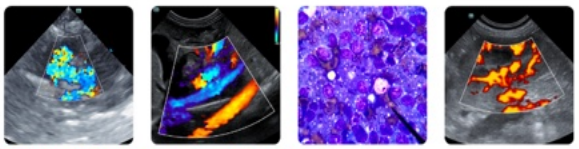


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Buz Hepburn

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered male

AGE

15 years

WEIGHT

10.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Aldershot AH

REFERRING VET

Dr. Wallace

INVOICE

69582

DATE

12/11/25

PRESENTING CLINICAL SIGNS

History: Recheck from previous ultrasound 6 months ago. Previous findings Primary Findings • The appearance of the spleen is static to the previous ultrasound with differentials unchanged but trending toward benign given the lack of progression in the hypoechoic nodule. • The mild right adrenomegaly is similarly static/unchanged with differentials also unchanged including normal patient variant, incidental finding, etc., versus underlying or emerging adrenal disease. This finding should be interpretated in combination with any clinical signs of adrenal disease Secondary Findings • Age related kidney changes Current Medications Liver supplements
Abnormal PE/Chem/CBC/UA Results: see previous report attached Primary Question to Be Answered in This Exam Still WNL?

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.

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 5.0 cm, right 5.4 cm), increased echogenic appearance, some loss of cortico-medullary differentiation and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

The prostate is small and hypoechogenic.

Adrenal Glands

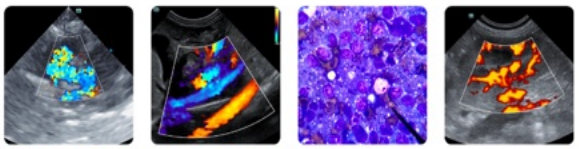
The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.93 cm in length x 0.63 cm and 0.71 cm in width. The right adrenal gland was enlarged with a rounded shape, measuring 2.95 cm in length x 1.08 cm and 1.49 cm in length with increased echogenic appearance, but maintained normal position and appearance of the visible peri-adrenal vasculature.

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. Mottled echogenic, poorly vascularized mass measuring 2.4 x 2.6 cm in the tail of the spleen with bulging of the overlying capsule noted. Multiple, irregular, hyperechogenic parenchymal nodules are present. The spleen measures 1.8 cm in width.

The Focal Zone
FUELED BY SONOPATH VETERINARY ULTRASOUND

SonoPath www.thefocalzone.com
info@thefocalzone.com 289.808.2608



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Buz Hepburn

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered male

AGE

15 years

WEIGHT

10.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Aldershot AH

REFERRING VET

Dr. Wallace

INVOICE

69582

DATE

12/11/25

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 a small 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.
- Splenic nodules.
- Right adrenal mass.
- Age related renal changes versus early chronic kidney disease.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In comparison with the previous ultrasound the right adrenal mass and splenic hyperechogenic nodules are unchanged. However, the splenic mass has enlarged.

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

PATIENT

Buz Hepburn

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered male

AGE

15 years

WEIGHT

10.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Aldershot AH

REFERRING VET

Dr. Wallace

INVOICE

69582

DATE

12/11/25

The most likely etiology for the right adrenal mass would be a non-functional adenoma with carcinoma a less likely differential diagnosis.

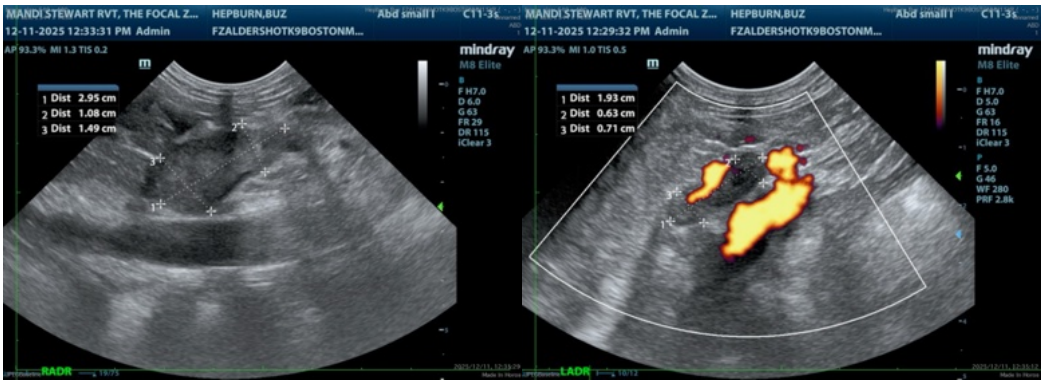
The hyperechogenic splenic nodules are most likely incidental myelolipomas.

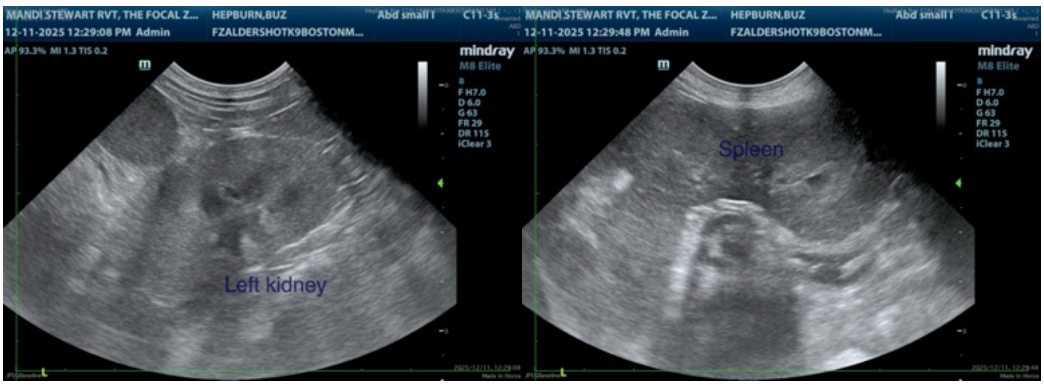
The gallbladder sediment can be considered an incidental finding.

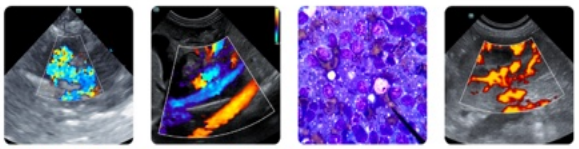
Further assessment to be considered would be three view thoracic radiographs and echocardiography to evaluate the right atrium and right auricle.

Although splenectomy would be indicated, the patient's age needs to be taken into consideration.

Further specific therapy would be dependent on an etiological diagnosis.







PATIENT

Buz Hepburn

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered male

AGE

15 years

WEIGHT

10.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Aldershot AH

REFERRING VET

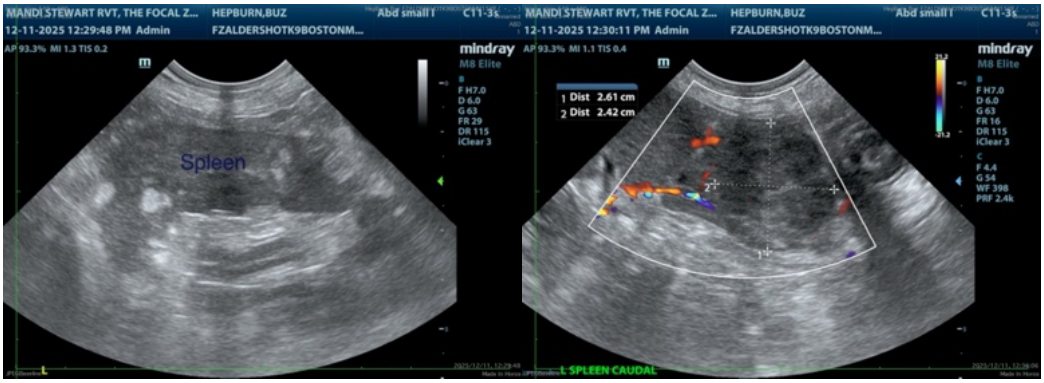
Dr. Wallace

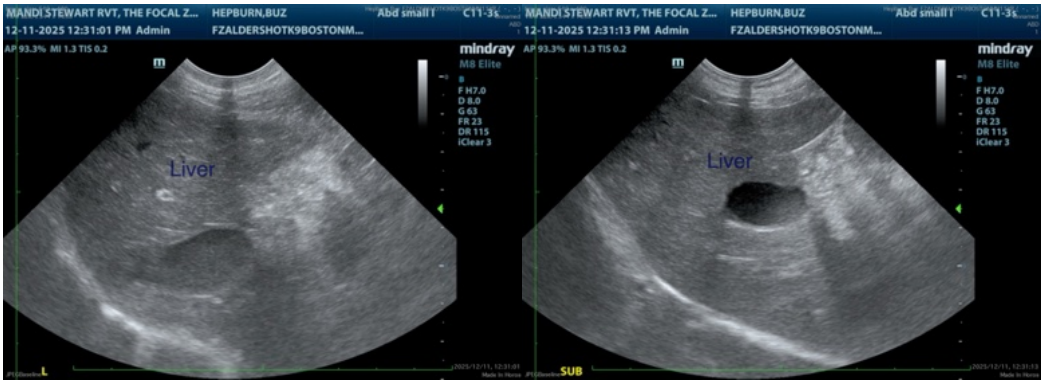
INVOICE

69582

DATE

12/11/25





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