



**PATIENT PRESENTING CLINICAL SIGNS**

Ivy Parsons History: Elevated ALT. Acute Abdominal pain, straining to urinate and whining in pain for 1 day. Could not settle, pacing, tail tucking. Active urine sediment (white and red blood cells) without detectable bacteria. Also struggling with osteoarthritis which has become acutely causing immobility.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

Labrador Retr The urinary bladder is full, with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

**SEX**

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Spayed Female

**AGE**

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

12 years

**WEIGHT**

Normal renal size (left kidney 7.00 cm / right kidney 6.40 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. Focal hypoechoic nodule/cyst in the caudal pole of the right kidney (approximately 2.00 cm).

25 kg

**INTERPRETED BY**

**Adrenal Glands**

Poorly visualized, but appear to be of normal shape, appearance and size.

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**Spleen**

Normal size (1.90 cm) with an increased 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. Incidental myelolipomas.

**IMAGING PERFORMED BY**

Laura Field

**Liver**

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

**HOSPITAL NAME**

Westview VH

**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.

**REFERRING VET**

Laura Field

**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.

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**Pancreas**

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**DATE**

7.13.23

**Free Abdomen**

Normal mesenteric lymph nodes.

No ascites evident.



**PATIENT**      **ULTRASONOGRAPHIC FINDINGS**

Ivy Parsons      **Primary Findings**

- SPECIES**
- Renal nodule
  - Hyperechogenic spleen
- Canine

**BREED**      **Secondary Findings**

- Labrador Retr
- None

**SEX**

Spayed Female

**AGE**

12 years

**WEIGHT**

25 kg

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**HOSPITAL NAME**

Westview VH

**REFERRING VET**

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**DATE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

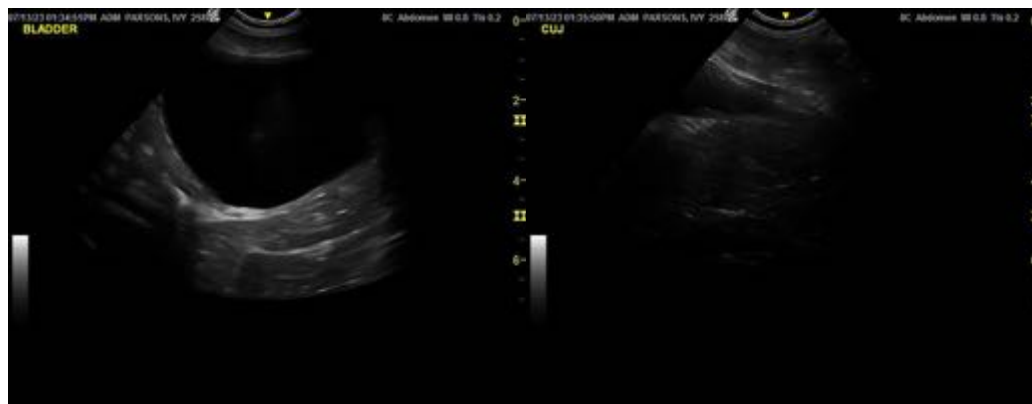
The most likely etiology for the renal nodule would be an incidental cyst, with neoplasia and granuloma differential diagnoses.

The appearance of the spleen is most likely an age-related change, with splenic hyperplasia, splenitis and infiltrative neoplasia less likely differential diagnoses.

It is possible that the renal nodule/cyst is the cause for the presenting clinical signs, as there may be stretching of the renal capsule. However, primary orthopedic and neurological disease needs to be considered.

Further assessment would be urine culture, FNA cytology of the spleen and renal cyst/nodule, as well as full orthopedic and neurological examination.

Specific therapy would be dependent on an etiological diagnosis.





**PATIENT**

Ivy Parsons

**SPECIES**

Canine

**BREED**

Labrador Retr

**SEX**

Spayed Female

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12 years

**WEIGHT**

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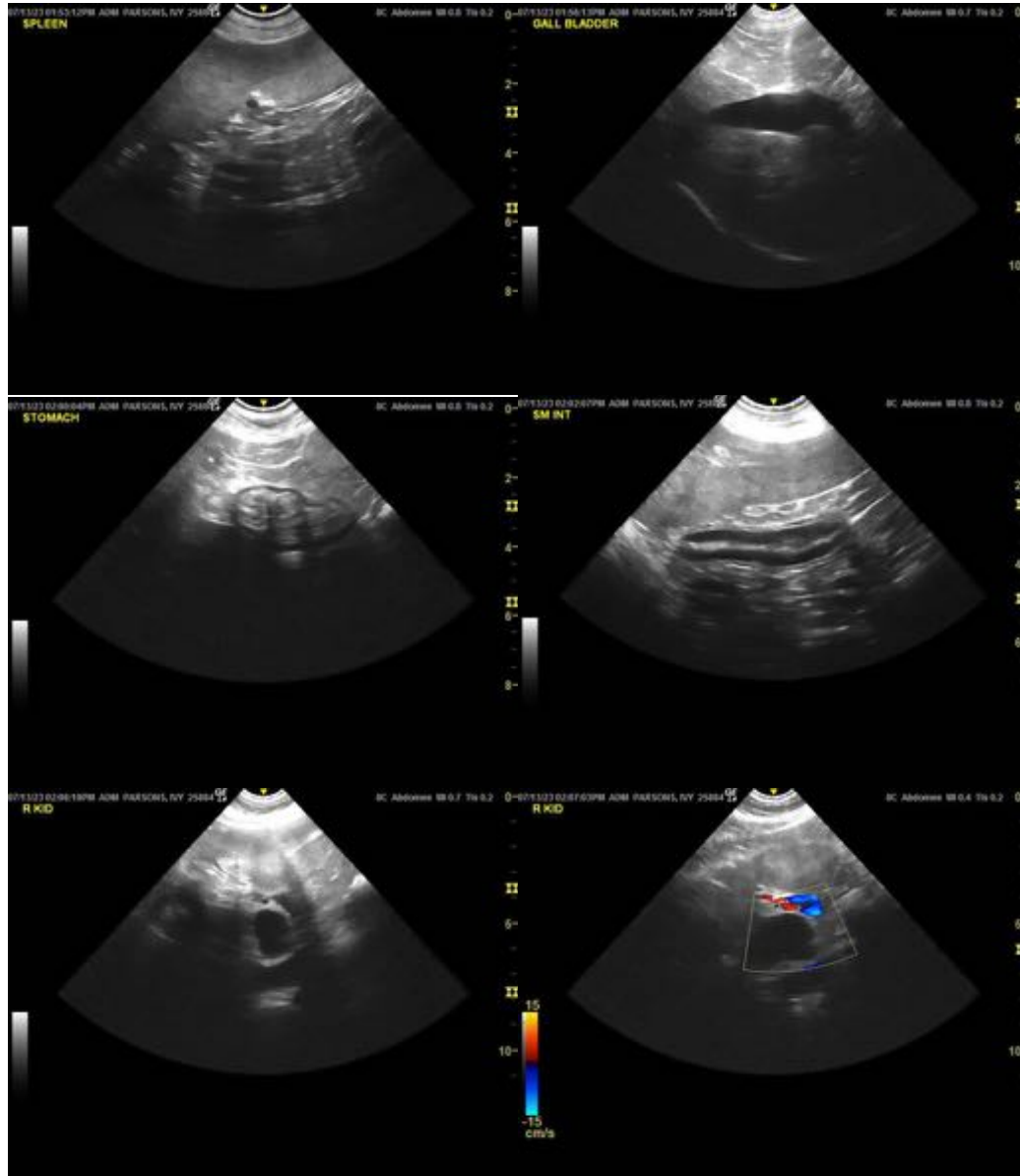
Laura Field

**HOSPITAL NAME**

Westview VH

**REFERRING VET**

Laura Field



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

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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.

**DATE**

7.13.23

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