



## PATIENT

Rudy Huxtable  
Hlmstead

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Spayed female

## AGE

14 years

## WEIGHT

9.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Rebekah Keller

## HOSPITAL NAME

Falnders VC

## REFERRING VET

Dr. Cheng

## INVOICE

78157

## DATE

6/1/26

## PRESENTING CLINICAL SIGNS

History: Possible Splenic Mass on Radiographs  
Hx of UTI's -U/A normal except for low SG of 1.014  
Abnormal PE/Chem/CBC/UA Results: Urine SG 1.014

## 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. The urinary bladder wall measured 0.4 cm.

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 4.0 cm, right measured 3.6 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, left sided mild pyelectasia and a regular curvilinear capsule. Normal right-sided pelvis. No infarcts, mineralization or renoliths evident. 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. Left adrenal gland measured 1.48 cm in width x 0.34 cm and 0.23 cm in width. The right adrenal gland measured 1.27 cm in length x 0.47 cm and 0.37 cm in width.

### Spleen

The spleen revealed a large, well-circumscribed, hypoechogenic to mottled echogenic mass measuring 4.1 x 4.5 cm originating off the head of the spleen. The rest of the spleen is of normal size 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. The spleen measured 1.1 cm in width.

### Liver

Normal size with a diffuse, increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. Few, hypoechogenic parenchymal nodules measuring 0.4 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.



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## *Gallbladder*

The gallbladder is full containing a large amount of non-adhered, hyperechogenic sediment. 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

- Splenic mass.
- Hepatopathy.
- Hepatic nodules.
- Gallbladder sediment.
- Age related renal changes versus early chronic kidney disease.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Etiologies for the hepatopathy would be reactive hyperplasia, nodular hyperplasia, vacuolar and metabolic with infiltrative neoplasia and hepatitis a less likely differential diagnosis.

The most likely etiology for the hepatic nodules would be age related nodular hyperplasia. Granulomatous disease and infiltrative neoplasia would be unlikely differential diagnosis.

Although the gallbladder sediment is most likely an incidental finding, monitoring for the development of a mucocele would be recommended.



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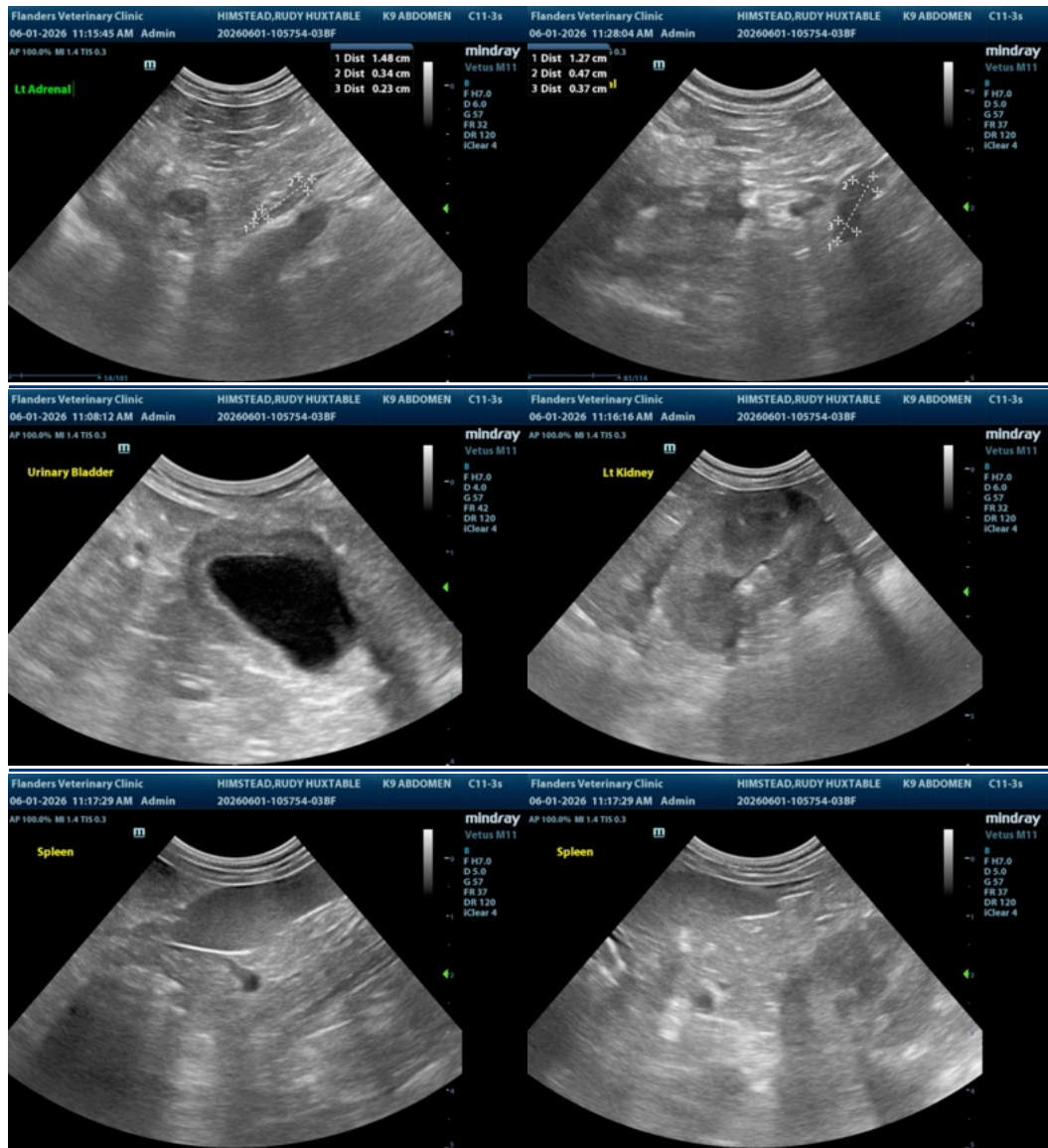
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Further assessment would be three view thoracic radiographs, echocardiography to evaluate the right atrium and right auricle and possibly FNA cytology of the splenic mass and liver.

A tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis.

Splenectomy should be considered as it could be both diagnostic and therapeutic as well as allowing for a wedge biopsy of the liver.





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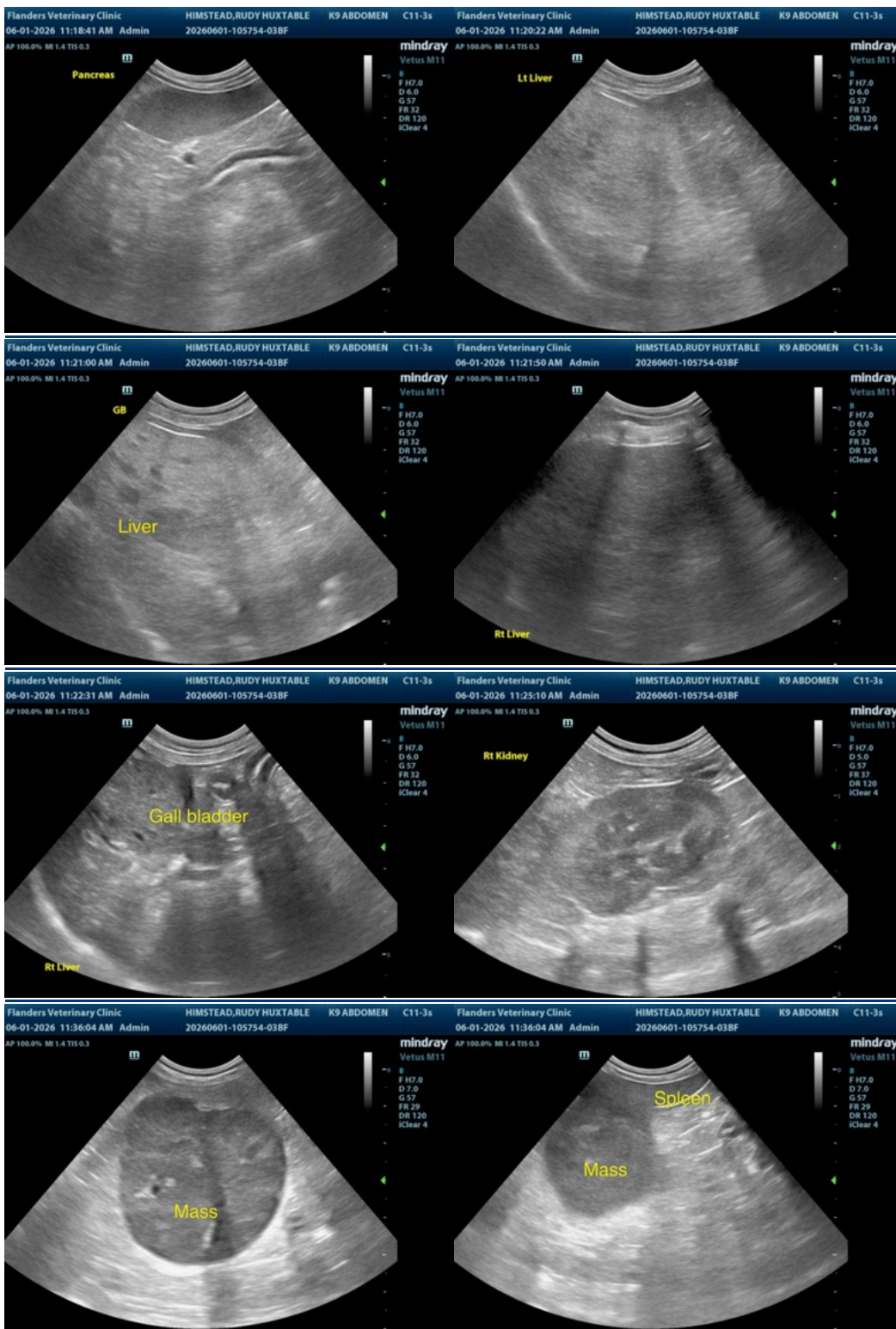
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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