



PATIENT PRESENTING CLINICAL SIGNS

Max Kane History: Two-month-history of intermittent vomiting and diarrhea although none in the past two weeks.
Abnormal PE/Chem/CBC/UA Results: Choles 343, TG 842, T4 1.1, PPSL 523

SPECIES

Canine

BREED

Shih Poo

SEX

Neutered Male

AGE

12 years

WEIGHT

14.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Marti Williams

HOSPITAL NAME

Limestone VH

REFERRING VET

Amanda Olsen

INVOICE

13860

DATE

7.26.23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full, with a normal thickness and smooth appearance of the wall. Small amount of floating hyperechogenic sediment present. No 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 kidney 4.10 cm) (right kidney 4.8 cm) increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident.

Reproductive System

Small, hypoechogenic prostate.

Adrenal Glands

Normal shape, echogenic appearance, size (left 0.63 cm) (right 0.53 cm), position, and appearance of the visible peri-renal vasculature.

Spleen

Normal size (0.80 cm) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Focal hypoechogenic parenchymal nodule (measuring 0.50 x 0.80 cm) in the body of the spleen. Incidental myelolipomas.

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 moderate amount of 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. Small amount of ingesta within the stomach.

Pancreas

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

Free Abdomen

Normal mesenteric lymph nodes.



PATIENT No ascites evident.

Max Kane **ULTRASONOGRAPHIC FINDINGS**

SPECIES **Primary Findings**

Canine

- Splenic nodule

BREED **Secondary Findings**

Shih Poo

- Urinary and gall bladder sediment
- Age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenic nodule would be incidental hyperplastic nodule, hematoma, granuloma and neoplasia.

On this ultrasound, there is no obvious etiology for the presenting clinical signs. However, a low-grade enteropathy needs to be considered with possible etiologies being inflammatory bowel disease, parasitic enteritis, and dietary hypersensitivity.

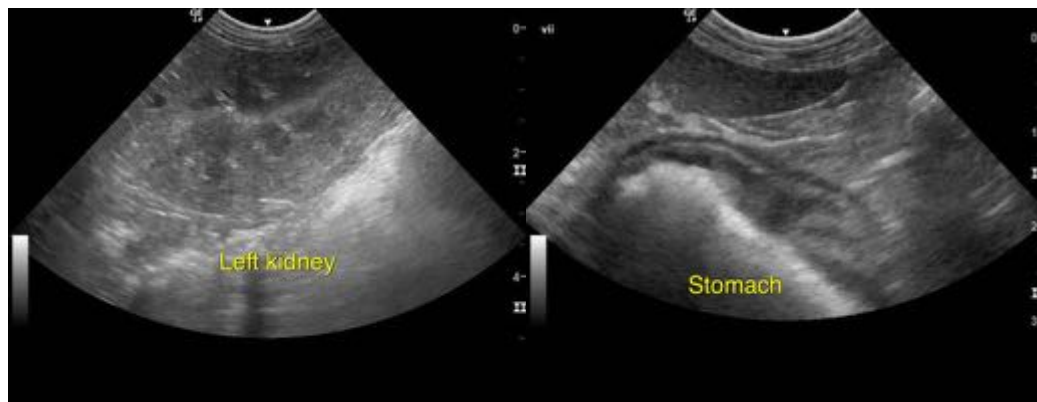
Further assessment would be fecal analysis, cobalamin assay, PLI assay, and possibly FNA cytology of the splenic nodule. Endoscopy of the upper GIT tract can also be considered.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the possible enteropathy would be feeding a novel protein/hypoallergenic diet, course of Fenbendazole, cobalamin supplementation, and possibly prednisolone.

Management of the gallbladder sediment would be Ursodiol.

Ultrasound monitoring of the splenic nodule would also be recommended.





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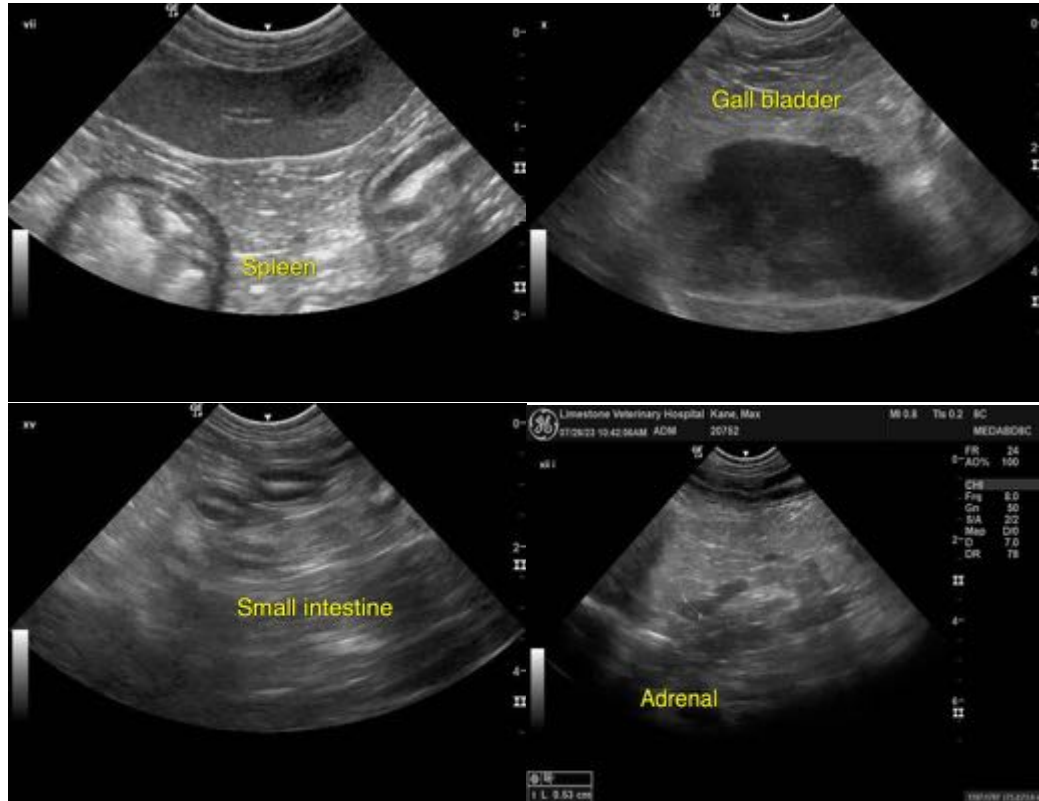
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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