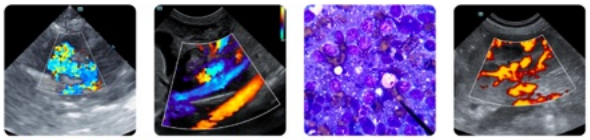


PATIENT

Delsa St Louis

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed female

AGE

10 years

WEIGHT

29.8 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Cassie Jackson

HOSPITAL NAME

Huntsville AH

REFERRING VET

Dr. Jackson

INVOICE

71368

DATE

2/6/26

PRESENTING CLINICAL SIGNS

- Presented 10 days ago for inappetence, lethargy and vomiting - BW revealed significantly elevated cPL and lipase, rest was WNL at the time
- Given fluids, maropitant, low fat diet and probiotic/prebiotic and initially responded well
- Presented again today for weight loss, appetite reducing in last few days, and lethargy
- Mildly pale mucous membranes on exam, temp 39.1, cranial organomegaly on abdominal palpation
- BW today revealed continued elevation in cPL but lower than was 10 days ago - CRP now elevated at 82 (0-10) - M1 non-regenerative anemia present today - M1 leukocytosis today

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is markedly distended. The urinary bladder wall is thin and smooth. Urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified. There is no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 6.35×3.28 cm in the sagittal plane. Cortical thickness measures 0.50 cm. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal perfusion pattern.

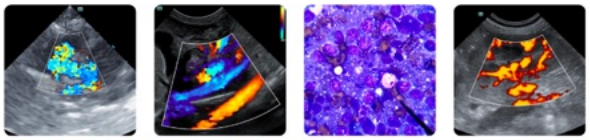
The right kidney is normal in shape and size, measuring 6.99×2.98 cm in the sagittal plane. Cortical thickness measures 0.44 cm. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal perfusion pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.45 cm at the cranial pole and 0.55 cm at the caudal pole. The right adrenal gland is not visualized.

Spleen

Splenic thickness measures 2.13 cm. At the ventral extremity of the spleen, there is a heterogeneous solid mass measuring at least 3.60×2.56 cm. Additionally, a second, markedly larger and more heterogeneous mass is identified at the dorsal extremity of the spleen. This mass is associated with adjacent peritoneal reaction and a very small amount of free peritoneal fluid. The mass measures approximately 10 cm; however, accurate size assessment is limited because the lesion does not fully fit within the imaging field.



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Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is homogeneous 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 predominantly anechoic. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is largely empty, containing only a minimal amount of digested ingesta. Gastric wall thickness measures 3.09 mm, with preserved wall layering.

The duodenum measures 5.42 mm in wall thickness, and the jejunum measures 3.77 mm, both with normal wall layering. No ultrasonographic evidence of ileus, mural inflammation, or foreign material is identified.

The colon measures 1.16 mm in wall thickness and contains formed feces within the descending colon.

Pancreas

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

Peritoneal Cavity

The peritoneum adjacent to the spleen appears markedly hyperechoic. A very small, questionable amount of free peritoneal fluid is present.

ULTRASONOGRAPHIC FINDINGS

- Large splenic mass at the dorsal extremity of the spleen, and another smaller mass at the ventral extremity of the spleen.
- Hyperechoic peritoneum adjacent to spleen.
- No clear evidence of metastases.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The dominant ultrasonographic abnormality in this patient is marked splenic pathology, characterized by two heterogeneous solid splenic masses, one of which is very large and associated with adjacent peritoneal hyperechogenicity and a small volume of free abdominal fluid. This combination of findings is highly suggestive of active peritoneal irritation, most plausibly due to hemorrhage and/or inflammation associated with the splenic mass.

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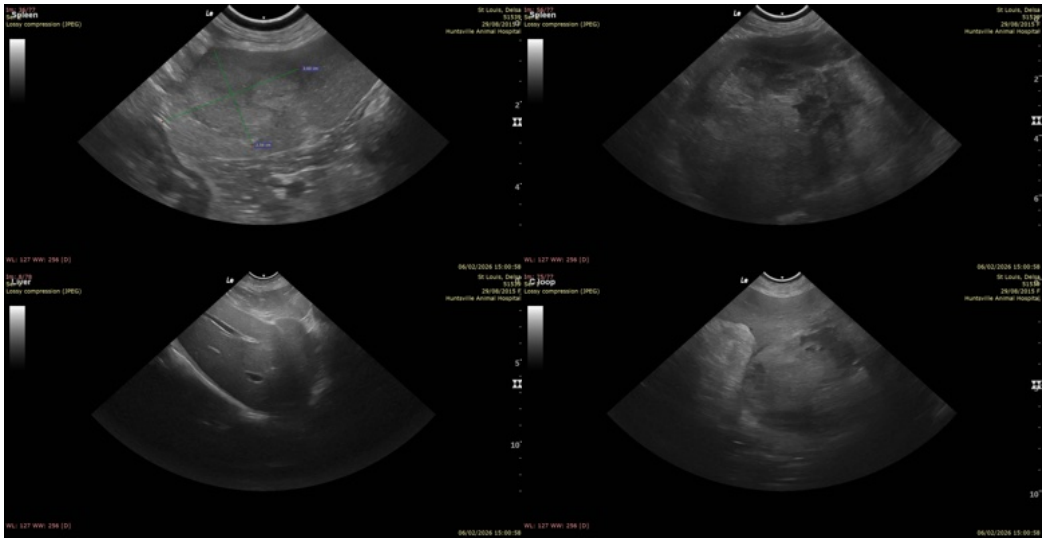
Splenic hemangiosarcoma remains the leading diagnostic consideration, with histiocytic sarcoma remaining a less probable differential.

Recommendations

- Splenectomy and histopathology of the mass.
- Thoracic imaging to assess for evidence of metastatic disease.



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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