



PATIENT

Chance Palermo

SPECIES

Canine

BREED

American Bulldog Mix

SEX

Neutered Male

AGE

11 Years 5 Months

WEIGHT

67 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Emilie Papell

HOSPITAL NAME

Calusa Veterinary
Center

REFERRING VET

Dr. Emilie Papell

INVOICE

16046

DATE

05/11/26

PRESENTING CLINICAL SIGNS

History of mast cell tumor - removed from prepuce 1/24. Hx of cutaneous hemangioma - undergoing cryoprobe therapy.

Abnormal PE/Chem/CBC/UA Results: ALT 615 ALP 573 Pro BNP: 1210

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small 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.

Small hypoechoic prostate measuring 1.2 cm width.

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 6.7 cm in length. The right kidney measured 7.0 cm in length. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 2.47 cm length x 0.80 cm and 0.69 cm in width. The right adrenal gland measured 2.62 cm length x 0.56 cm and 0.44 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. Irregular mottled echogenic non-vascularized mass in the body of the spleen measuring approximately 1.7 cm x 2.4 cm width. The spleen measures 2.4 cm 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 gallbladder containing a moderate amount of nonadhered hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

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.

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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.

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Free Abdomen

Normal mesenteric lymph nodes.

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No ascites evident.

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ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Gallbladder sediment.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenic mass would be hematoma, granuloma and neoplasia with extramedullary hemopoiesis/reactive hyperplasia an unlikely differential diagnosis. The gallbladder sediment is most likely an incidental finding. Although the liver appears ultrasonographically normal with the elevated liver enzyme activity and underlying hepatopathy such as reactive hyperplasia, vacuolar and metabolic should still be considered.

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Further assessment would be three view thoracic radiographs, echocardiography to evaluate the right atrium and right auricle and FNA cytology of the liver. FNA cytology of the splenic mass could also be considered. A tru-cut or wedge biopsy of the liver may however be required for a final etiological diagnosis. Specific therapy would depend on an etiological diagnosis.

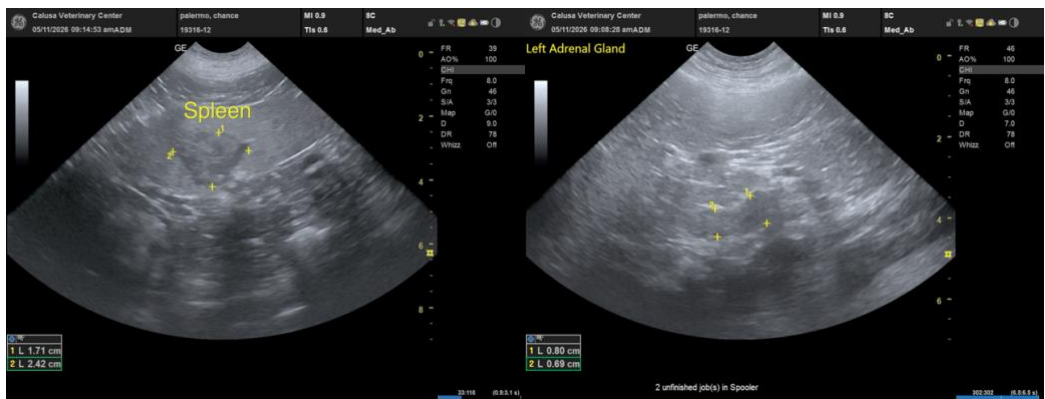
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Splenectomy could be considered as it could be both diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis. Symptomatic management of the hepatopathy and the gallbladder sediment would be the use of Ursodiol with regular monitoring of liver enzyme activity.

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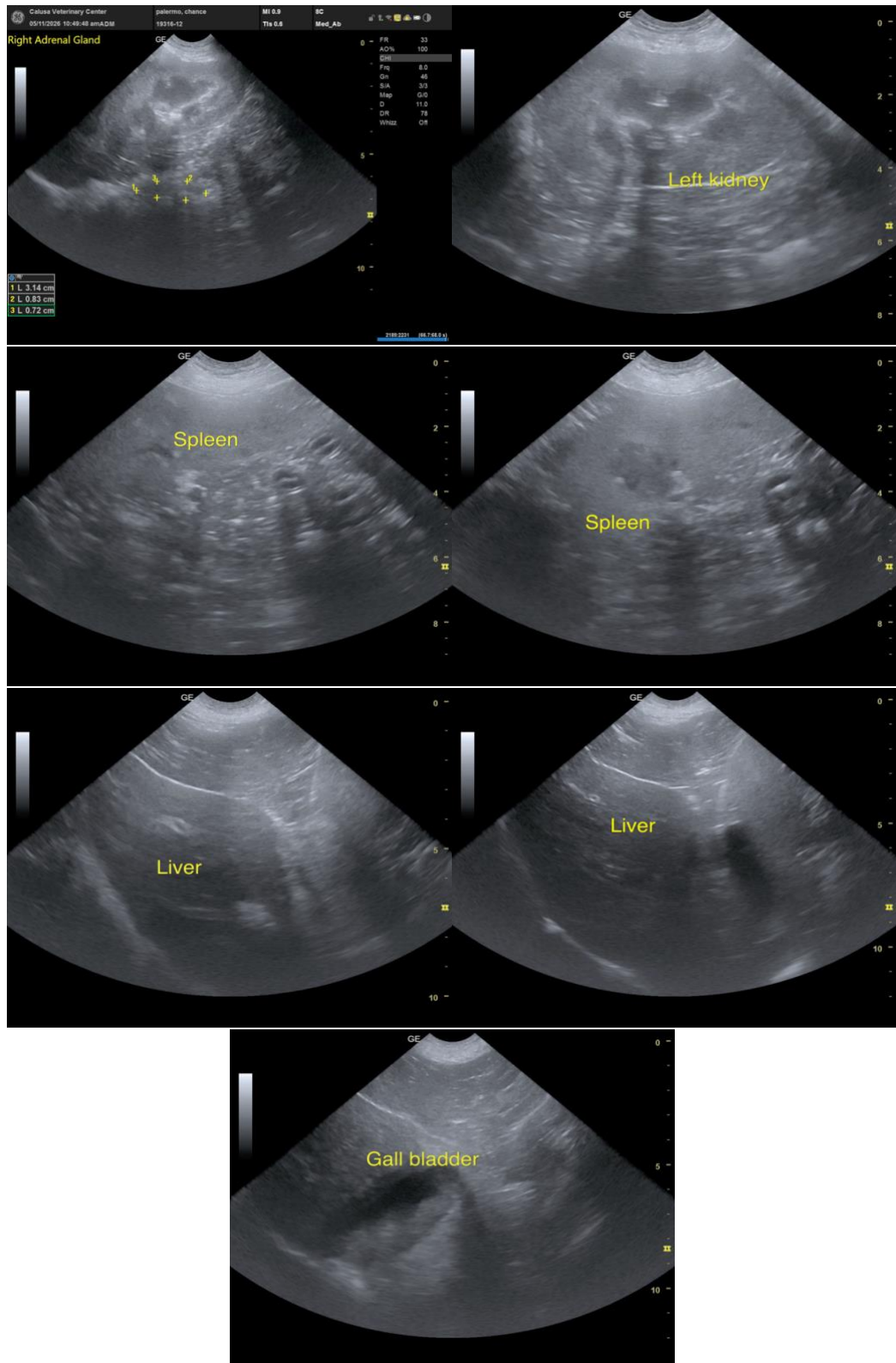
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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