



## PATIENT

Gracie Canedy

## SPECIES

Canine

## BREED

Lab Mix

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

62.4

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Dr. Warner

## HOSPITAL NAME

VT-NH Veterinary  
Clinic

## REFERRING VET

Dr. Torzewski

## INVOICE

15383

## DATE

04/23/26

## PRESENTING CLINICAL SIGNS

11yo FS Lab mix presented for dentistry. PreA bldwrk with panleukopenia (WBC 3.2K, Neutr 2.3K, Lymph 0.7K, Monocytes 0.15K, pltlts WNL on blood smear. ALT 158/ALP871. history of low lymphocytes and ALKP 515 for last dentistry 5/2025. Patient is on carprofen/adequan. (other hx anapl pos, SQ masses/cyst). current symptoms and duration: progressive slowing down with mobility however O reports has been acting off since early/mid April. Started adequan d/t concerns that it could be DJD related symptoms. current treatments and or medications: carprofen 100mg SID, adequan twice weekly x1mo. Rads pending although abnormal spleen - AFAST with splenomegaly, no free fluid appreciated

Abnormal PE/Chem/CBC/UA Results: Today 4/23/26 - WBC 3.2K, Neutr 2.3K, Lymph 0.7K, Monocytes 0.15K, pltlts WNL on blood smear. ALT 158/ALP871. 5/2025 - Lymphocytes 1.4K, ALKP 515 AFAST - large spleen, no free fluid Rads - pending consult

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is under distended, limiting complete assessment of wall thickness. The urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic disease.

The left kidney is normal in shape and size, measuring 6.27×3.15 cm, with a cortical thickness of 0.63 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 5.99×3.69 cm, with a cortical thickness of 0.69 cm in the sagittal plane.

Both kidneys: The cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary distinction is preserved. 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 0.80 cm at the cranial pole and 0.87 cm at the caudal pole. The right adrenal gland measures 0.74 cm at the caudal pole (cranial pole not clearly visualized).

### *Spleen*

Splenic thickness measures 3.95–4.11 cm, indicating moderate splenomegaly (expected thickness typically <3–3.5 cm depending on size). The parenchyma is overall homogeneous but mildly mottled.

Within the dorsal aspect of the spleen, there is a poorly marginated, mildly organized nodular region measuring approximately 4 cm in diameter, which does not clearly deform the capsule and remains partially blending with the surrounding parenchyma. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

### *Liver*

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



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The gallbladder lumen is normally distended. There is a moderate amount of biliary sludge within the lumen. No dilation of the cystic duct or common bile duct is identified.

### *Gastrointestinal*

The stomach is empty and folded, with mural thickness of 2.45 mm and preserved wall layering. The pylorus measures 5.22 mm. The duodenum measures 2.42 mm. The jejunum measures 3.02 mm. Wall layering is preserved throughout.

No ultrasonographic evidence of ileus, obstruction, or intraluminal foreign material is identified.

Colon: wall thickness measures 1.20 mm, within normal limits, with formed fecal material in the descending colon.

### *Pancreas*

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

### *Free Abdomen*

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

## PRIMARY FINDINGS

- Moderate splenomegaly with mottled splenic echotexture.
- Ill-defined, partially organized splenic nodular region (~4 cm)

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is moderately enlarged and demonstrates a mildly mottled echotexture with a poorly defined, partially organized nodular region. This pattern may represent nodular hyperplasia or extramedullary hematopoiesis, both common in older dogs; however, given the presence of a discrete region of altered architecture and the clinical context of leukopenia, infiltrative disease (lymphoma) or less likely other splenic neoplasia cannot be excluded.

Importantly, the combination of splenomegaly and leukopenia raises concern for a systemic process, including infectious or immune-mediated disease, in addition to primary splenic pathology. In this context, splenic enlargement may reflect reactive or sequestration-related changes, although the focal nodular component warrants further investigation.

The liver appears unremarkable, and no evidence of biliary obstruction is identified. The moderate biliary sludge is considered an incidental or secondary finding.

Adrenal glands are within normal limits in size and morphology for a dog of this size, and there is no ultrasonographic evidence of adrenal disease.

Overall, findings are most consistent with a splenic-centered process in a patient with systemic abnormalities (leukopenia), with differentials including reactive/infectious disease, immune-mediated processes, and infiltrative disease (particularly lymphoma). The imaging findings alone do not allow definitive differentiation.



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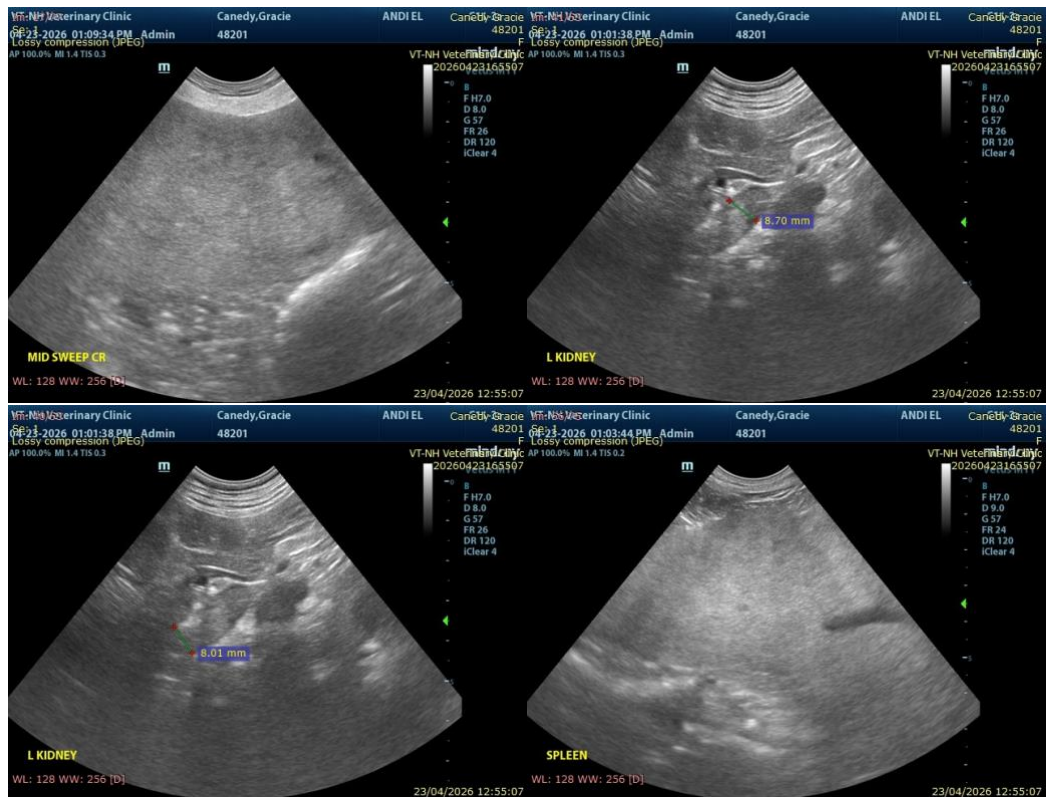
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## Recommendations

- Ultrasound-guided fine-needle aspiration of the spleen is recommended to further characterize the nodular and diffuse splenic changes.
- Consider infectious disease testing (tick-borne panel) given the combination of leukopenia and splenomegaly.
- Correlation with repeat CBC and potential bone marrow evaluation may be considered.
- Monitor hepatobiliary parameters; biliary sludge does not currently warrant specific intervention.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.





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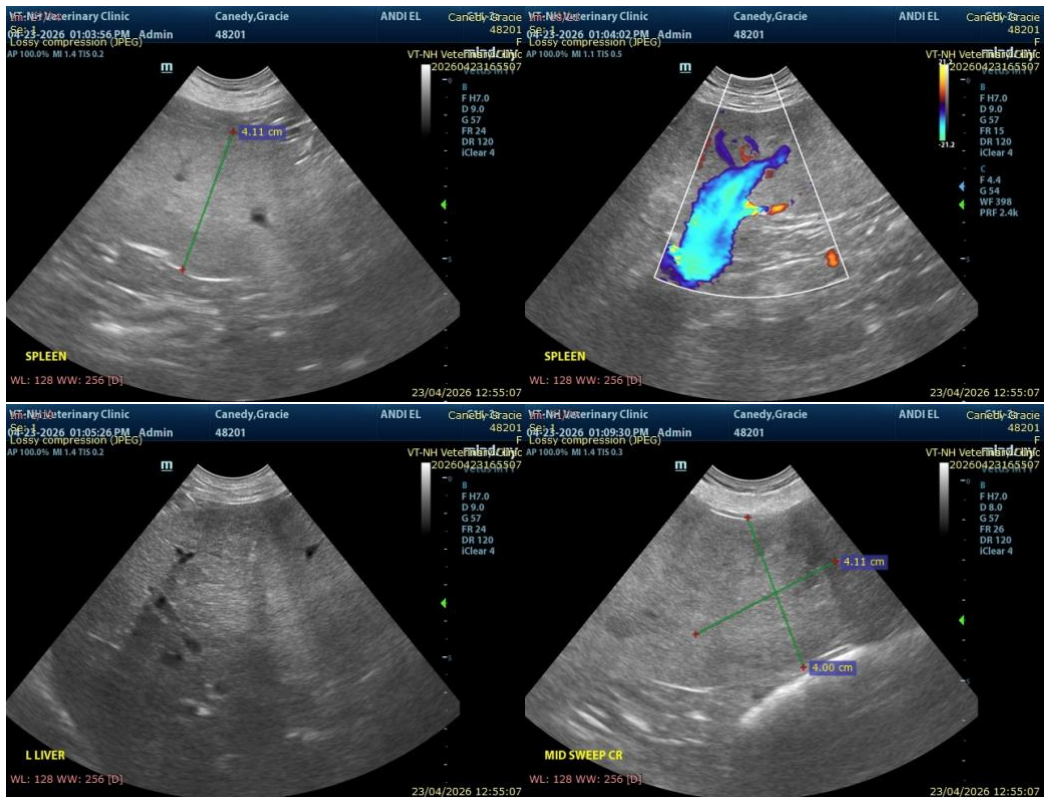
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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