



PATIENT PRESENTING CLINICAL SIGNS

Abby Werner History: some inappetence, vomiting, saw discolored urine

SPECIES Abnormal PE/Chem/CBC/UA Results: hepatomegaly, pale gums, urine has urobilin and bilirubin, RBC 4.34, hematocrit 28, hemoglobin 8.8, WBC 30, platelets 140, albumin 2.3 ALT 209, alkphos470

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Mix *Urinary System*

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

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

AGE

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

WEIGHT

48 lbs Normal renal size (left kidney 5.60 cm) (right kidney 6.10 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. A few, small cortical cysts are present in both kidneys.

INTERPRETED BY

Adrenal Glands

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

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Spleen

Normal size (measuring 1.50 cm) with a mottled 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. Irregular mottled echogenic nodule or small mass within the parenchyma of the head of the spleen (measuring 2.30 x 2.90 cm). Large, irregular, mottled echogenic, and cavitory mass (measuring 8.00 x 10.00 cm), originating from the head of the spleen.

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Liver

Fredon AH Poorly visualized, but sections that are visualized, appear to be of normal size and echogenic appearance, with normal portal markings, and regular curvilinear capsule. No obvious nodules or masses evident.

REFERRING VET

Gallbladder

Not visualized.

Dr. Linda Grau

Gastrointestinal

INVOICE

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

DATE

Visible sections that are visualized, are of normal size and echogenic appearance, with a regular capsule. N

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Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.



PATIENT ULTRASONOGRAPHIC FINDINGS

Abby Werner

Primary Findings

SPECIES

- Splenic masses

Canine

Secondary Findings

BREED

- Age-related renal changes

Mix

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Female Spayed

The most likely etiology for the splenic masses would be neoplasia, with granulomatous disease a less likely differential diagnosis.

AGE

12 years

Further assessment would be three-view thoracic radiographs and FNA cytology of the splenic masses, bearing in mind that often cytology is nondiagnostic in these cases.

WEIGHT

48 lbs

With the anemia and bilirubinuria, secondary or associated immune-mediated hemolytic anemia needs to be considered and followed up with either a Coombs test or an in-saline agglutination test. Splenectomy should be considered, which could be both diagnostic and therapeutic, with further specific therapy dependent on an etiological diagnosis.

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IMAGING PERFORMED BY

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HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Linda Grau

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PATIENT

Abby Werner

SPECIES

Canine

BREED

Mix

SEX

Female Spayed

AGE

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WEIGHT

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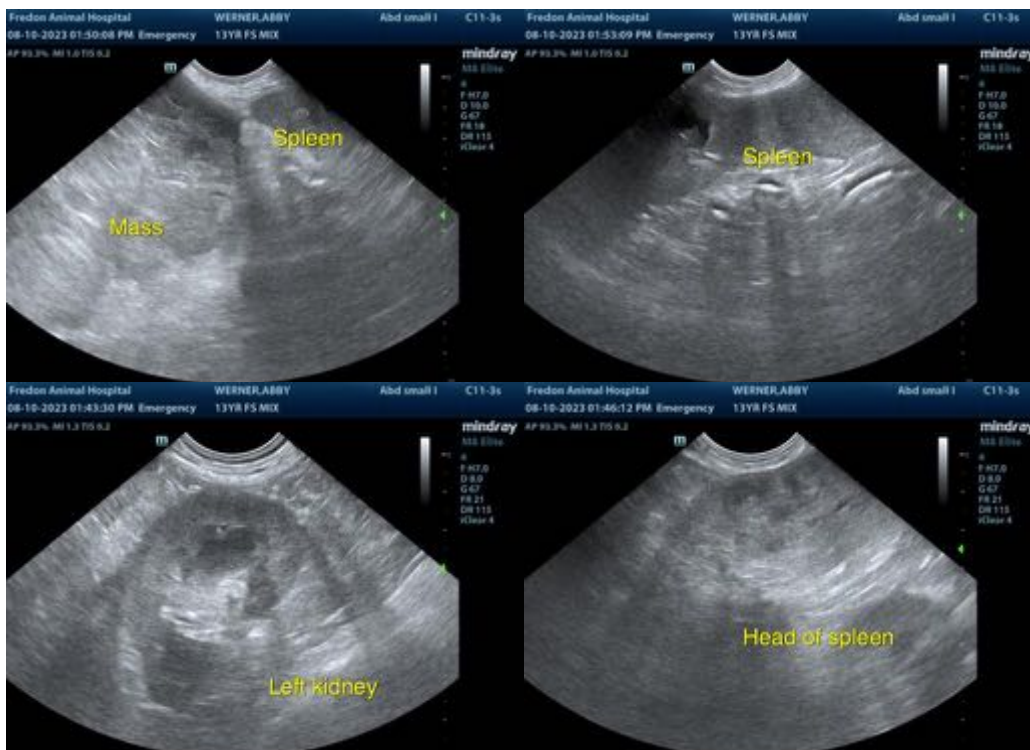
Dr. Linda Grau

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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.

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