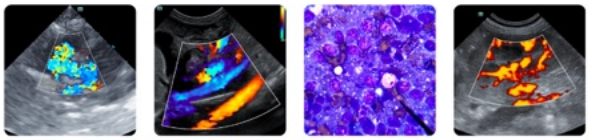


PATIENT

Beaux Tullis

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered male

AGE

8 years

WEIGHT

34 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Catherine Alexander, LVT

HOSPITAL NAME

NorthStar VS

REFERRING VET

Dr. Lovell

INVOICE

74810

DATE

4/24/26

PRESENTING CLINICAL SIGNS

History: Labs are normal, but pet may have had a bleeding event that caused anemia. Recommended full abdominal ultrasound to check on spleen and other internal organs
Abnormal PE/Chem/CBC/UA Results: Mild anemia noted on CBC 4/15/26

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is underdistended. Due to underdistension, wall thickness may be overestimated. The luminal contents are anechoic. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of inflammatory or proliferative/neoplastic changes are identified.

The left kidney measures 7.88×4.18 cm, with a cortical thickness of 0.71 cm in the sagittal plane. The right kidney measures 7.81×4.28 cm, with a cortical thickness of 0.67 cm in the sagittal plane. Both kidneys are normal in shape and size for a large-breed dog (typically ~6–9 cm). The cortex is isoechoic relative to the liver. The corticomedullary ratio is preserved, and corticomedullary definition is maintained. A mild medullary rim sign is present. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

Prostate

The prostate is small, homogeneous, and hypoechoic, consistent with post-castration atrophy.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.70 cm at the cranial pole 0.73 cm at the caudal pole. The right adrenal gland measures 0.66 cm at the caudal pole.

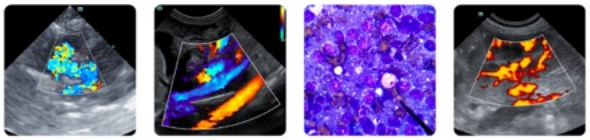
Spleen

Splenic thickness is 1.94 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture with hypoechoic foci 0.9x0.9 cm. The splenic capsule is smooth and regular.

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.

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



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Gastrointestinal

The stomach is mildly distended with a small amount of ingesta, with mural thickness ranging from 2.75–3.21 mm and preserved wall layering (within normal limits). The pylorus measures 3.44 mm. Duodenum: 3.71 mm. Jejunum: 2.88 mm. Wall layering is preserved throughout. No ultrasonographic evidence of inflammation, ileus, or foreign material is identified. Colon wall thickness is 0.96 mm, within normal limits, with formed feces present.

Pancreas

The pancreas measures 1.17 cm in thickness, which is within normal limits for a dog of this size (typically up to ~1.5 cm depending on region). The parenchyma is isoechoic relative to the surrounding fat. No ultrasonographic evidence of pancreatitis or focal mass lesions is identified.

Free Abdomen

A very small amount of free abdominal fluid is identified adjacent to the spleen. No generalized effusion is observed.

Cranial mesenteric lymph nodes are not clearly visualized, but no abnormalities are suspected in the region.

The left medial iliac lymph node measures 6.45 mm in thickness, within normal limits.

The right medial iliac lymph node measures 1.19 cm in thickness, which is mildly enlarged, although it maintains normal shape and echogenicity.

PRIMARY FINDINGS

- Focal splenic hypoechoic nodule (0.9×0.9 cm)
  Very small volume perisplenic free fluid.
- Mild enlargement of the right medial iliac lymph node.

SECONDARY FINDINGS

- Subtle medullary rim sign in both kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most clinically relevant finding is the presence of a focal hypoechoic splenic nodule and a small amount of adjacent free fluid. In the context of a patient with suspected prior bleeding and mild anemia, this raises concern for a potential splenic source of hemorrhage, although the current volume of effusion is minimal and there is no evidence of active or significant hemoabdomen at this time.

In dogs, splenic nodules of this size may represent a range of processes, including benign entities such as nodular hyperplasia or hematoma. The ultrasonographic appearance in this case is not specific. However, there are no definitive features (such as a large cavitated mass or widespread metastatic

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disease) that would strongly favor an aggressive neoplastic process.

The small volume of perisplenic fluid may represent incidental fluid, or potentially a small-volume prior bleed. Its localization adjacent to the spleen warrants consideration in conjunction with the splenic lesion, although it is not sufficient to confirm active hemorrhage.

The mild enlargement of the right medial iliac lymph node, in the absence of abnormal morphology, is nonspecific and may be reactive. There is no generalized lymphadenopathy or evidence of metastatic disease.

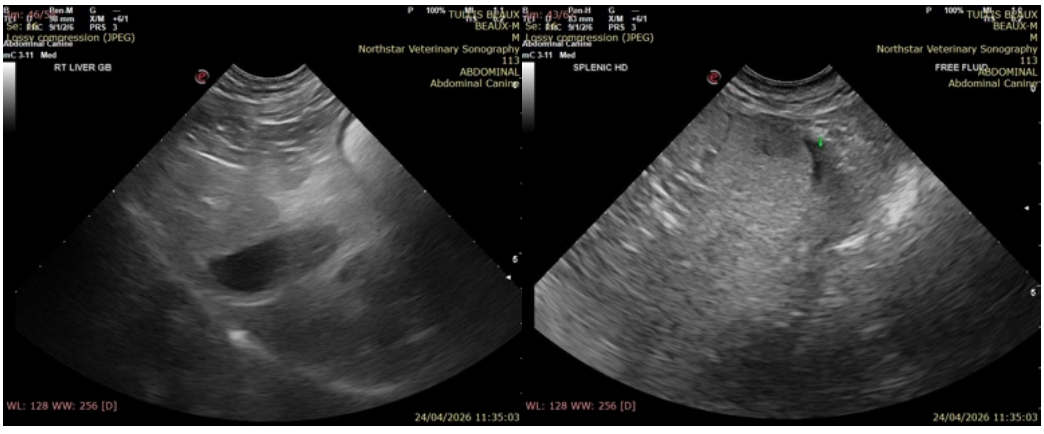
The mild bilateral medullary rim sign is not considered clinically significant in isolation.

Overall, this study identifies a small splenic lesion of uncertain clinical significance, with a differential diagnosis including benign and malignant processes, and a possible (but not definitive) association with prior bleeding. No evidence of active intra-abdominal hemorrhage is identified.

Recommendations

- Ultrasound-guided fine-needle aspiration may be considered for further characterization; however, if there is clinical concern for recent or ongoing hemorrhage, a conservative approach with monitoring or additional staging may be preferred.
- Correlation with serial hematocrit/PCV measurements is recommended to assess for ongoing or recurrent bleeding.

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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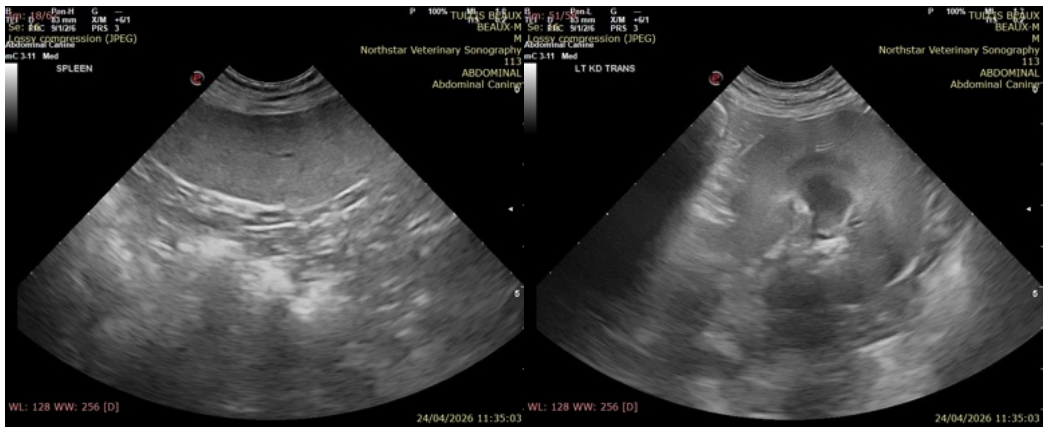

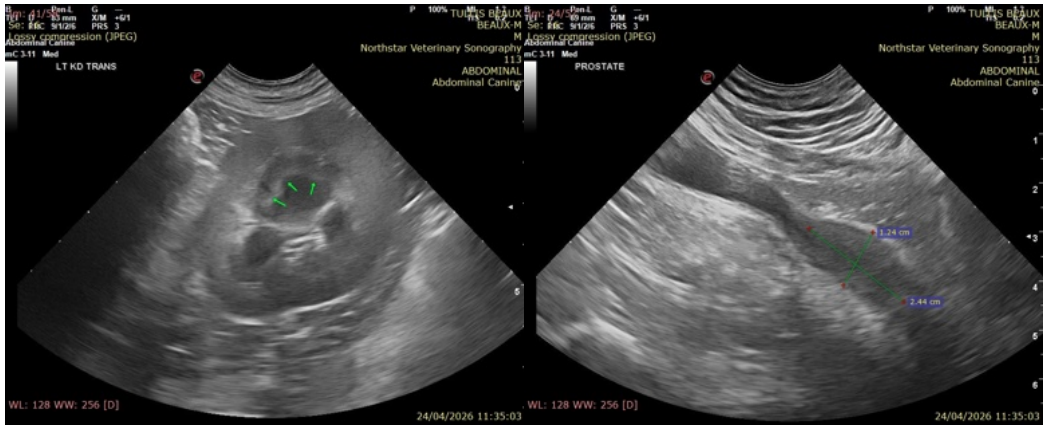

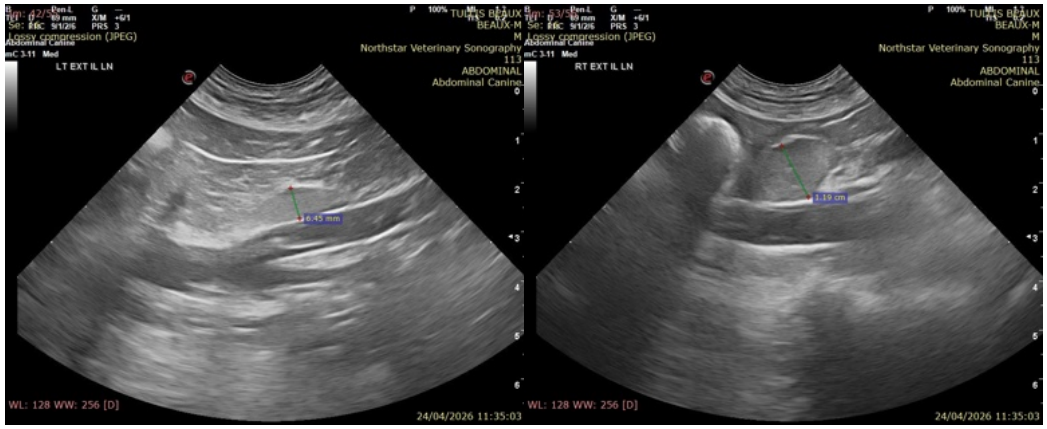

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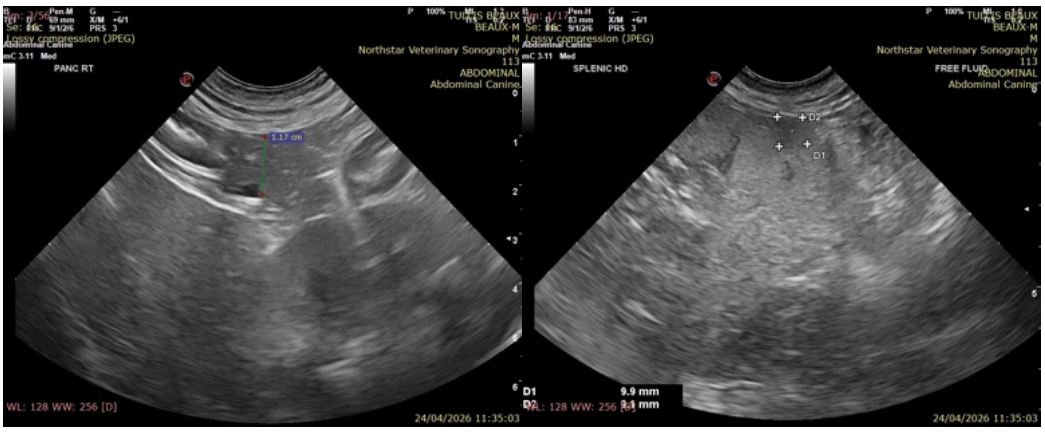

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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