



PATIENT

Misha Ostberg

SPECIES

Canine

BREED

Siberian Husky

SEX

Spayed female

AGE

13 years

WEIGHT

55.8 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Hovis

INVOICE

71777

DATE

2/19/26

PRESENTING CLINICAL SIGNS

- Sluggish, lethargic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is completely empty and cannot be adequately evaluated.

The left kidney measures 5.75 x 2.82 cm in the sagittal plane. Cortical thickness measures 0.55 cm. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

A 3.12 x 2.65 cm heterogeneous nodule is identified immediately medial to the left kidney. The renal architecture appears completely preserved, without evidence of capsular disruption or parenchymal invasion. Continuity with the renal parenchyma cannot be definitively confirmed, and the lesion may represent an adjacent retroperitoneal structure rather than a primary renal mass.

The right kidney measures 6 x 3.17 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

The adrenal glands were not visualized during the submitted study.

Spleen

Two heterogeneous nodules are identified at the ventral splenic extremity, measuring 3.36 x 2.74 cm and 2.35 x 2.60 cm, respectively. Both partially distort the splenic capsule. Doppler evaluation was not available for assessment of vascular characteristics. The remaining splenic parenchyma appears subjectively reduced in volume for a dog of this size.

Liver

The liver is subjectively small with irregular margins. The hepatic parenchyma demonstrates a severe heterogeneous pattern, with a mass-like parenchymal replacement most pronounced within the right hepatic lobes, with relative preservation of the left lobes. There is marked architectural distortion within the affected regions.

The gallbladder lumen is normally distended. The wall is thin. The contents are primarily anechoic with a moderate amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach contains a small amount of ingesta, with mural thickness measuring 2 mm and preserved wall layering. The pylorus measures 4.87 mm.

Duodenum: 5.20 mm. Jejunum: 3.38 mm, with normal wall layering. No signs of inflammation, ileus, or foreign material are identified.

Pancreas

The evaluated pancreatic regions do not show ultrasonographic evidence of overt inflammation.

Peritoneal Cavity

Abdominal effusion is present. Abdominal lymphadenomegaly is identified. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

Retroperitoneal heterogeneous mass medial to left kidney (origin undetermined).

Two large heterogeneous splenic nodules.

Heterogeneous hepatic parenchyma with severe multinodular architectural distortion.

Abdominal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A heterogeneous mass is identified immediately medial to the left kidney. Given preservation of renal architecture and absence of parenchymal distortion, a primary renal origin is uncertain. Differential considerations include a retroperitoneal mass (lymph node enlargement, adrenal mass not separately visualized, or other mesenchymal/neoplastic process). Further characterization would require advanced imaging or cytologic sampling.

Two large heterogeneous splenic nodules with capsular distortion are identified. The size, heterogeneity, and presence of concurrent abdominal effusion increase concern for neoplasia .

The liver exhibits a markedly heterogeneous, mass-like parenchymal appearance with profound distortion of normal hepatic architecture. This degree of structural alteration is concerning for an advanced diffuse infiltrative or neoplastic process.

Abdominal effusion is also observed. Given the presence of large heterogeneous splenic nodules, hemoperitoneum secondary to splenic bleeding must be considered. Alternatively, the severe hepatic architectural distortion raises concern for advanced hepatic disease with possible secondary portal hypertension contributing to effusion formation.



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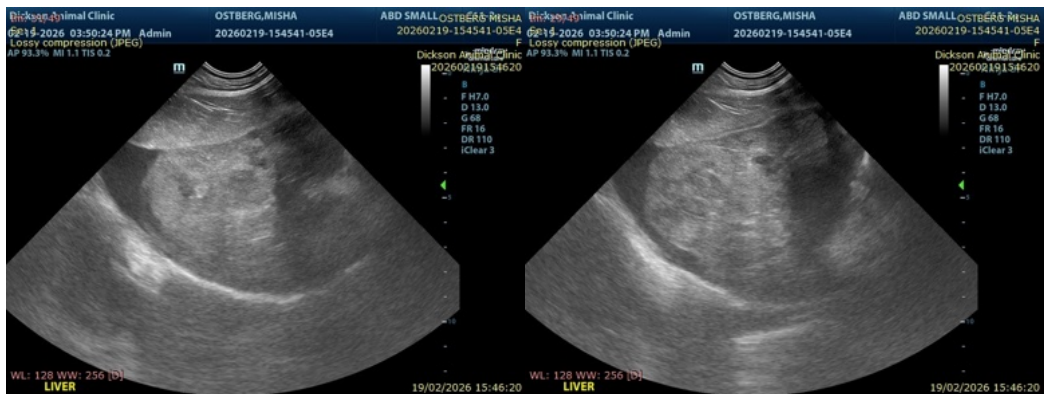
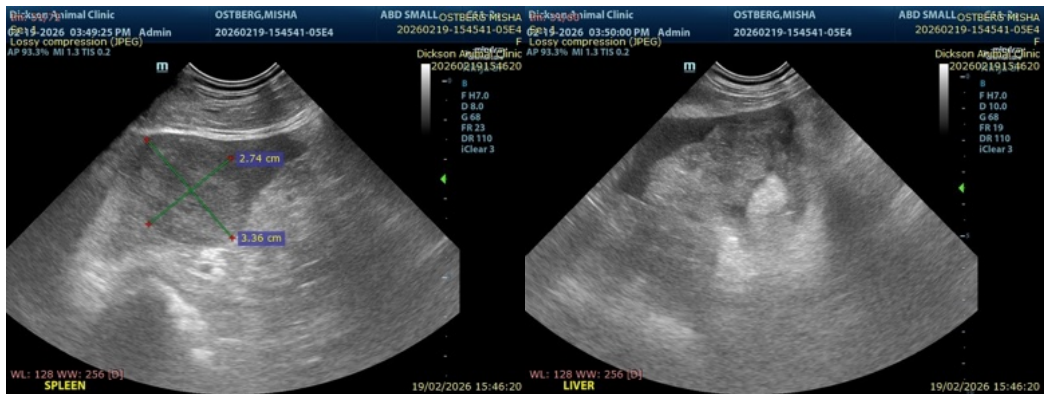
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The combined hepatic, splenic, retroperitoneal, and effusive abnormalities are highly suggestive of a single underlying advanced intra-abdominal disease process, with neoplasia representing a primary differential consideration.

Recommendations

- Abdominocentesis with cytologic evaluation of effusion.
- Fine-needle aspiration or preferably core biopsy of the splenic nodules, liver, and retroperitoneal mass for cytologic and/or histopathologic characterization, as clinically appropriate.
- Coagulation profile prior to any invasive sampling.
- Consider advanced imaging (CT) to better define the origin of the retroperitoneal mass and assess for metastatic disease.
- Oncologic consultation may be considered depending on cytologic results and clinical stability.





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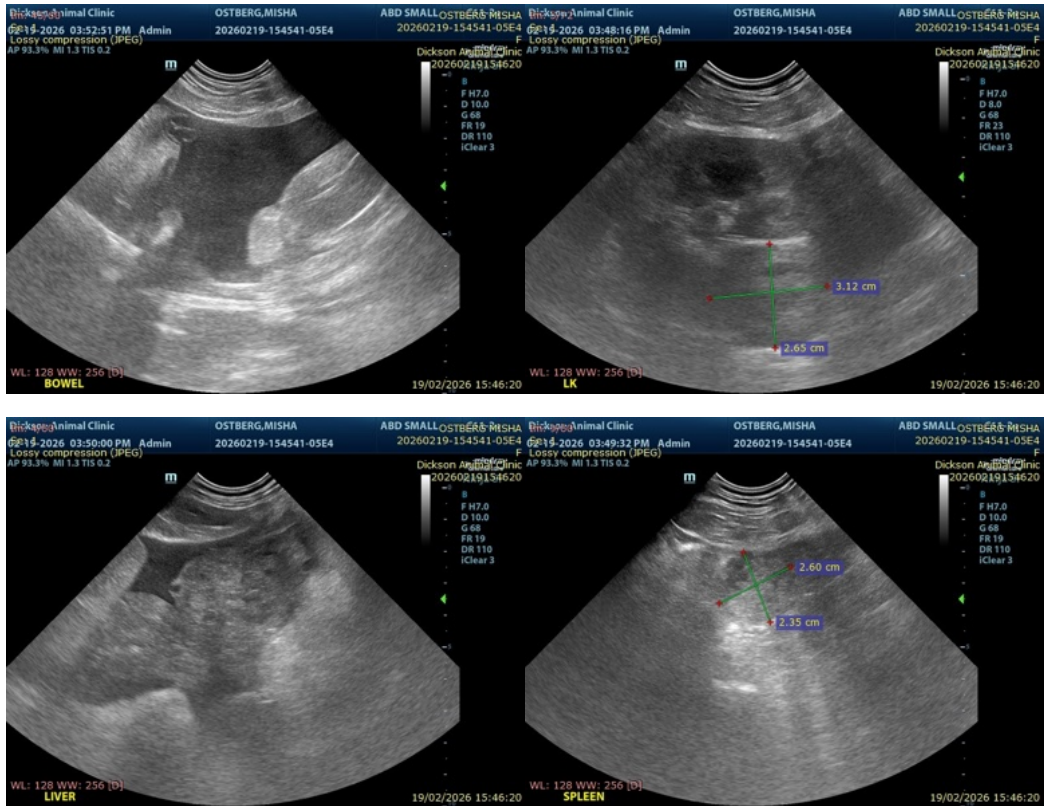
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

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