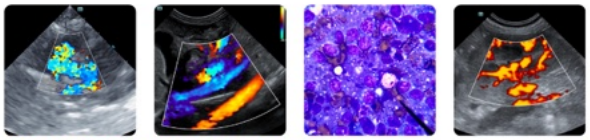

PATIENT

Finnegan Lamb

SPECIES

Canine

BREED

Pitbull

SEX

Neutered male

AGE

13 years

WEIGHT

22 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Pet Stat Animal Urgent Care

REFERRING VET

Dr. Clause

INVOICE

71528

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2/12/26

PRESENTING CLINICAL SIGNS

- BCS 4/9
- Chronic intermittent D+
- Weight loss over past few months
- Current Medications: Probiotics; EN (improved w slightly more solid BM)
- Bilirubin=1.6; GGT=21

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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 measured 6.2 cm, right measured 6.7 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.

The prostate is small and hypoechogenic measuring 0.9 cm in width.

Adrenal Glands

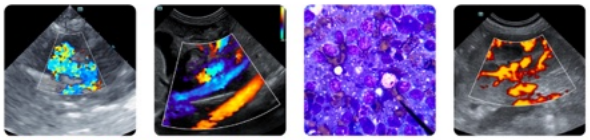
The adrenal glands are bilaterally enlarged, but maintained normal shape, echogenic appearance, position and appearance of the visible peri-adrenal gland vasculature. The left adrenal gland measured 2.87 cm in length x 0.76 cm and 1.34 cm in width. The right adrenal gland measured 0.74 cm and 1.2 cm 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. Focal, non-vascularized, hypoechogenic nodule was noted in the body of the spleen measuring 1.0 x 1.1 cm in size, mottled echogenic, non-vascularized nodule in the tail of the spleen measuring 1.7 x 2.7 cm in size. The spleen measures 2.4 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Focal, hyperechogenic, parenchymal nodule in the caudal aspect of the left lobe measuring 2.2 x 2.5 cm in size. No additional nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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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.

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.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Splenic nodules.
- Hepatic nodule.
- Bilateral adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenic nodules would be reactive hyperplasia/extramedullary hemopoiesis, hematoma, granuloma and possibly emerging neoplasia.

The most likely etiology for the hepatic nodule would be an incidental nodular hyperplasia.

The most likely etiologies for the adrenomegaly would be age related reactive hyperplasia or disease, stress with emerging pituitary dependent Cushing's disease a less likely differential diagnosis.

Although the GI tract appears ultrasonographically normal, with the presenting clinical signs, an underlying enteropathy such as parasitic enteritis, dietary hypersensitive and inflammatory bowel disease as well as exocrine pancreatic insufficient should still be considered.

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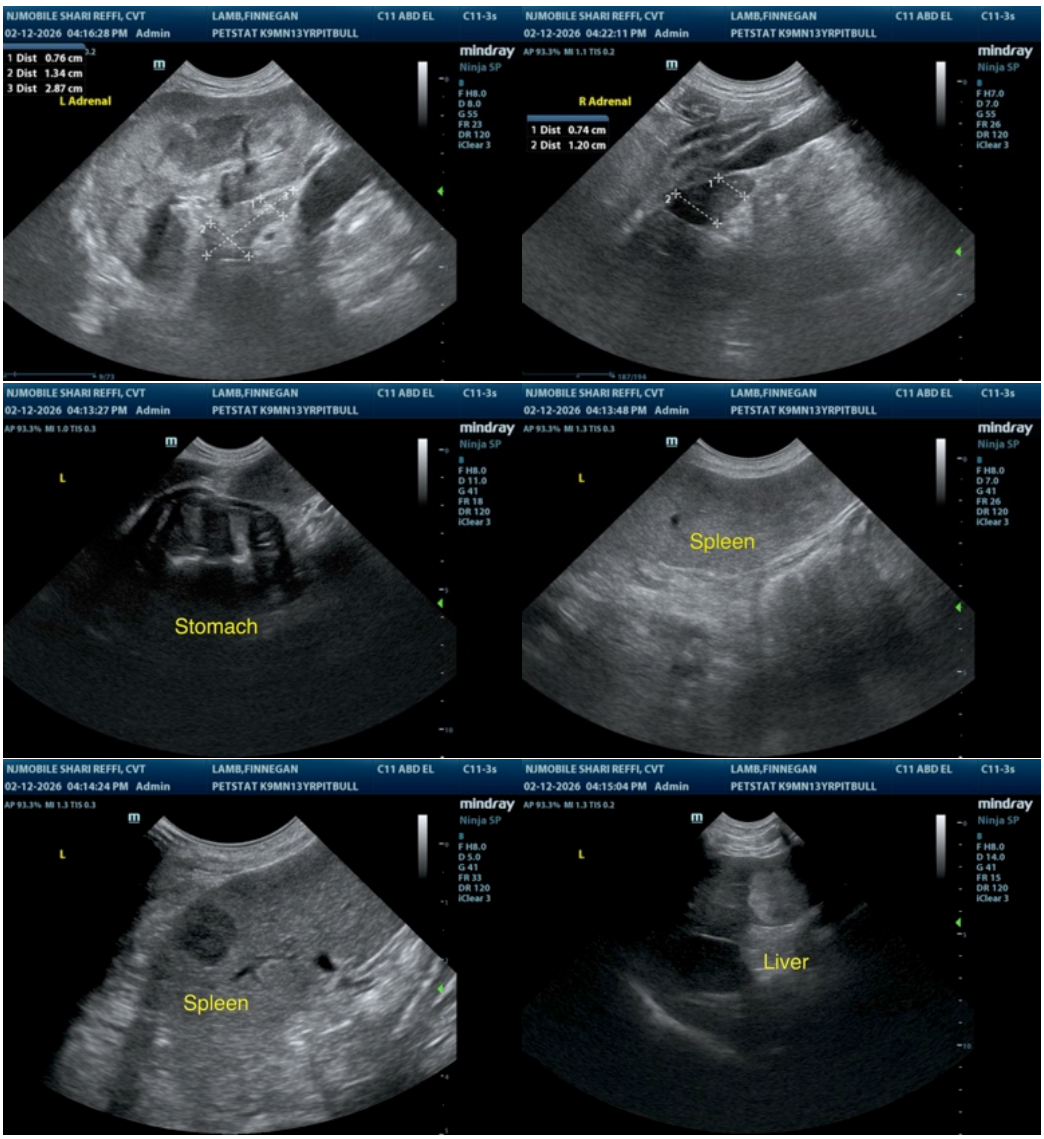
Further assessment would be fecal analysis, cobalamin, folate and TLI assay and endoscopy of the upper GI tract with biopsies.

FNA cytology of the splenic nodules can also be considered.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management that can be considered would be feeding a novel protein/hypoallergenic diet, course of Fenbendazole, cobalamin supplementation and if there is still not a satisfactory improvement then a course of Renanolone would then be indicated.

Ultrasound monitoring of the splenic nodule would be recommended and if there is any progressive enlargement or bulging of the overlying capsule noted, then splenectomy should be considered.



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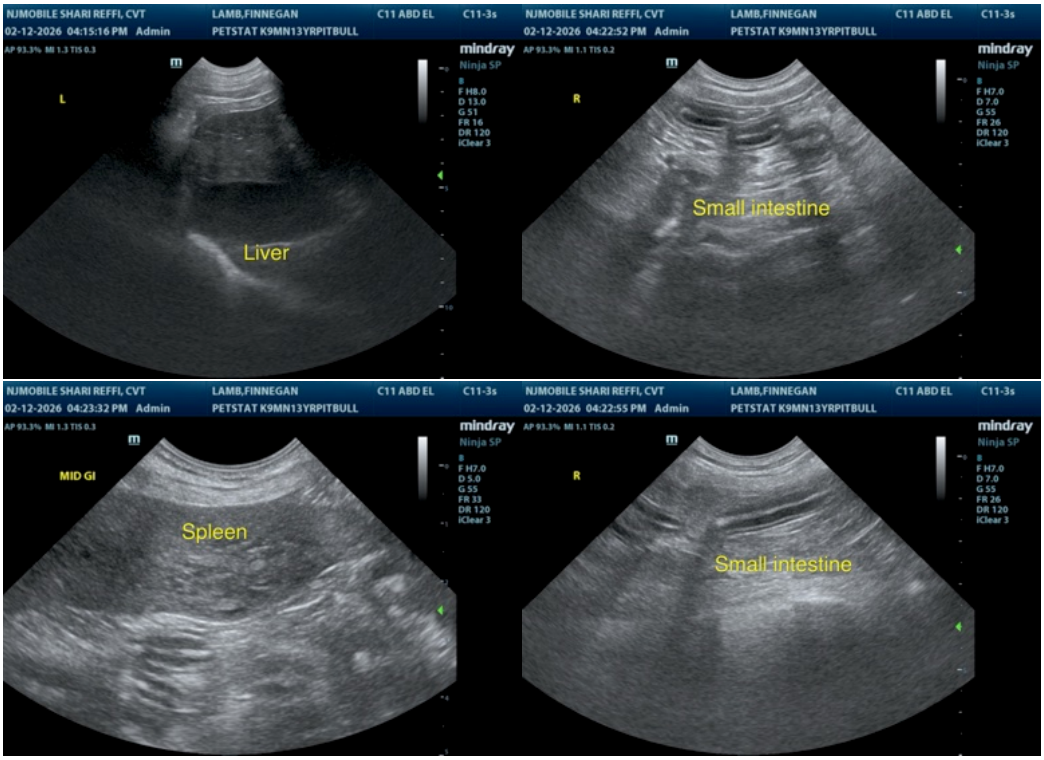

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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