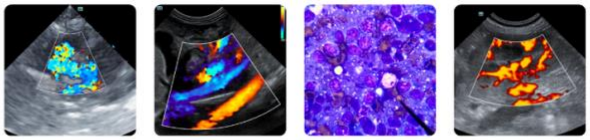


PATIENT

Stella Davis

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

11 Years

WEIGHT

78.6 pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Chrissy Krell DVM

HOSPITAL NAME

Iron Range Veterinary Clinic

REFERRING VET

Dr. Julia Fry

INVOICE

14198

DATE

03/10/26

PRESENTING CLINICAL SIGNS

- Patient was first noticed to be panting, laying around, having decrease in appetite and lethargy on Tuesday 3/3/2. Owners note she seems to be having a hard time getting up, seems like she's in pain. She was seen by Dr. Stahl a month ago for an ear infection in the left ear that had resolved with treatment. Patient is not on any medications currently and takes seasonal preventatives. Patient was given injectable lasix while in clinic and RRR dropped to 24 bpm by time of discharge.
- Discussed with owners performing Ultrasound for further differentiation between cardiac or neoplastic disease process
- Patient went home on oral lasix, denamarin, and tramadol over the weekend. Weekend report is that her breathing was better, and she ate well and seemed more energetic Saturday, but seemed to lose appetite and energy again by Monday.

Abnormal PE/Chem/CBC/UA Results: Physical exam abnormals - patient was QAR, resting respiratory rate of 40 bpm, CRT 1 s, pendulous abdomen with suspicion of some degree of ascites. Brief ultrasound - not much free abdominal fluid, but apparent hepatomegaly without evidence of mass in liver Radiographs - Globoid heart with mild pleural effusion and pulmonary edema, hepatomegaly, decreased serosal detail CBC - WNL (platelets clumped and corrected to adequate with blood smear) Profile - Elevated liver enzymes (ALT - 186 and ALP-844) Mild elevated BUN (31) hyperphosphatemia, mild presumed stress hyperglycemia ProBNP Bionte – Normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is very distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 6.27×3.32 cm, and the thickness of the cortex is 0.71 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, nephroliths, or hydronephrosis. Color Doppler shows a normal vascular pattern.

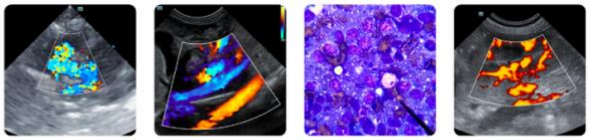
The right kidney is normal in shape and size: 7.01×3.33 cm, and the thickness of the cortex is 0.75 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler shows a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.49 cm at the cranial pole and 0.34 cm at the caudal pole. The right adrenal gland measures 0.66 cm at the cranial pole and 0.56 cm at the caudal pole.

Spleen

Splenic thickness is 2.38 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture with a 2.68×2.93 cm heterogeneous splenic nodule located at the level of



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the splenic body extending toward the proximal portion of the dorsal extremity, causing focal deformation of the splenic capsule. The remaining splenic capsule appears smooth and regular.

Liver

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

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

Gastrointestinal

The stomach is distended with ingesta, with mural thickness (2.55 mm) and preserved wall layering.

Duodenum: 3.15 mm.
Jejunum: 3.53 mm, with normal wall layering.

No signs of inflammation, ileus, or foreign material are identified.

Colon: 1.19 mm, with formed feces present in the descending segment.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The lymph node at the iliac trifurcation appears normal.

Cardiac Views

Two-dimensional cardiac views were obtained in B-mode. No obvious masses or nodular lesions are identified at the level of the right atrium or within the cardiac chambers in the views provided.

A small amount of pericardial effusion is present. Based on the available views, there is no clear evidence of right atrial or right ventricular diastolic collapse, suggesting that the effusion does not appear to be causing cardiac tamponade at the time of examination.

If a heart base tumor is present, it may be difficult to visualize with the limited abdominal cardiac windows obtained during this examination, and no definite mass is identified in the provided clips.

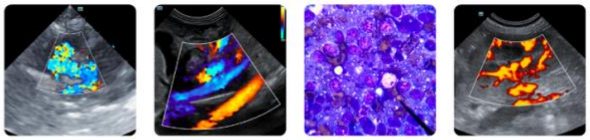
PRIMARY FINDINGS

- Heterogeneous splenic mass (2.68×2.93 cm) causing focal deformation of the splenic capsule.
- Small amount of pericardial effusion.

SECONDARY FINDINGS

- Small amount of choleoliths within the gallbladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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The most clinically significant finding is a heterogeneous splenic mass measuring 2.68×2.93 cm, located at the level of the splenic body and extending toward the proximal portion of the dorsal extremity, causing focal deformation of the splenic capsule. In an older dog, splenic nodules of this appearance most commonly represent neoplasia (including hemangiosarcoma or other splenic tumors), nodular hyperplasia, or hematoma. Ultrasound alone cannot reliably differentiate between these entities.

A small amount of pericardial effusion is identified on the cardiac views obtained during the abdominal study. No clear evidence of right atrial or right ventricular diastolic collapse is observed in the available clips, and no abdominal effusion is identified, suggesting that cardiac tamponade is not present at the time of examination. No obvious right atrial mass is identified in the provided views; however, evaluation of the heart during an abdominal ultrasound is inherently limited, and heart base masses cannot be definitively excluded.

Overall, the findings most notably include a splenic mass and mild pericardial effusion, which warrant further clinical investigation.

Recommendations

- Correlation with the patient's clinical signs and thoracic imaging findings is recommended.
- Given the presence of pericardial effusion, complete echocardiography is recommended to more heart base, pericardial space, systolic function, and to assess for evidence of cardiac tamponade or underlying cardiac neoplasia.
- Further evaluation of the splenic mass may be considered, including repeat abdominal ultrasound monitoring, cytologic sampling or surgical consultation, depending on the patient's clinical status and the overall diagnostic plan.

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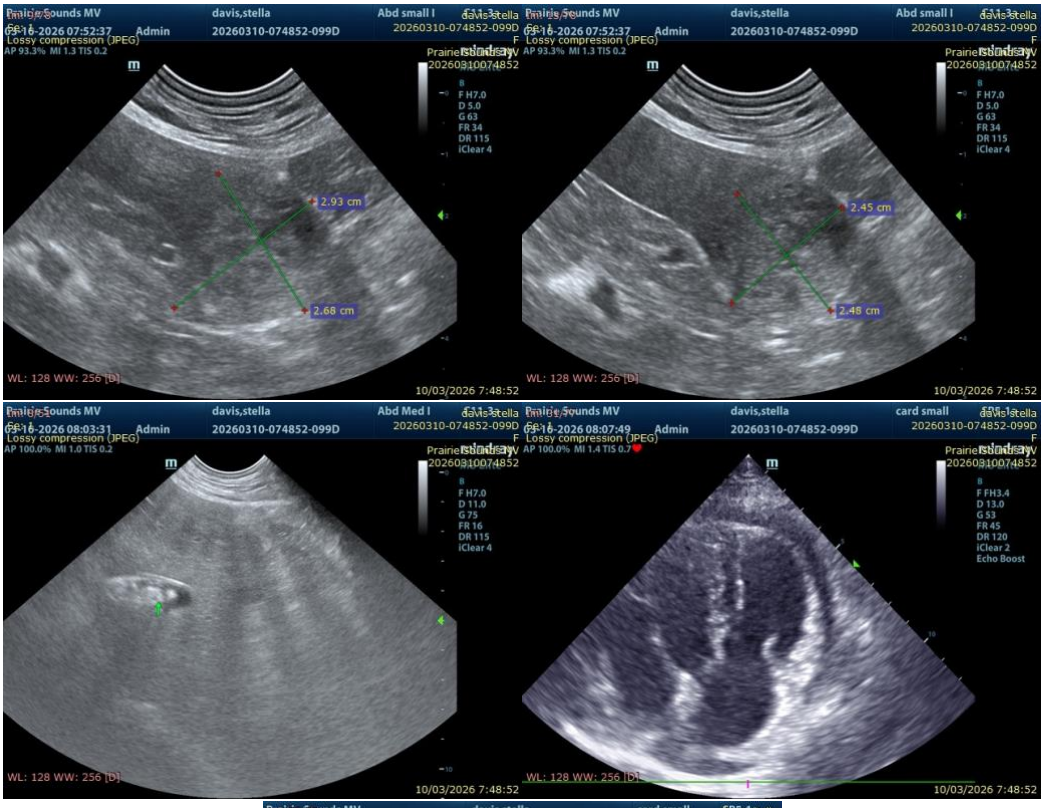

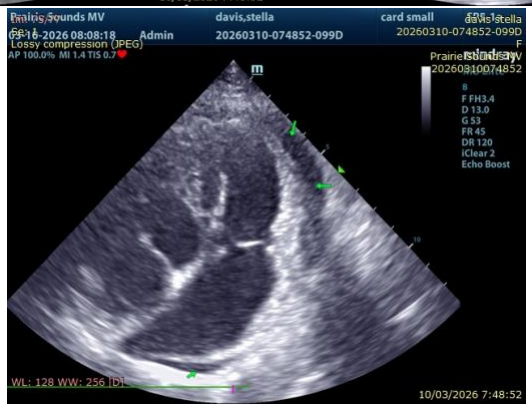

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com