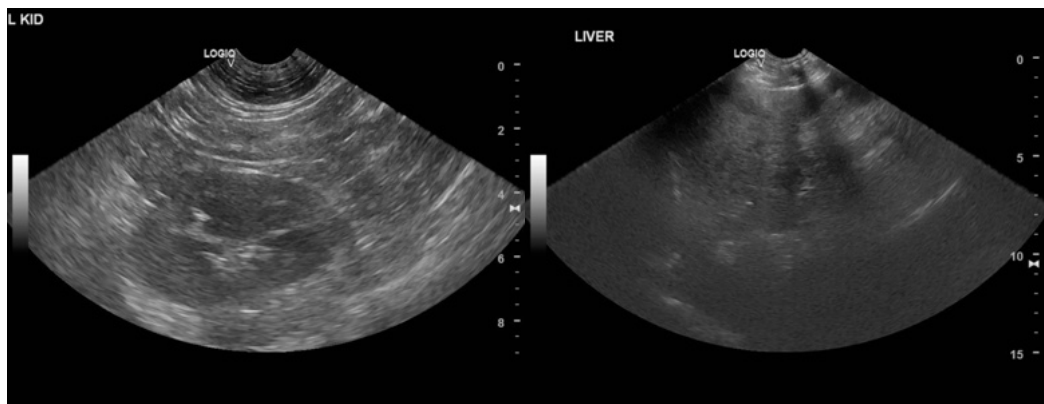
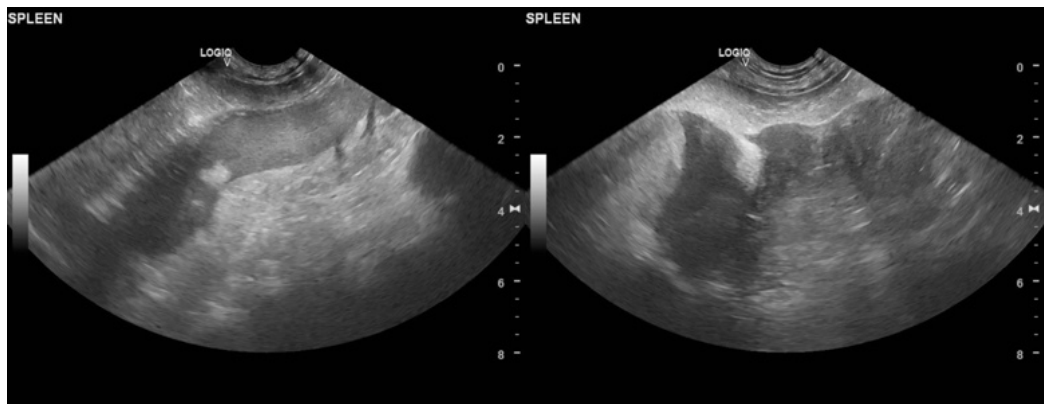
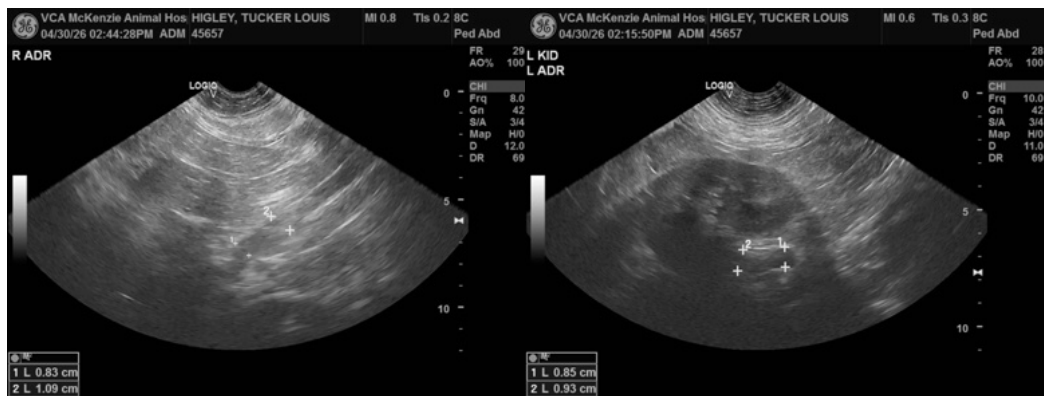
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Splenectomy should be considered as it could both diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis.

Biopsy of the pancreas would also be recommended during the surgery for the splenectomy.





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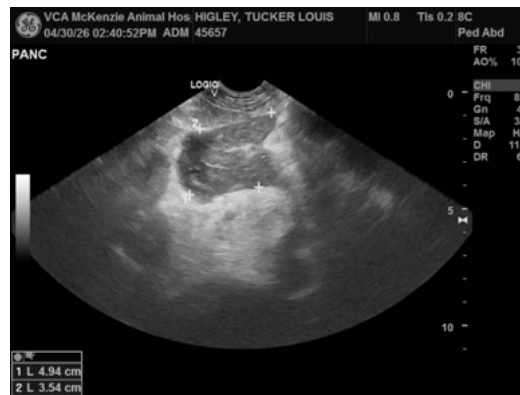
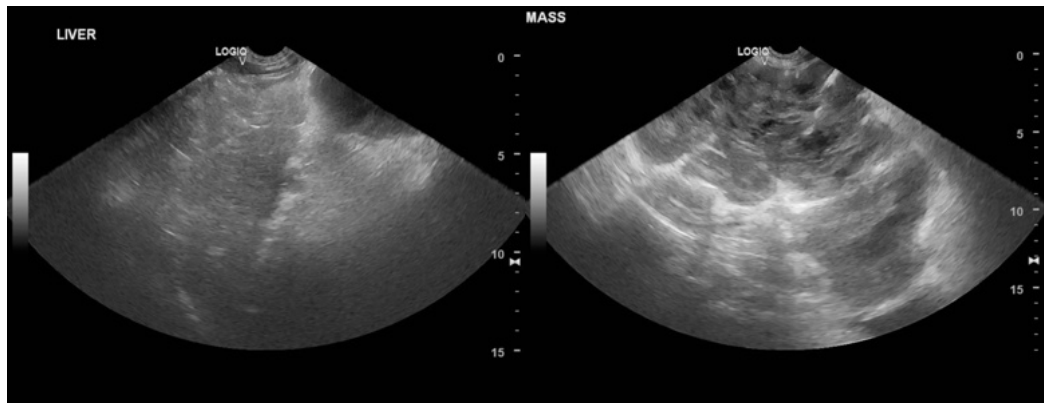
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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