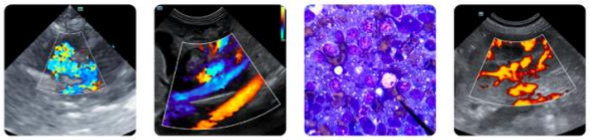


PATIENT

Jib Mellgren

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

4 Years 11 Months

WEIGHT

46 pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Samantha L Hudgins DVM

HOSPITAL NAME

Petvacx Animal Hospital

REFERRING VET

Samantha L Hudgins DVM

INVOICE

15386

DATE

04/23/26

PRESENTING CLINICAL SIGNS

Splenic mass identified on December 4th, 2025, abdominal ultrasound

Abnormal PE/Chem/CBC/UA Results: Bloodwork 4/22/36: Glucose -125 (63-114); SDMA - 15 (0-14); ALP - 406 (5-160) Bloodwork 12/3/2025: SDMA -16 ; ALP -544

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended. The wall is thin and smooth. 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 5.51×2.80 cm, with a cortical thickness of 0.46 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 4.99×2.45 cm, with a cortical thickness of 0.45 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.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.57 cm at the caudal pole (cranial pole not visualized). The right adrenal gland measures 0.53 cm at the cranial pole and 0.52 cm at the caudal pole.

Spleen

Splenic thickness is 2.32 cm, within normal limits for a dog of this size. The parenchyma is homogeneous with normal echogenicity and fine echotexture. A well-defined hypoechoic splenic nodule measuring approximately 1.48×1.70 cm (maximum dimension based on three measurements) is identified. The lesion does not disrupt the splenic capsule and does not extend into adjacent tissues. No additional splenic lesions are identified. The splenic capsule is smooth and regular.

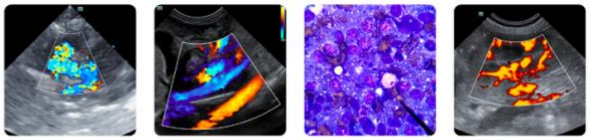
Liver

The liver is subjectively normal in size, with sharp margins and regular contour. The parenchyma is homogeneous and isoechoic relative to surrounding fat. No hepatic lymphadenopathy is identified.

The gallbladder is adequately distended. The wall is thin and regular. The contents are predominantly anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded, with mural thickness of 2.11 mm and preserved wall layering.



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Small intestines:
The pylorus measures 4.8 mm. The duodenum measures 3.28 mm. The jejunum measures 2.25 mm. Wall layering is preserved throughout.

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

Colon: wall thickness measures 0.96 mm, within normal limits, with formed fecal material present.

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

- Single, well-defined hypoechoic splenic nodule (1.48×1.70 cm)

SECONDARY FINDINGS

- Mild biliary sludge

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is normal in size and overall echotexture; however, a single, well-defined hypoechoic splenic nodule measuring approximately 1.48×1.70 cm is identified, without capsular disruption or evidence of local invasion.
Comparison with prior videos from December 2025 demonstrates a previously lesion of approximately 1.37×1.88 cm (maximum dimension based on three measurements), with no appreciable change in echogenicity and no clear evidence of interval growth, suggesting overall stability over time.
In this context, and particularly in the absence of additional lesions, abdominal effusion, or systemic abnormalities, this finding is most consistent with a benign splenic process, such as nodular hyperplasia or extramedullary hematopoiesis.
While ultrasound cannot definitively distinguish benign from malignant splenic lesions, the lack of progression over several months strongly supports a non-aggressive biological behavior.
The liver, gastrointestinal tract, pancreas, and regional lymph nodes appear unremarkable, and there is no evidence of abdominal effusion, supporting a localized and likely incidental splenic finding without evidence of systemic or metastatic disease.

Recommendations

- Ultrasound-guided fine-needle aspiration of the splenic nodule may be considered to further characterize the lesion, particularly if clinical concern persists.
- Serial ultrasonographic monitoring is reasonable to assess stability or progression, given the small size and benign imaging features.
- Continue routine monitoring of laboratory values, particularly ALP, although no clear ultrasonographic correlate is identified.

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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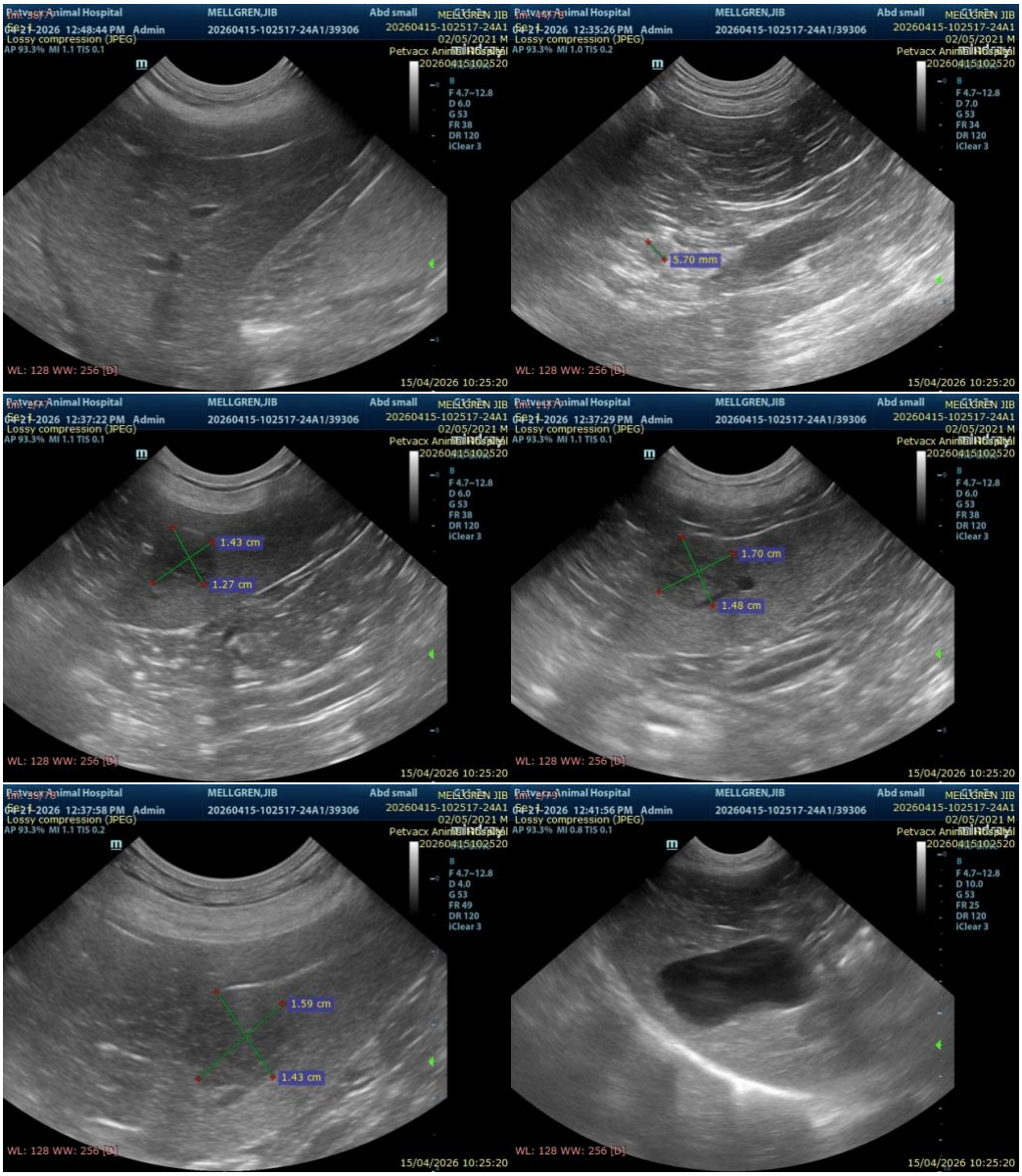

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com