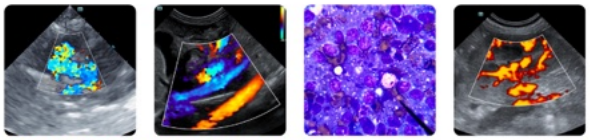


PATIENT

Lucy Lewalski

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

12 ½ years

WEIGHT

62.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Arms

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

Dr. Alivernini

INVOICE

75536

DATE

5/14/26

PRESENTING CLINICAL SIGNS

History: Splenomegaly suspected on abdominal palpation
Increased LES, Increased WBC, Increased platelets, dilute urine with bacteria and proteinuria
Abnormal PE/Chem/CBC/UA Results: ALT 469, GGT 18, Leukocytes 17.3, neut 14878, plt 1283k, usg 1.008 with cocci and rods, low normal TT4, UPC 1.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 6.7 cm, right measured 6.8 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.

Adrenal Glands

An irregular, hypoechogenic mass measured 1.5 x 2.8 cm in size. A few, small parenchymal cysts are present. The left adrenal gland maintained normal position and appearance of the visible peri-adrenal vasculature. The right adrenal gland is not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

Spleen

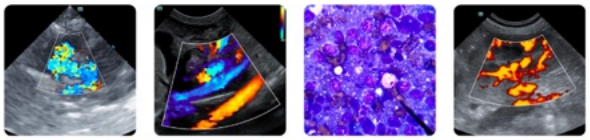
The spleen revealed a large, well circumscribed, hypoechogenic mass originating off the body of the spleen measuring 5.0 x 6.0 cm in size. The rest of the spleen is of normal size (1.6 cm in width) maintaining a normal echogenic appearance, smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.

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 full containing a small amount of 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.

Pancreas

The pancreas was not clearly visualized, but the 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.

A scant amount of ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Left adrenal mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenic mass would be neoplasia, granuloma and possible hematoma. With the isosthenuria, elevated ALP activity and thrombocytosis the left adrenal mass may present a functional carcinoma with pheochromocytoma a less likely differential diagnosis.

The gallbladder sediment can be considered an incidental finding.

The small amount of ascites can be ascribed as secondary to the splenic mass.

Further assessment of the splenic mass would be three view thoracic radiographs, echocardiography to evaluate the right atrium and right auricle and possibly FNA cytology of the mass.

Further assessment of the left adrenal gland mass would be urine cortisol to creatinine ratio and if abnormal then adrenal function testing (ACTH stimulation/LDDST) would then be indicated.

Urine/plasma catecholamine assay could also be considered.

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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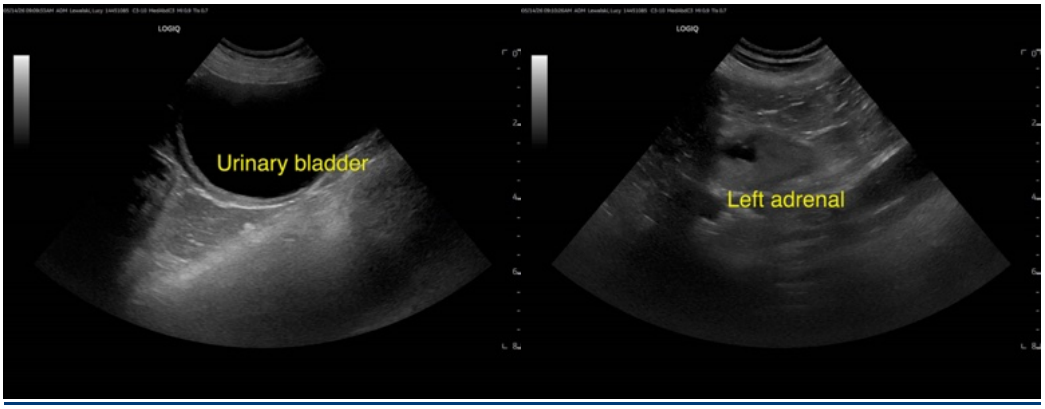

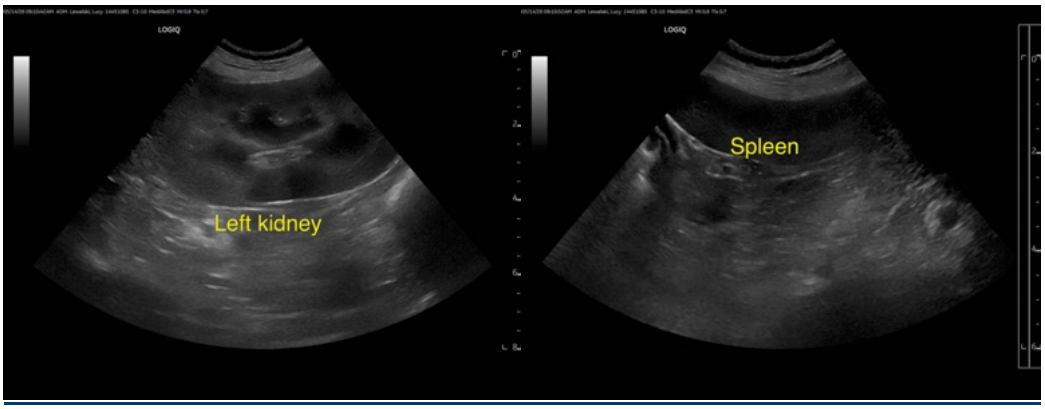

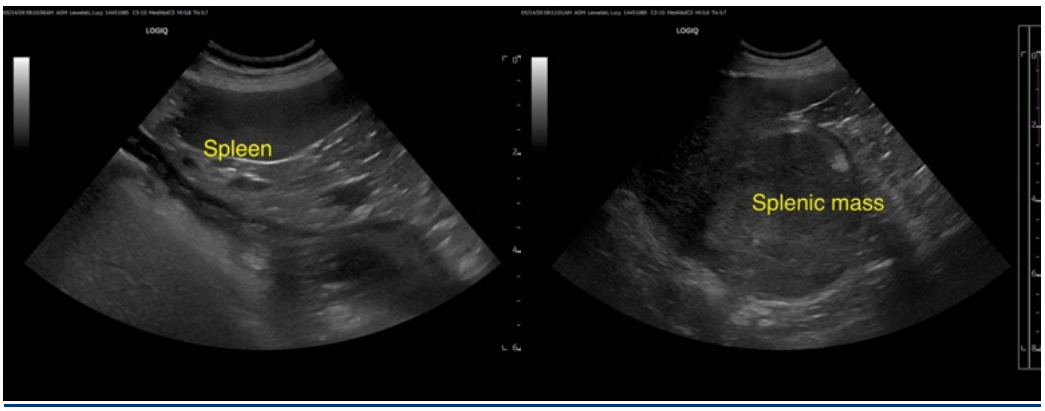

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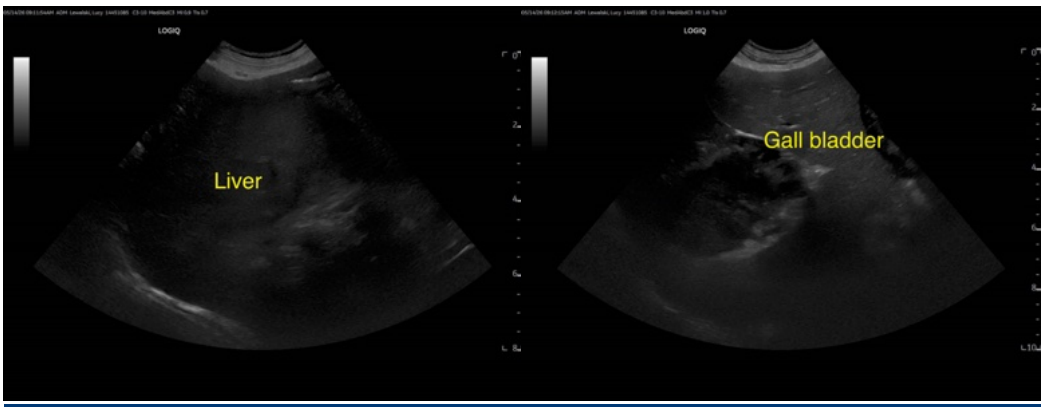

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com