



PATIENT

Monty Levi

SPECIES

Canine

BREED

Pug

SEX

Male

AGE

11 years

WEIGHT

16.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Animal Paradise
Hospital

REFERRING VET

Dr. Elshafie

INVOICE

70117

DATE

1/14/26

PRESENTING CLINICAL SIGNS

History: Investigate non-regen anemia- autoimmune vs. neplasia vs other. Mass in caudal ventral abd. may represent a neoplastic process associated with the spleen

Abnormal PE/Chem/CBC/UA Results: HCT-23.8 HGB-10.5 WBC-20.32 Neu-15.56 mon-3.29 PLT-706

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended with a normal thickness and smooth appearance of the wall. A large amount of floating, hyperechogenic sediment.

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 3.9 cm, right measured 4.4 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. 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 1.86 cm in length x 0.69 cm and 0.55 cm in width. The right adrenal gland measured 2.35 cm in length x 0.41 cm in width.

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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.8 cm in width.

Liver

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



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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.

Focal, well circumscribed, nodule is caudal to the urinary bladder measuring 1.2 x 1.3 cm in size with a hyperechogenic appearance.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment.
- Gallbladder sediment.
- Caudal abdominal nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the caudal abdominal nodule would be iliac lymphadenomegaly and granuloma.

The most likely etiology for the urinary bladder sediment would be bacterial cystitis with crystalluria a differential diagnosis.

The gallbladder sediment can be considered an incidental finding.

On this ultrasound there is no obvious etiology for the non-regenerative anemia.

Further assessment would be urinalysis, urine culture and FNA cytology of the caudal abdominal nodule.

Bone marrow biopsy/cytology may be required for a final diagnosis or the non-regenerative anemia.



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Specific therapy would be dependent on an etiological diagnosis.

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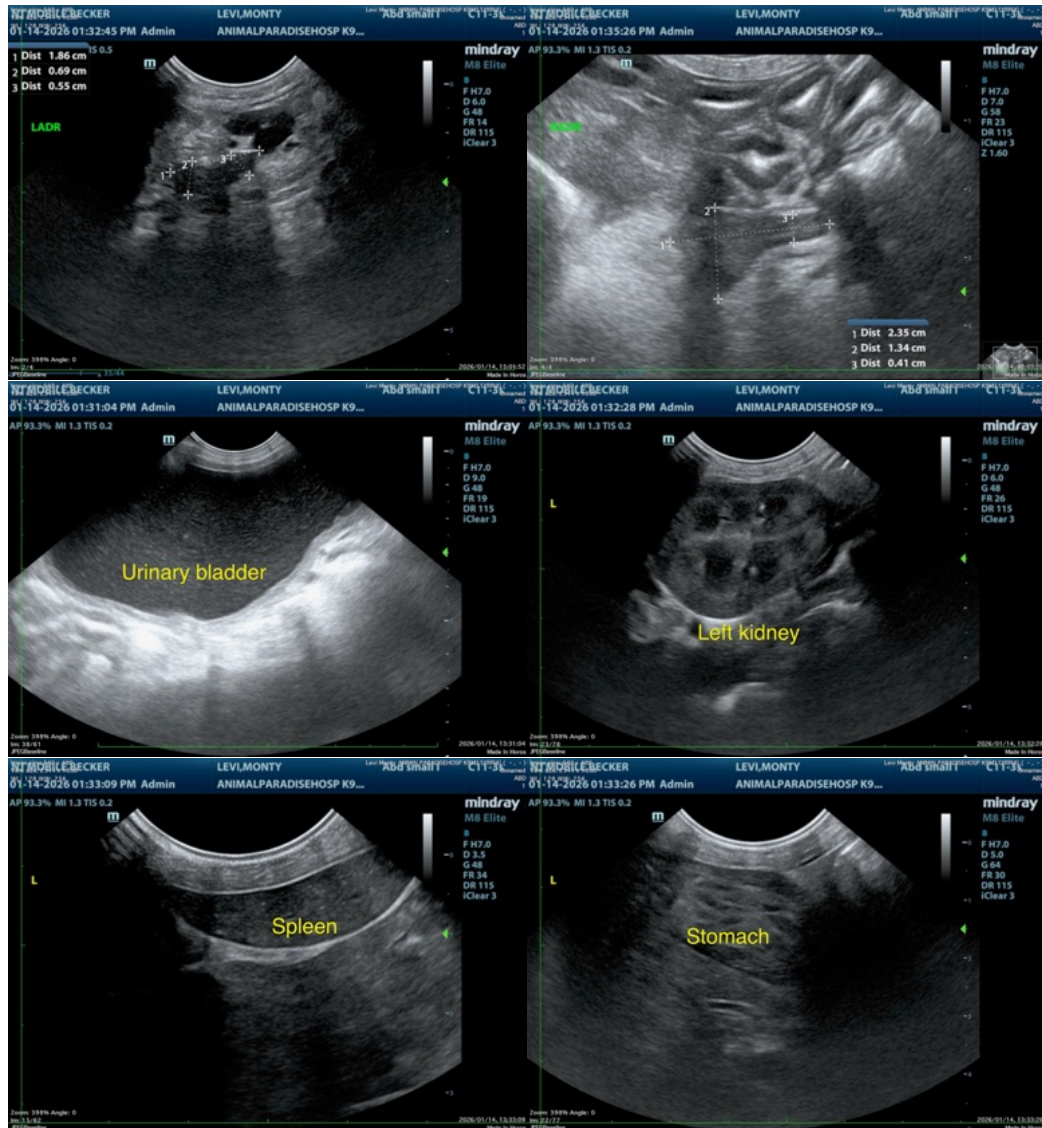
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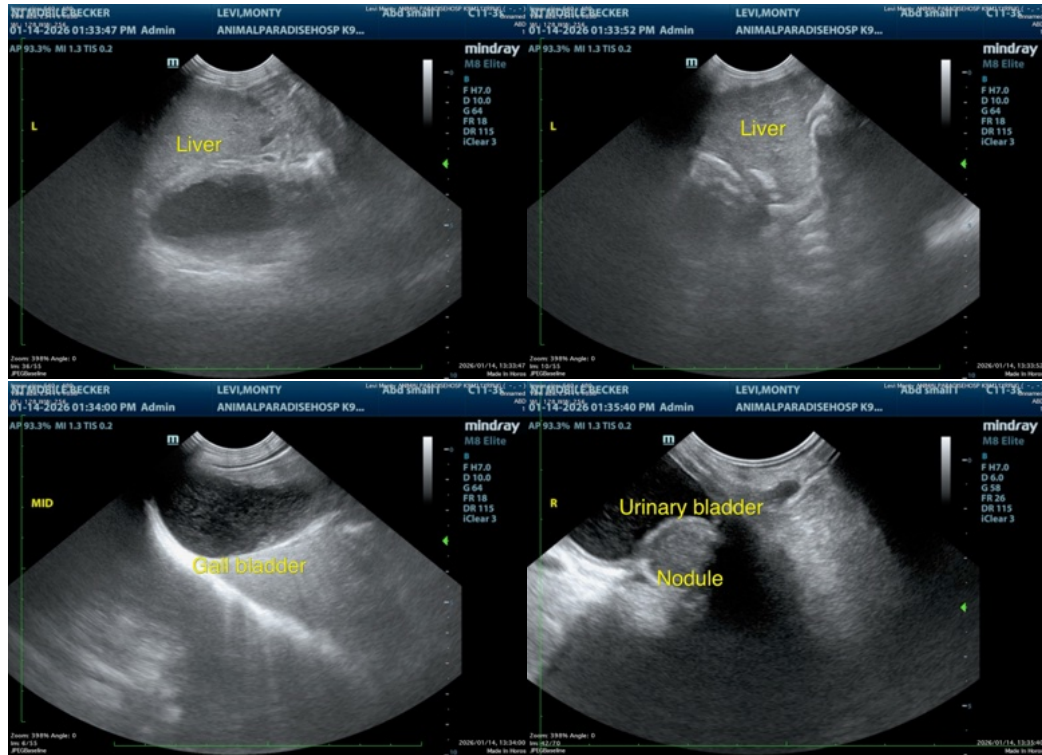
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com