



PATIENT

Stella Addimando

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

12 Years 3 Months

WEIGHT

52.2 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

Animal Care Clinic of
Flanders

REFERRING VET

Dr. Hallihan

INVOICE

16462

DATE

05/22/26

PRESENTING CLINICAL SIGNS

Had acute glaucoma with retinal detachment OD, Blind OD, uveitis OD elevated globulins. Seen at Animal Eye Center on 5/18/26 - report attached. Medications: Doxycycline 100mg - 1.25 tab po bid for 14 days Dorzolamide/Timolol Opth Solution - 1 drop to RGHT eye TID Timolol Solution 0.5% - 1 drop to LEFT eye SID Prednisolone 1 % - 1 drop to RIGHT eye TID Trazodone 100g - 1 tab 2 hours prior to scan

5/22/26: Chest radiographs are attached Tonometry - OD - Avg 60 3/4/26: Chem/CBC = Globulins 5.6 , Alb:Glob ratio 0.5 Ap + U/A: WNL USG: 1.051

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 5.69×3.23 cm, with cortical thickness measuring 0.55 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 6.01×3.65 cm, with cortical thickness measuring 0.60 cm in the sagittal plane. In both kidneys, the renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates an overall preserved vascular pattern.

Adrenal Glands

Not visualized.

Spleen

A very large heterogeneous splenic mass is present, occupying the majority of the dorsal splenic extremity and measuring at least approximately 9×13 cm, although the lesion likely exceeds these dimensions as complete measurement could not be obtained within the imaging field. The mass contains multiple cavitory to anechoic regions internally and results in marked distortion/enlargement of the spleen. The ventral splenic extremity appears comparatively preserved and sonographically more 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.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal tract

The stomach contains a small amount of fluid. Gastric wall thickness measures approximately 2.48 mm with preserved wall layering. The duodenum measures 3.30 mm. The jejunum measures approximately 2.95 mm with preserved wall layering.



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The majority of the intestinal tract is displaced caudally within the abdomen secondary to mass effect from the large splenic lesion. No focal gastrointestinal wall thickening, obstructive pattern, plication, or foreign material is identified ultrasonographically. The colon measures approximately 1.24 mm and contains formed fecal material within the descending colon.

Pancreas

The evaluated pancreatic regions 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

- Very large cavitory heterogeneous splenic mass occupying much of the dorsal splenic extremity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A very large heterogeneous cavitory splenic mass is identified and is considered highly concerning for malignant splenic neoplasia, with hemangiosarcoma considered the primary differential diagnosis given the lesion size, marked heterogeneity, and presence of multiple cavitory/hemorrhagic-appearing regions. Other malignant splenic neoplasms (including other splenic sarcomas, histiocytic sarcoma, or lymphoma) are considered less likely but cannot be excluded ultrasonographically.

No overt ultrasonographic evidence of hepatic metastatic disease, abdominal effusion, or abdominal carcinomatosis is identified currently. However, absence of visible metastatic disease on ultrasound does not exclude microscopic metastasis or systemic neoplastic disease. Given the concurrent history of severe unilateral ocular disease, uveitis, retinal detachment, hyperglobulinemia, and glaucoma, systemic neoplastic disease remains a significant clinical concern.

Recommendations

- Surgical consultation is strongly recommended given the very large splenic mass and potential risk for hemorrhage/rupture.
- Cytology of cavitory splenic lesions is often of limited diagnostic utility and may carry hemorrhagic risk; histopathology following splenectomy is likely to be required for definitive diagnosis.
- Correlation with repeat CBC/chemistry, protein electrophoresis, infectious disease testing, and coagulation profile may also be clinically useful.

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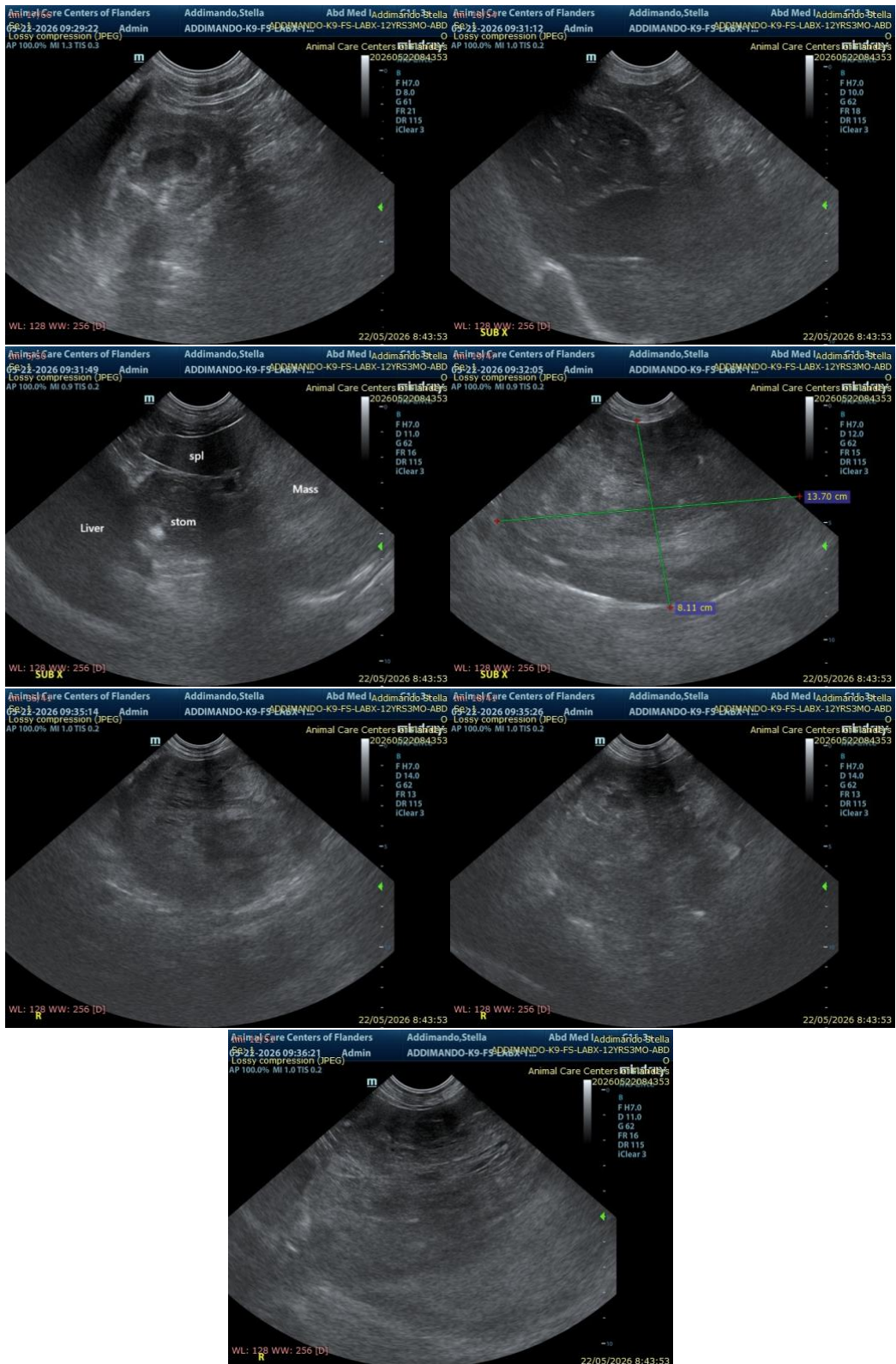
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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