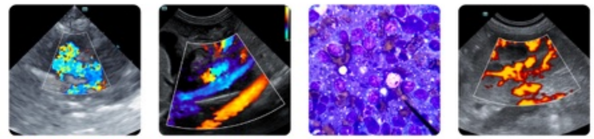


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Oliver Diemer

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

3 years

WEIGHT

41 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Laura Field

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Diemer

INVOICE

70364

DATE

1/21/26

PRESENTING CLINICAL SIGNS

Presented for intermittent cough, lethargy/off for 4 d, very much so for last 24 hours. Has been to doggy day care during that time, but no known hx of trauma. concern for lymphoma/bleeding mass

BLOODWORK CBC normal besides rbc low 3.97 (5.65-8.87) hct low 0.28 (0.37-0.61) hgb low 96 (131-205) retics high 173.9(10-110) eos low 0.01 (0.06-1.2) plt low 66 (148-484) mpv high 18.2 (8.7-13.2) pltcrt low 0.12 (0.14-0.46) CHEM normal TT4 low 10 (13-51) RADS Conclusion 1. Possible splenic mass. Given the young age of the patient this may be secondary to splenitis due to nondescript infectious process or extramedullary hematopoiesis. The possibility of splenic neoplasia needs to be highly considered as well particularly given the history (i.e. splenic lymphoma). 3. Gastroesophageal reflux. 4. Tracheal collapse. Given the breed the possibility that intraluminal tracheal fluid is resulting in a similar radiographic change cannot be ruled out.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The bladder wall is thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths, mural inflammation, or mass lesions are identified.

The left kidney is normal in shape and size, measuring 6.91×3.54 cm, with a cortical thickness of 0.65 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is observed. Doppler evaluation shows a normal perfusion pattern.

The right kidney is normal in shape and size, measuring 6.92×3.38 cm, with a cortical thickness of 0.61 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is observed. Doppler evaluation shows a normal perfusion pattern.

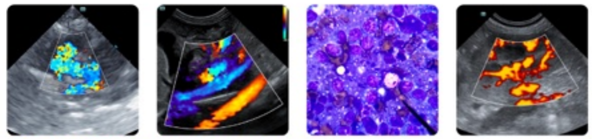
The prostate gland measures 2.15×0.9 cm and appears small and mildly hypoechoic, consistent with prostatic atrophy following orchiectomy.

Adrenal Glands

The adrenal glands could not be visualized on the provided video clips.

Spleen

The spleen is diffusely enlarged, with enlargement more pronounced toward the dorsal splenic extremity. The splenic parenchyma is mildly heterogeneous with a patchy echotexture. No discrete mass lesions are identified, and there is no parenchymal distortion suggestive of a space-occupying mass. Splenic vascularization appears normal on Doppler evaluation. No areas suggestive of infarction or signs of splenic torsion are identified.



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Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The gallbladder wall is thin and the contents are primarily anechoic. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach contains a small amount of ingesta. Gastric mural thickness measures 2.18 mm, with preserved wall layering. The pylorus measures 4.35 mm.

The duodenum measures 2.45 mm. The jejunum measures 2.64–2.88 mm, with preserved wall layering. No ultrasonographic signs of inflammation, ileus, or foreign material are identified.

The colon measures 0.94–1.09 mm and contains a small amount of formed fecal material within the descending segment.

Pancreas

The pancreatic regions evaluated do not demonstrate ultrasonographic evidence of inflammation or mass lesions.

Peritoneal Cavity

No abdominal effusion or sonographic evidence of peritonitis is observed. Abdominal lymph nodes are not visualized, and the surrounding regions appear unremarkable. The iliac trifurcation is normal.

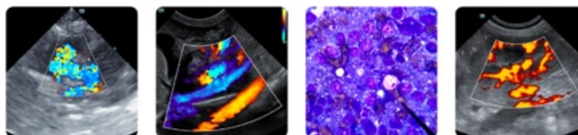
ULTRASONOGRAPHIC FINDINGS

- Diffuse splenomegaly with irregular margins and patchy parenchymal heterogeneity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is diffusely enlarged with mild, patchy parenchymal heterogeneity and preserved vascularization, without evidence of a discrete mass, cavitary lesion, infarction, or torsion. In the context of this patient's regenerative anemia and marked thrombocytopenia, these ultrasonographic findings are most consistent with a reactive splenic process, such as extramedullary hematopoiesis and/or splenitis, occurring secondary to a systemic disease process.

The hematologic profile strongly suggests peripheral red blood cell loss or destruction, with an appropriate regenerative response, rather than primary bone marrow failure. In this setting, splenic enlargement and heterogeneity are most plausibly interpreted as secondary changes, reflecting



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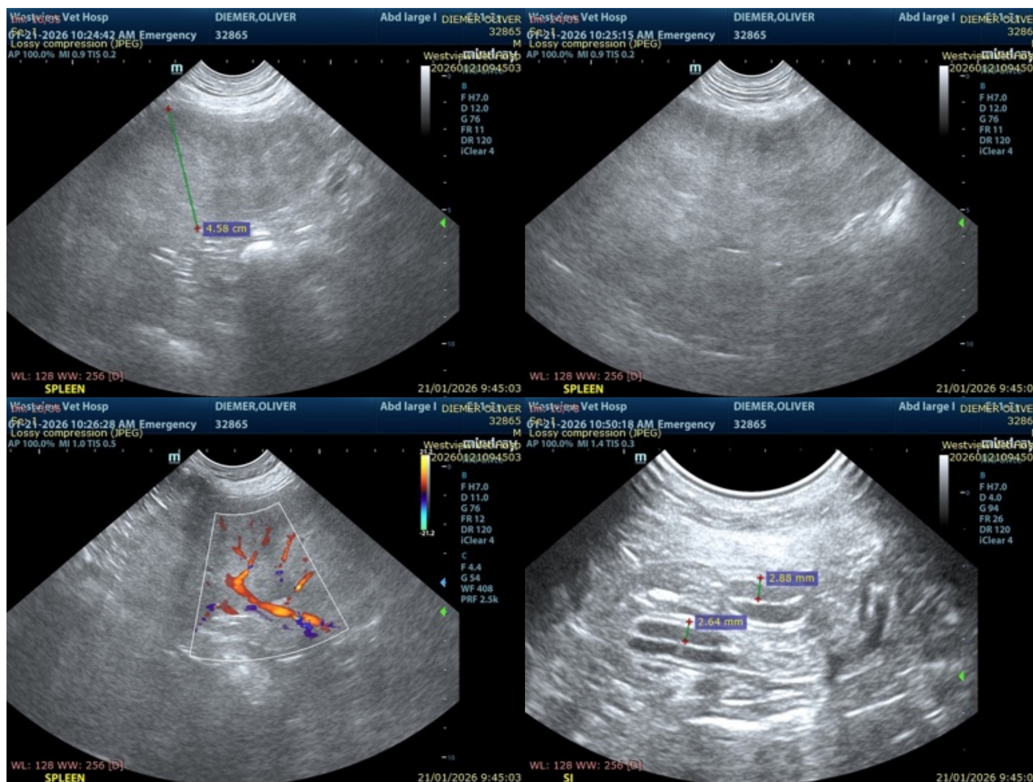
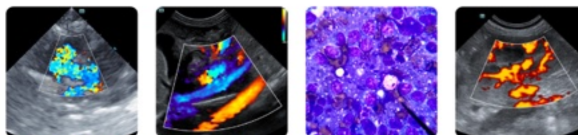
increased splenic activity related to erythrocyte turnover, platelet sequestration, and/or immune-mediated or inflammatory mechanisms.

While diffuse infiltrative splenic neoplasia (including lymphoma or other round cell neoplasms) cannot be completely excluded based on ultrasonography alone, the lack of abdominal effusion and lymphadenopathy, preserved splenic architecture, and the acute to subacute clinical presentation make an aggressive primary splenic neoplasm less likely at this time. Definitive interpretation of the splenic changes should therefore await cytologic results and be integrated with ongoing hematologic trends.

Recommendations

- Await and integrate the results of the splenic cytology, which has already been appropriately performed from multiple regions, to further characterize the nature of the diffuse splenic changes.
- Further evaluation for systemic causes of regenerative anemia and thrombocytopenia is advised, with particular emphasis on:
  - Immune-mediated disease (IMHA, ITP, or Evans-like syndrome).
  - Infectious or vector-borne diseases, as regionally appropriate.
- Continued close hematologic monitoring (serial PCV/hematocrit, platelet counts, reticulocyte counts) is strongly recommended.





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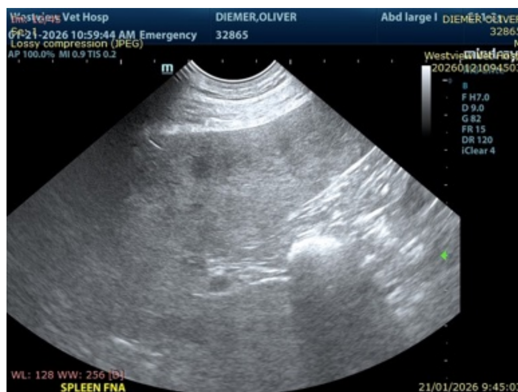

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com