



PATIENT

Gucci Williams

SPECIES

Canine

BREED

Pitbull

SEX

Spayed female

AGE

14 years

WEIGHT

22.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Leah Richter

HOSPITAL NAME

Allied Veterinary
Emergency & Referral

REFERRING VET

Dr. Richter

INVOICE

78060

DATE

5/28/26

PRESENTING CLINICAL SIGNS

History: History of elevated liver enzymes and increased panting. Annual exam and BW on 5/7 showed progressive liver enzyme elevations. Abdominal xrays were recommended and pursued on 5/21 which showed a mass in the caudal abdomen. Separation anxiety

Elevated liver values

Hair loss present for about a year

Frequent licking all over body for past 1.5 yrs

Abnormal PE/Chem/CBC/UA Results: Thin hair coat diffusely Patchy alopecia Light pink/hairless wart-like lesions in multiple locations 10/2/25 CBC: WNL Chem: ALT 185 (H), ALP 385 (H), otherwise WNL 5/7/26 CBC: Lymph 0.47 (L), otherwise WNL Chem: K 5.5 (H), Na/K ratio 27 (L), AG 28 (H), ALT 230 (H), AST 79 (H), ALP 638 (H), GGT 18 (H), Chol 422 (H), Lipase 407 (H), otherwise WNL TT4: 1.1 (N) 4DX: Negative x4 5/21/26 AXR: Abdominal mass caudoventral to left kidney (6x8 cm, but may be inaccurate due to lack of calibration)

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 6.0 cm, right measured 6.3 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

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.56 cm in width. The right adrenal gland measured 0.72 cm in width.

Spleen

A large, irregular, mottled echogenic mass measuring 5.0 x 6.0 cm in size originating off the head of the spleen. The rest of the spleen is of normal size (2.9 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.



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Liver

Normal size with a diffuse, mottled echogenic coarse appearance, normal 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 was not visualized.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

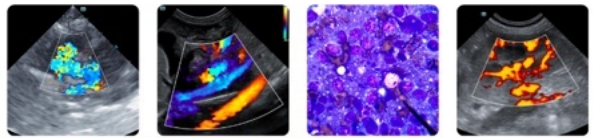
- Splenic mass.
- Hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Etiologies for the hepatopathy would be nodular hyperplasia, chronic active hepatitis, granulomatous disease and possibly infiltrative neoplasia.

Further assessment would be based on the pending cytology results, but could include three view thoracic radiographs (if not already done), echocardiography to evaluate the right atrium and right auricle and possibly FNA cytology of the splenic mass.



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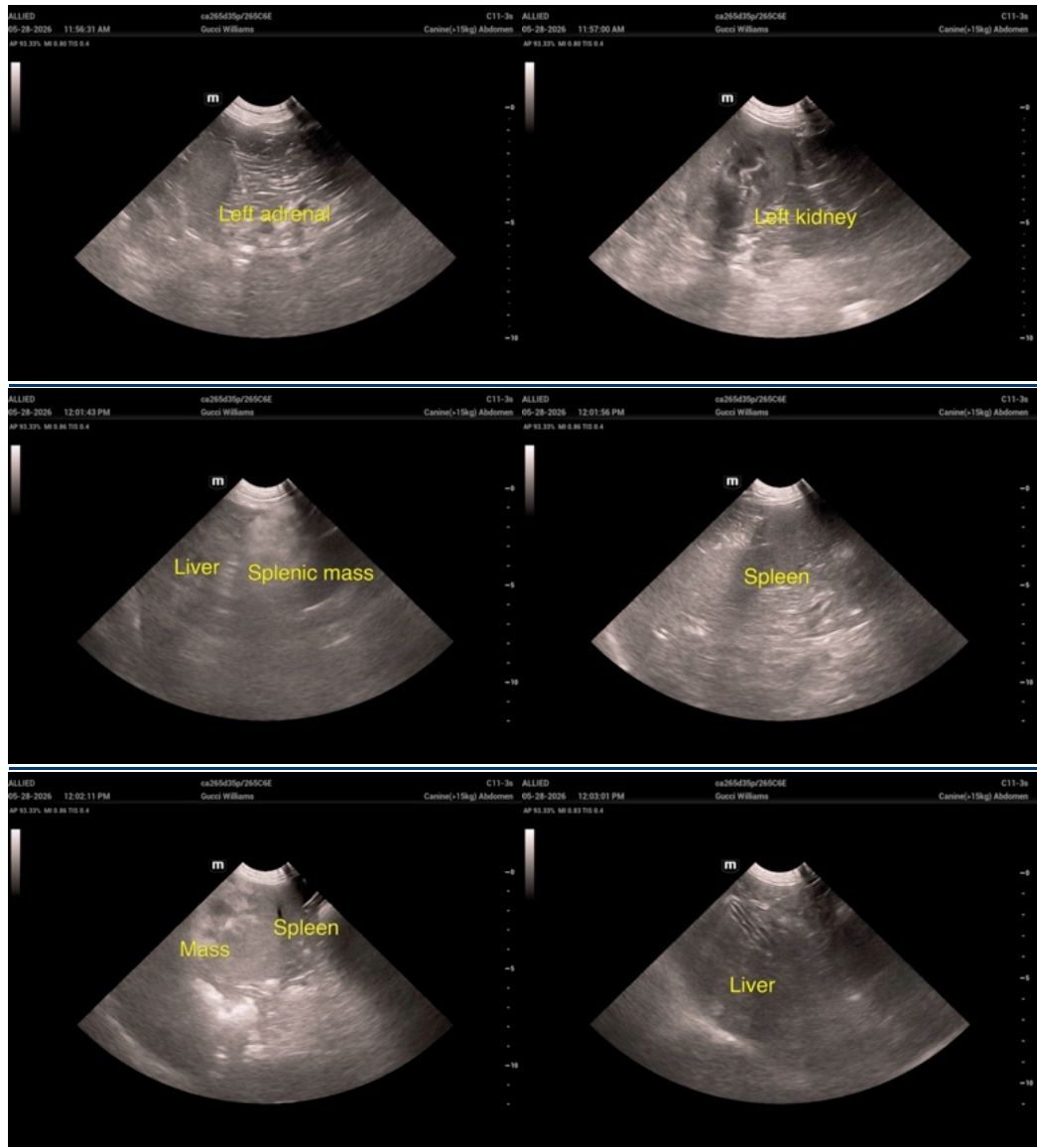
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Splenectomy can be considered as it may be both diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis.

Symptomatic management of the hepatopathy that could be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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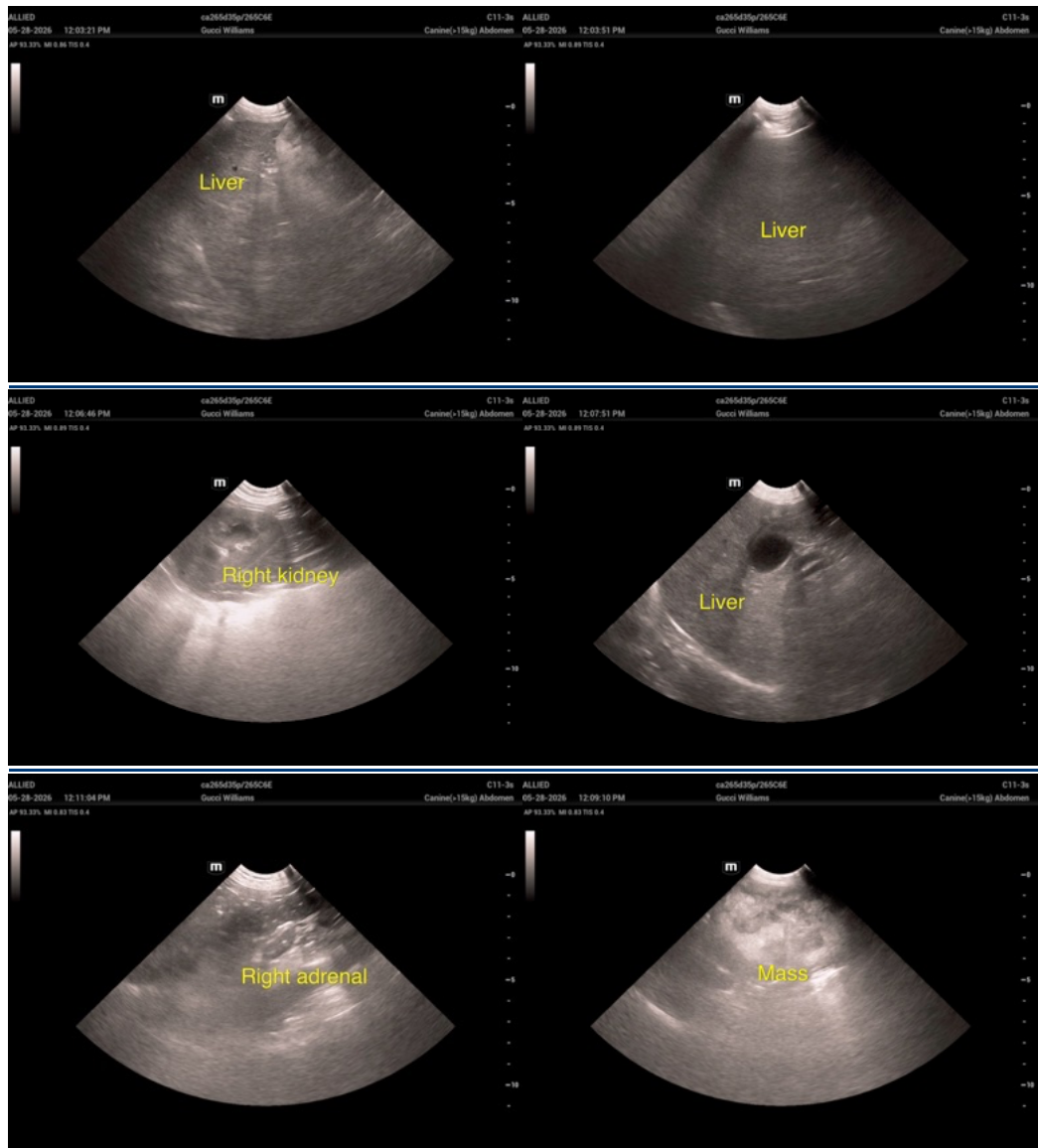
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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