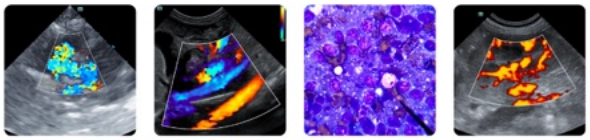


PATIENT

Chance Gingrich

SPECIES

Canine

BREED

Corgi

SEX

Neutered male

AGE

12 years

WEIGHT

36.4 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Michelle Lindemulder, DVM

HOSPITAL NAME

Southkent VH

REFERRING VET

Dr. Lindemulder

INVOICE

75273

DATE

5/6/26

PRESENTING CLINICAL SIGNS

History: Shortness of breath, painful abdominal palpation
Abnormal PE/Chem/CBC/UA Results: CBC: decreased MCV, MCH; increased MPV Chemistry - nsf
Abdominal xrays - spleen appears very caudal (mass effect), possible soft tissue mass that appears to be extending from spleen to liver

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The urinary bladder wall is thin and smooth. The urine is anechoic. The bladder neck and proximal urethra are unremarkable. No cystoliths or sonographic evidence of inflammatory or neoplastic urinary bladder disease are identified.

The left kidney is normal in shape and size, measuring 4.99×3.19 cm. Cortical thickness measures 0.52 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. Corticomedullary ratio and corticomedullary distinction are preserved. No pyelectasia, hydronephrosis, or nephrolithiasis is identified. Color Doppler evaluation demonstrates a subjectively normal vascular pattern.

The right kidney is normal in shape and size, measuring 5.42×3.16 cm. Cortical thickness measures 0.54 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. Corticomedullary ratio and corticomedullary distinction are preserved. No pyelectasia, hydronephrosis, or nephrolithiasis is identified. Color Doppler evaluation demonstrates a subjectively normal vascular pattern.

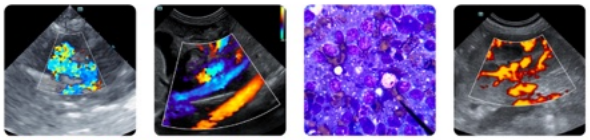
Adrenal Glands

The left adrenal gland is partially visualized and measures approximately 0.49 cm in dorsoventral dimension. The right adrenal gland is not confidently visualized.

Spleen

Diffuse splenomegaly is present, with splenic thickness measuring up to approximately 3.67 cm. The spleen extends caudally to the level of the urinary bladder, likely accounting for the apparent abdominal mass effect identified radiographically. No discrete splenic mass lesions are identified.

Splenic thickness varies regionally from approximately 2.35 cm to 3.67 cm, resulting in mild contour asymmetry/lobulation while maintaining overall preserved parenchymal echogenicity. The splenic echotexture is mildly heterogeneous/patchy. Two small hyperechoic nodules measuring only a few millimeters in diameter, compatible with myelolipoma-like nodules, are identified. The splenic capsule is smooth and regular.



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Liver

The liver is subjectively normal in size, with sharp margins and regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with preserved echotexture. A small hyperechoic focus measuring approximately 4.8×3.8 mm is identified within the hepatic parenchyma, likely incidental in appearance. 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 is empty and folded. Gastric wall thickness measures 2.79 mm with preserved mural layering. The pyloric wall measures 4.87 mm. Duodenal wall thickness measures 4.49 mm. Jejunal wall thickness measures 4.69 mm with preserved mural layering. No evidence of focal gastrointestinal inflammation, obstructive ileus, or foreign material is identified. Colonic wall thickness measures 1.10 mm, with formed fecal material present 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

- Diffuse splenomegaly with mild heterogeneous/patchy echotexture and mild contour asymmetry/lobulation.

SECONDARY FINDINGS

- Two small hyperechoic splenic myelolipoma-like nodules.
- One small incidental hyperechoic hepatic focus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diffuse splenomegaly is present and likely accounts for the apparent abdominal mass effect identified radiographically, with caudal extension of the spleen to the level of the urinary bladder. Importantly, no discrete splenic mass lesion, cavitary lesion, active hemorrhage, or sonographic evidence of splenic torsion is identified.

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The splenic parenchyma demonstrates mild diffuse heterogeneous/patchy echotexture and mild contour asymmetry/lobulation while maintaining overall preserved architecture and normal-appearing splenic vasculature. In older dogs, this appearance may be seen with diffuse benign/reactive splenic processes including nodular hyperplasia, extramedullary hematopoietic change, chronic congestion, or generalized reactive remodeling. Mild microcytic/hypochromic erythrocyte indices together with diffuse splenomegaly may be compatible with chronic reactive splenic stimulation and/or extramedullary hematopoietic activity, although these findings are nonspecific.

The current examination does not demonstrate strong ultrasonographic evidence of an aggressive splenic neoplasm, hemangiosarcoma, or metastatic abdominal disease. However, the absence of focal splenic masses, abdominal effusion, regional lymphadenopathy, or hepatic metastatic lesions is noted. Diffuse infiltrative splenic disease cannot be completely excluded sonographically,

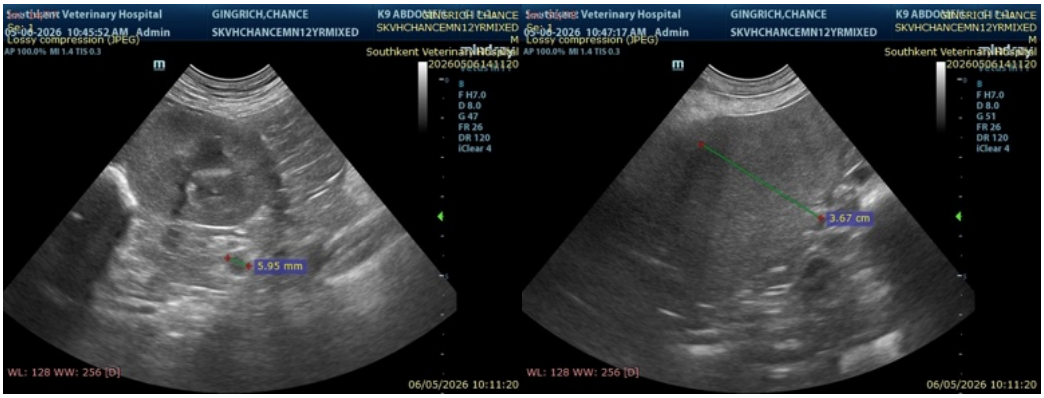
The mild abdominal discomfort reported clinically may therefore relate either to the marked splenic enlargement itself and associated capsular stretching, or potentially to unrelated concurrent non-abdominal disease, as no additional significant abdominal abnormalities are identified on the current examination.

The small hepatic hyperechoic focus is statistically most likely incidental and benign in appearance.

Recommendations

- Cytologic sampling of the spleen could be considered if further characterization of the diffuse splenic enlargement is desired, particularly to assess for diffuse infiltrative splenic disease versus reactive/extramedullary hematopoietic change.

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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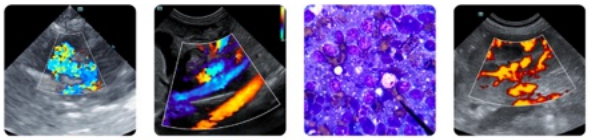

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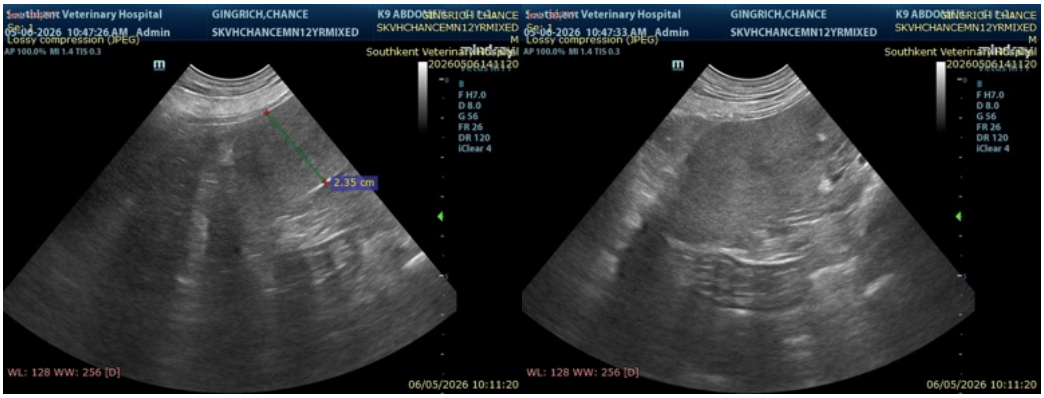

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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