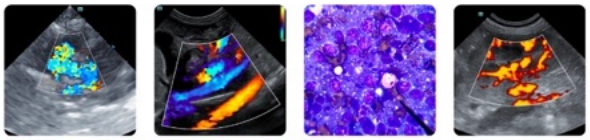


PATIENT

Silas Taddeo

SPECIES

Canine

BREED

Vizsla

SEX

Neutered male

AGE

10 years

WEIGHT

63.4 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Wilkinson

HOSPITAL NAME

Severna Pet VH

REFERRING VET

Dr. Ferguson

INVOICE

72007

DATE

2/26/26

PRESENTING CLINICAL SIGNS

- Hyporexia of 1week duration. No appreciable wt. loss, one episode of vomiting water. Cranial abd. mass effect noted on 2v radiographs
- Mildly elevated ALP (438 U/L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is predominantly anechoic with a small amount of echogenic sediment and a few small mineral foci measuring approximately 3 mm, consistent with early calculi. Normal appearance of the bladder neck and proximal urethra.

The left kidney is normal in shape and size: 6.77 x 3.25 cm, and the thickness of the cortex is 0.46 cm, in the sagittal plane. 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. Color Doppler shows a normal vascular pattern.

The right kidney is normal in shape and size: 6.80 x 4.22 cm, and the thickness of the cortex is 0.48 cm, in the sagittal plane. 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. Color Doppler shows a normal vascular pattern.

Adrenal Glands

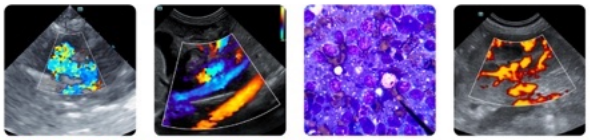
Dorsoventral diameters measured in the sagittal plane: The left adrenal gland is partially visualized and measures 0.62 cm. The right adrenal gland is partially visualized and measures 0.54 cm.

Spleen

A large, solid mass measuring approximately 10 x 8 cm is identified arising from the ventral extremity of the spleen. The mass appears to originate from splenic parenchyma and extends outward, markedly deforming the splenic capsule in that region.

An additional nodule measuring 1.50 x 1.69 cm is identified at the dorsal splenic extremity.

A second large heterogeneous mass is observed between the left lateral liver lobe and the ventral aspect of the spleen, displacing the stomach. This mass appears contiguous with the splenic parenchyma, likely arising from the splenic hilar region (visceral surface).



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Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma appears homogeneous and isoechoic relative to the falciform fat, with normal echotexture in the visualized portions. Although displaced by adjacent masses, no discrete hepatic nodules are identified in the portions visualized.

The gallbladder lumen is normally distended. The wall demonstrates small polypoid projections consistent with mucosal hyperplasia or gallbladder polyps. A small amount of biliary sludge is present. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is not visualized due to mass effect within the cranial abdomen.

Duodenum: 3.74 mm. Jejunum: 2.16 mm. No overt signs of mural inflammation, obstruction, or foreign material are identified in the visualized intestinal segments.

Pancreas

Pancreatic regions are incompletely evaluated due to mass effect from adjacent structures.

Peritoneal Cavity

Mildly turbid abdominal effusion is present. The mesentery between the splenic mass and liver appears markedly hyperechoic and thickened, with focal nodular areas suggestive of reactive change or possible peritoneal involvement.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Large splenic mass arising from the ventral extremity of the spleen.
- Additional heterogeneous mass at or near the splenic hilum, displacing adjacent structures.
- Separate dorsal splenic nodule.
- Mild abdominal effusion.

SECONDARY FINDINGS

- Gallbladder wall polypoid changes consistent with mucosal hyperplasia.
- Small urinary mineral foci (~3 mm).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall ultrasonographic findings are highly suspicious for splenic hemangiosarcoma with capsular disruption and hemorrhage, with possible extension or early involvement of adjacent peritoneal tissues.

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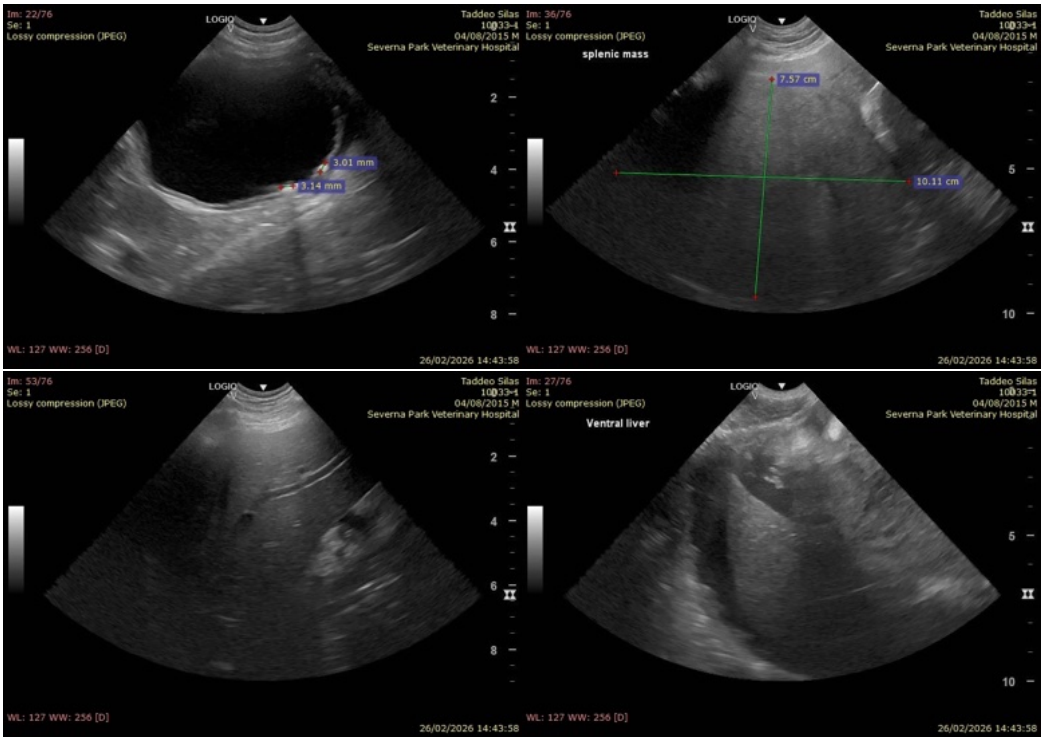
Other malignant splenic neoplasms remain differential considerations; however, given the size of the mass, multifocality, and presence of effusion, hemangiosarcoma is considered the most likely diagnosis.

No definitive hepatic metastatic lesions are identified in the portions of liver visualized, although evaluation is partially limited by mass effect.

Recommendations

- Abdominocentesis may be considered to characterize the effusion if clinically indicated and if it will not delay stabilization.
- Urgent surgical consultation for splenectomy is recommended, pending hemodynamic stabilization if necessary.
- Patient stabilization should include blood typing and crossmatching, with blood products prepared in advance given the risk of acute hemorrhage and possible need for transfusion.
- Thoracic imaging is recommended for staging prior to surgery, if the patient is stable.
- Pre-operative coagulation profile is advised.
- Histopathology is required for definitive diagnosis and prognosis.



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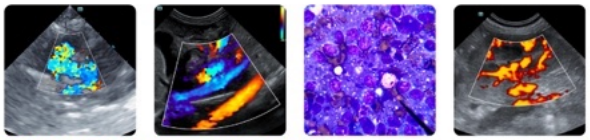

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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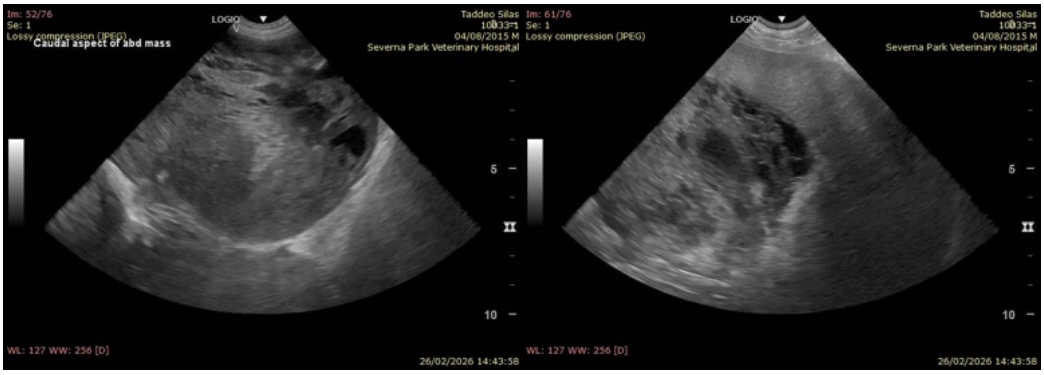

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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