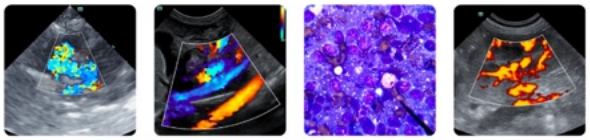


PATIENT

Harvick McColl

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered male

AGE

12 years

WEIGHT

91.8 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Hougentogler

HOSPITAL NAME

K-Vet AC

REFERRING VET

Dr. Wong

INVOICE

74808

DATE

4/24/26

PRESENTING CLINICAL SIGNS

History: Patient had acute onset of bloody diarrhea (hematochezia); on x-rays, a splenic nodule was noted
Subtle splenic lesions (nodule along capsule and hypoechoic area in parenchyma); hepatomegaly; thickened small intestines
Abnormal PE/Chem/CBC/UA Results: _BAR; multifocal subcutaneous masses (TNTC); no other significant findings on exam. _ALT - 183, ALP - 272, TBil - 1.3; Giardia positive on PCR; splenic nodule on radiographs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended. The bladder wall is thin and smooth. 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 7.74×4.15 cm, with a cortical thickness of 0.8 cm in the sagittal plane.
The right kidney measures 7.01×3.87 cm, with a cortical thickness of 0.79 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. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler color demonstrates a normal vascular pattern.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 1.04 cm at the cranial pole and 1.24 cm at the caudal pole. The right adrenal gland measures 1.01 cm at the cranial pole and 0.97 cm at the caudal pole.

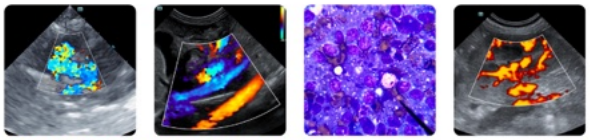
Spleen

Splenic thickness is 3.18 cm, which is within normal limits for a large breed dog. The parenchyma is overall homogeneous, with a mildly coarse echotexture and scattered small hyperechoic foci. The splenic capsule is smooth and regular. No discrete nodules or masses are definitively identified.

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 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 empty and folded, with a mural thickness of 3.09 mm and preserved wall layering (within normal limits). The pylorus measures 4.79 mm. Duodenum: 3.18 mm. Jejunum: 3.97 mm. Wall layering is preserved throughout. No ultrasonographic evidence of inflammation, ileus, or foreign material is identified. Colon wall thickness is 1.78 mm, with a small amount of fecal material in the lumen.

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

- Mildly coarse splenic echotexture with scattered hyperechoic foci.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic parenchyma demonstrates a mildly coarse echotexture with scattered hyperechoic foci, without a discrete mass, cavitated lesion, or target-like appearance. In an older dog, this pattern is most consistent with benign changes, including nodular hyperplasia, extramedullary hematopoiesis, or age-related parenchymal remodeling.

There are no ultrasonographic features that specifically support splenic neoplasia, such as a focal mass, complex cavitated lesion, or evidence of metastatic disease (hepatic nodules, lymphadenopathy, or abdominal effusion).

However, as with all splenic findings, ultrasonographic overlap exists between benign and malignant processes, and early or subtle neoplastic disease cannot be completely excluded based on imaging alone. The current appearance does not raise a high index of suspicion for clinically significant or aggressive splenic neoplasia.

The colon is relatively empty and mildly collapsed, which may account for the perceived wall thickness. No definitive ultrasonographic evidence of colonic inflammation is identified. However, given the clinical presentation of hematochezia and confirmed Giardia infection, large bowel disease remains the most likely origin of the clinical signs despite the lack of significant imaging abnormalities.

Recommendations

- If there is ongoing clinical concern regarding the spleen, ultrasound-guided fine-needle aspiration may be considered, although the current findings do not strongly indicate neoplasia.
- Management of the gastrointestinal disease (including treatment for Giardia) is recommended,

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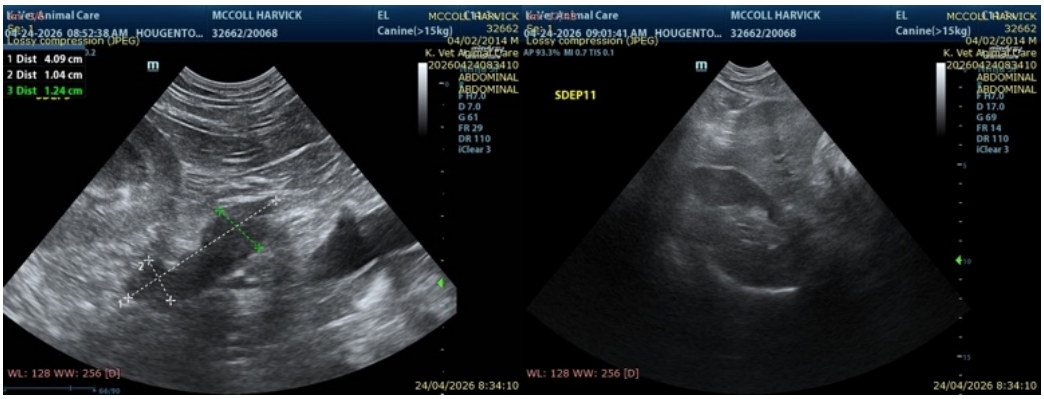
as this is the most likely cause of the presenting clinical signs.

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

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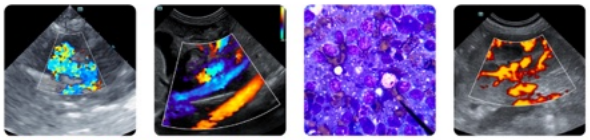

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com