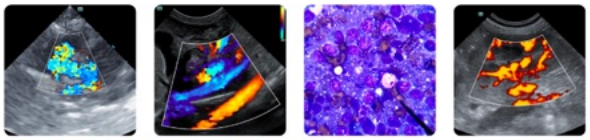


PATIENT

Glinda Key

SPECIES

Canine

BREED

Australian Labradoodle

SEX

Spayed female

AGE

13 years

WEIGHT

31 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Jessy Butcher

HOSPITAL NAME

Healing Paws

REFERRING VET

Dr. Key

INVOICE

73465

DATE

3/12/26

PRESENTING CLINICAL SIGNS

- New heart murmur within last 6-12 months with high pitched component. Discreet abdominal mass on rads.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is moderately distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No calculi are identified and there is no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 5.44×2.90 cm, and the cortical thickness measures 0.44 cm in the sagittal plane.
The right kidney is normal in shape and size, measuring 5.59×2.75 cm.

In both kidneys, the cortex is isoechoic compared with the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. Increased echogenicity of the outer medulla is noted. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.47 cm at the cranial pole and 0.51 cm at the caudal pole. The right adrenal gland was not confidently visualized.

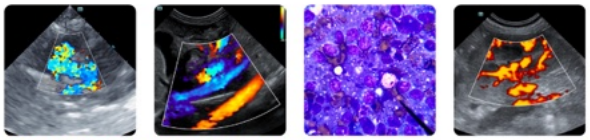
Spleen

A solid mass with a tortuous vascular appearance is identified in the dorsal aspect of the spleen, measuring at least 5×4 cm, although the true size is likely larger. The remaining splenic parenchyma appears normal.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma appears uniform and isoechoic compared with 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. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 4.39 mm and preserved wall layering. The pylorus measures 7 mm. The duodenum measures 3.77 mm. The jejunum measures 3.38 mm with normal wall layering. No sonographic evidence of inflammation, ileus, or foreign material is identified.

The colon measures 1.12 mm and appears relatively empty.

Pancreas

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

Peritoneal Cavity

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation region appears normal.

ULTRASONOGRAPHIC FINDINGS

- Large splenic mass (≥5×4 cm) deforming the splenic capsule and displacing adjacent structures.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most clinically significant finding is a large solid splenic mass arising from the dorsal aspect of the spleen, measuring at least 5×4 cm, although the true size may be larger. The mass causes deformation of the splenic capsule and displacement of adjacent abdominal structures. The remaining splenic parenchyma appears unremarkable.

In geriatric dogs, splenic masses of this size are highly suspicious for splenic neoplasia, with hemangiosarcoma being an important differential diagnosis. Other possibilities include other primary splenic tumors or large splenic hematoma. These entities cannot be reliably differentiated based on ultrasound appearance alone.

No abdominal effusion or sonographic evidence of metastatic disease is identified at the time of this examination, which is a favorable finding, although this does not exclude malignant disease.

The remainder of the abdominal examination is unremarkable.

Recommendations

- Surgical consultation for splenectomy is strongly recommended, as definitive diagnosis requires histopathologic evaluation. Large splenic masses may also carry a risk of spontaneous rupture and intra-abdominal hemorrhage
- Thoracic imaging is recommended for staging prior to surgery.

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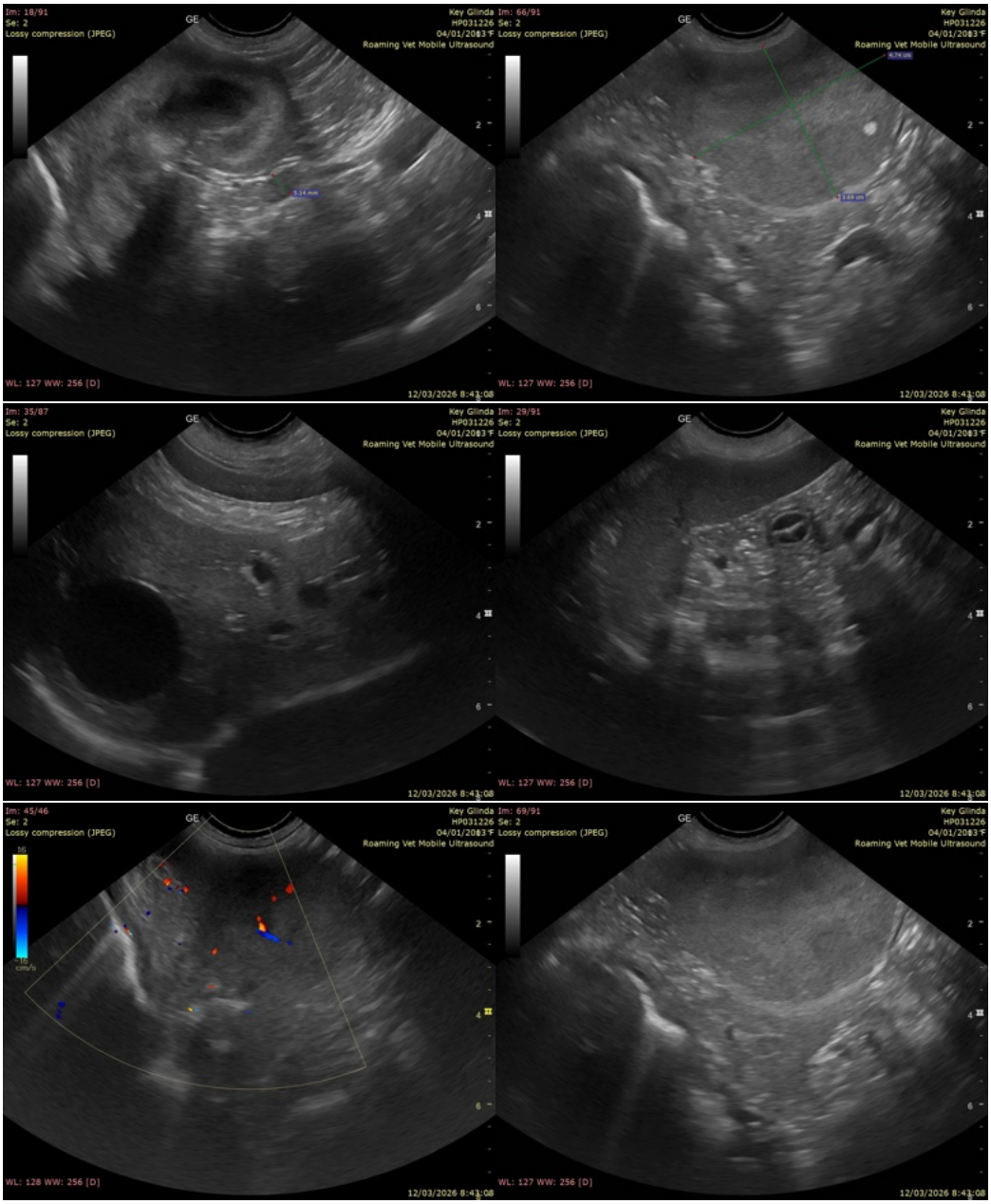
Further diagnostic and therapeutic decisions should be guided by the attending veterinarian based on the patient's clinical status.



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.

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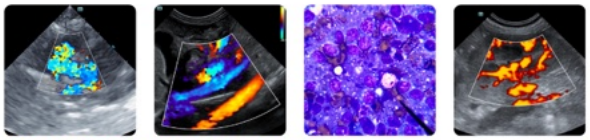

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

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