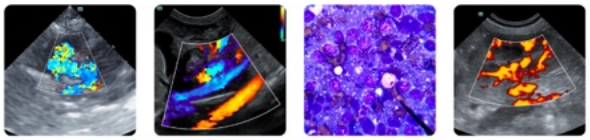


PATIENT

Archie Schultz

SPECIES

Canine

BREED

Welsh Springer Spaniel

SEX

Neutered male

AGE

3 ½ years

WEIGHT

38 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Schultz

HOSPITAL NAME

Northshore VH

REFERRING VET

Dr. Schultz

INVOICE

78123

DATE

5/28/26

PRESENTING CLINICAL SIGNS

History: AUS to screen for deep abscesses or lymphadenopathy.
P had scrotal abscess that was culture positive for Nocardia Apr 2026. Treatment was scrotal ablation and castration 7 Apr 2026, then doxycycline started for systemic abx therapy planned for several months. Incision is healing well, no external evidence of bacterial regrowth. Chest radiographs taken 18 Apr and 26 May both clear for pulmonary changes per radiologist.
P is on immunosuppressive therapy for IMPA (cyclosporine 100 mg q12h since Jan 2026, prednisone 30 mg daily x 1 week due to recent flare of symptoms). I will be discussing case with internal medicine to decide a different immunosuppressant since p flared despite cyclosporine. His immune-mediated disease is why we did not choose TMS for the Nocardia abx.
Abnormal PE/Chem/CBC/UA Results: PE: moderate muscle wasting secondary to pred; mild hip discomfort but no lameness or active effusion CBC 26 May: neutrophilia and monocytosis consistent with high-dose pred chem 26 May: mild inc ALP U/A 26 May: USG 1.047 with borderline proteinuria (UPC 0.3), otherwise quiet

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 6.2 cm, right measured 6.4 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 is evident in both kidneys.

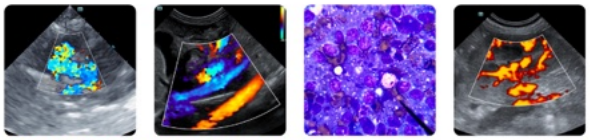
The prostate is small and hypoechogenic measuring 1.5 x 2.0 cm in size.

Adrenal Glands

The adrenal glands are bilaterally small in size and dorsoventrally flattened maintaining a normal echogenic appearance, position and appearance of the visible periadrenal vasculature. The left adrenal gland measured 1.7 cm in length x 0.32 cm in width. The right adrenal gland measured 1.5 cm in length x 0.3 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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.8 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 full 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 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.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Bilaterally small adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the adrenal glands would be consistent with the cortisone therapy that the patient is on.

On this ultrasound there is no obvious evidence of intraabdominal lymphadenomegaly.

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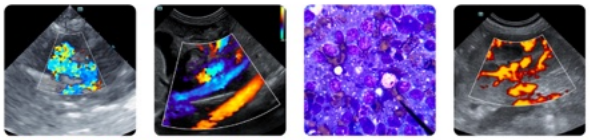

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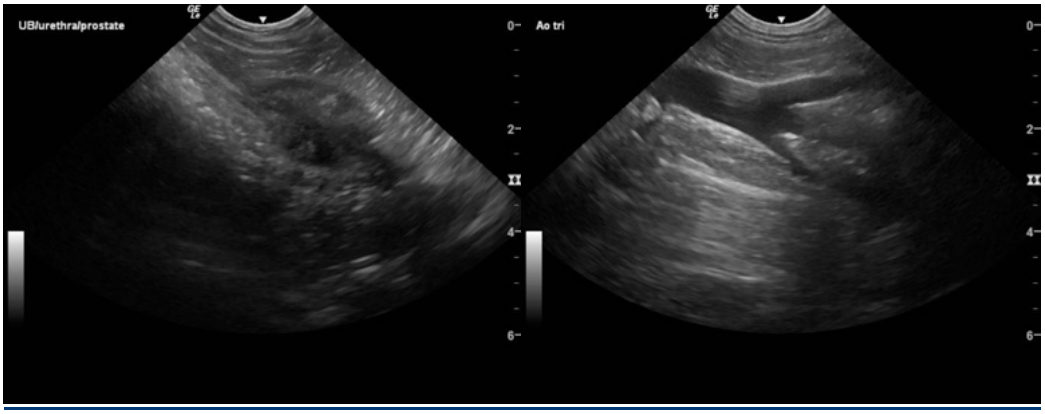

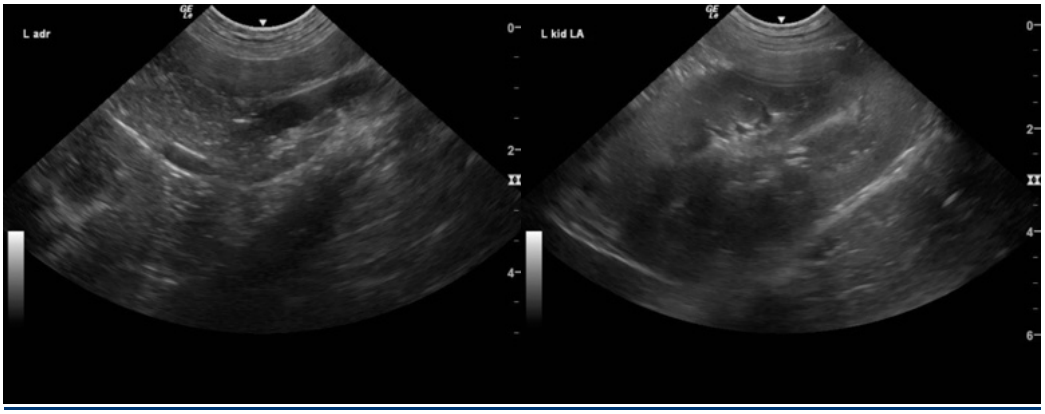

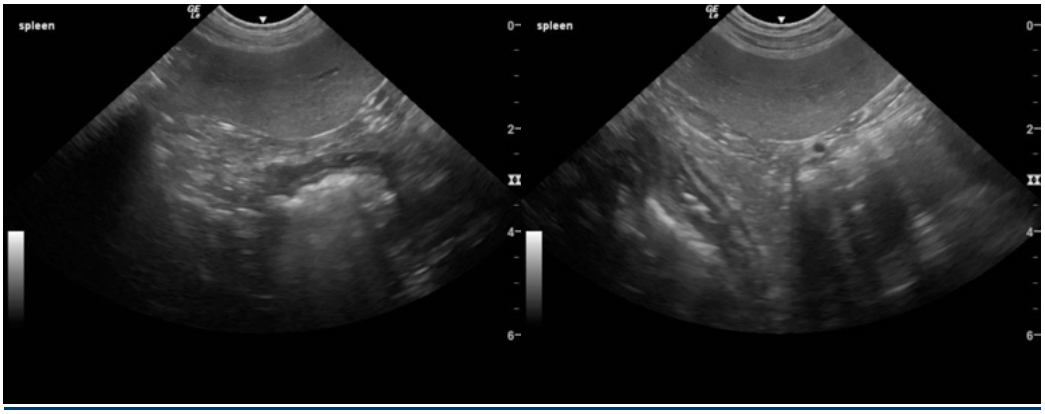

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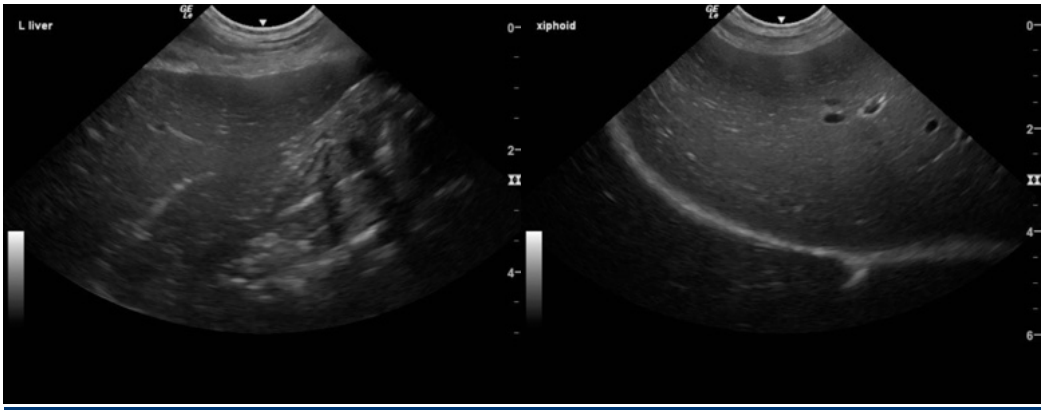

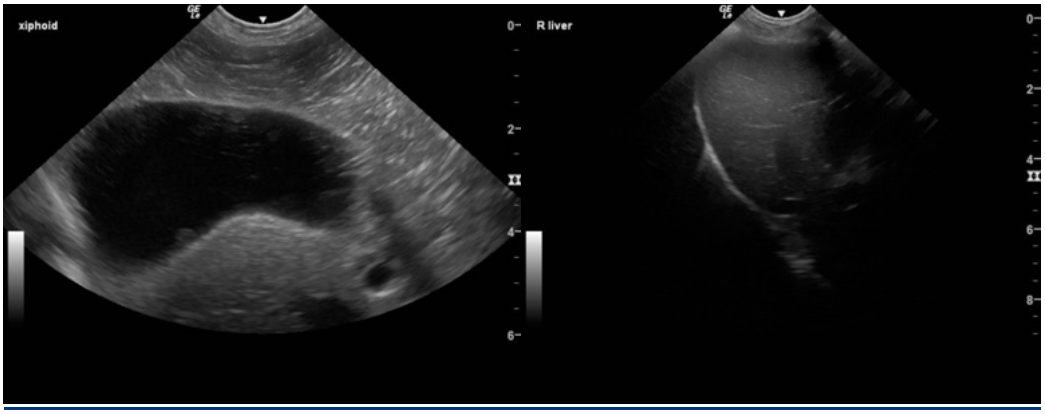

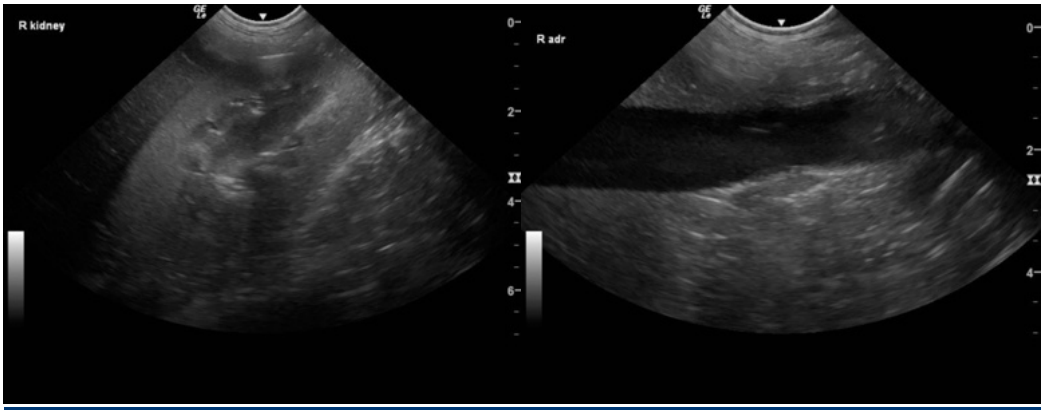

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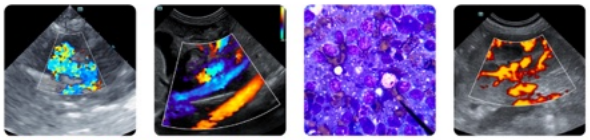

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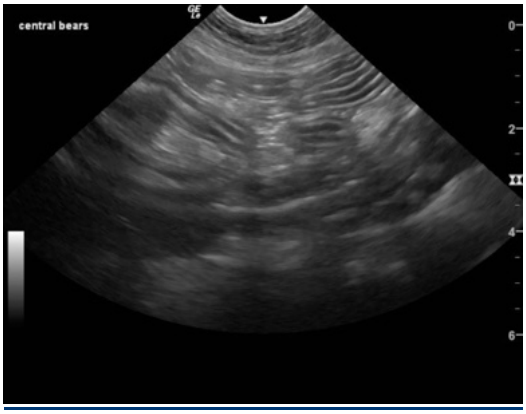

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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