



PATIENT

Wallace Desanna

SPECIES

Canine

BREED

Dachshund

SEX

Neutered male

AGE

11 years

WEIGHT

21 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Kingston AH

REFERRING VET

INVOICE

78799

DATE

6/17/26

PRESENTING CLINICAL SIGNS

History: New murmur (echo) / Chronic ALKP ^, poss Pu/Pd, Low USG, chronic pancreatitis, Grade - 3/6 heart murmur (new since Jan) for echo, normal abdominal palpation. Meds: N/A Eats I/D Low fat, was on Mometamax recently for ears.
ALP 376, Lipase 838, Ana (+), Urine: WNL other than USG 1.014/ 1.012

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 4.3 cm, right measured 4.7 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 measured 0.8 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.8 cm in length x 0.71 cm and 0.43 cm in width. The right adrenal gland measured 2.72 cm in length x 0.67 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. A well circumscribed hyperechogenic, non-vascularized nodule/small mass is noted in the head of the spleen and measured 2.2 x 2.5 cm in size. The spleen measures 2.2 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 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.

ULTRASONOGRAPHIC FINDINGS

- Splenic nodule/small mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenic mass would be organized hematoma or granuloma with neoplasia an unlikely differential diagnosis.

Although the adrenal glands appear ultrasonographically normal, with the PU/PD and elevated ALP activity pituitary dependent Cushing's disease should still be considered.

Further assessment would be urine cortisol to creatinine ratio and if abnormal then adrenal function testing (ACTH stimulation/LDDST) would then be indicated. FNA cytology of the splenic nodules/small mass can also be considered. Monitoring of the splenic mass is recommended and if there is any progressive enlargement or bulging of the overlying capsule then splenectomy would be indicated.

Specific therapy would be dependent on an etiological diagnosis.



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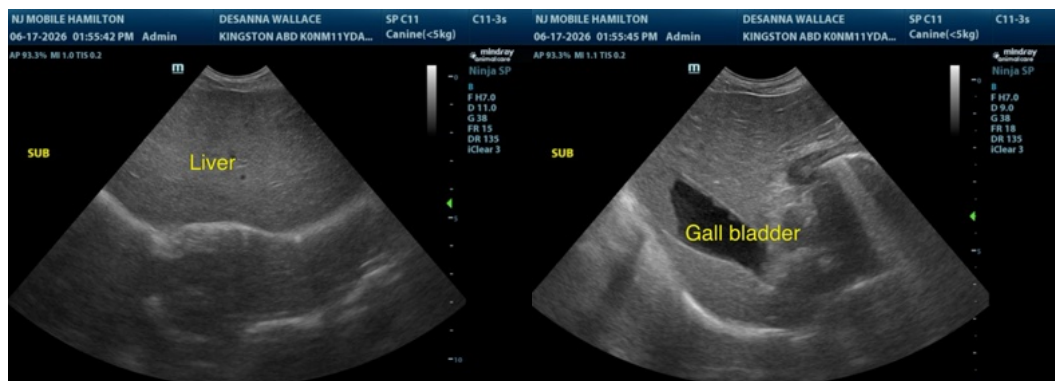
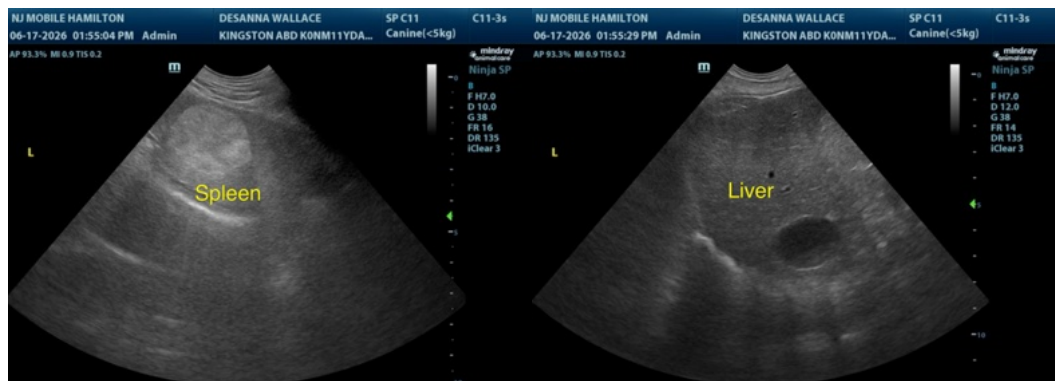
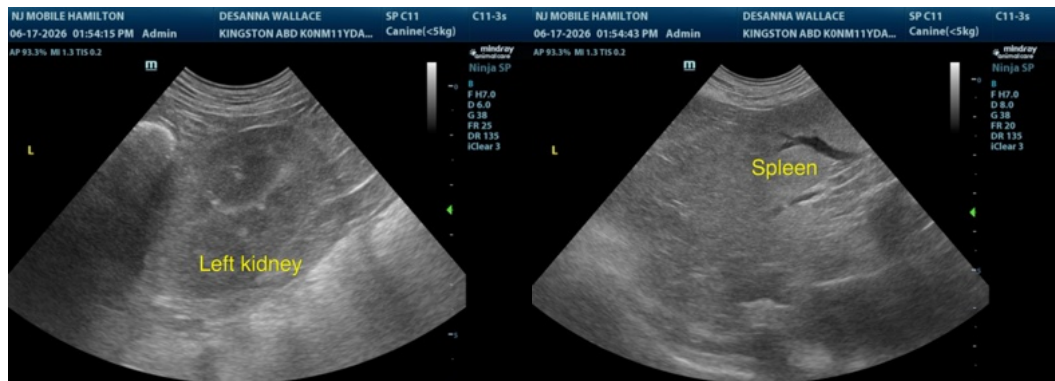
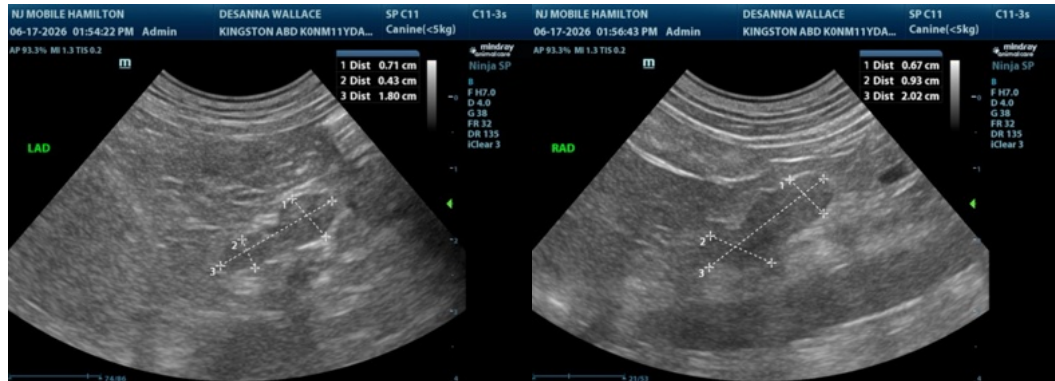
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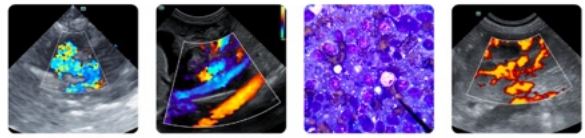
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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