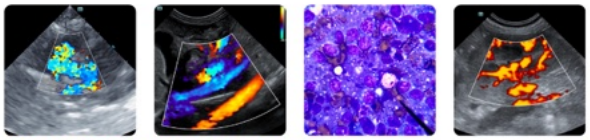


PATIENT

Rex Morgun

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered male

AGE

12 years

WEIGHT

4.3 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Danielle RVT

HOSPITAL NAME

Orchard VC

REFERRING VET

Dr. Antonopoulos

INVOICE

78204

DATE

6/1/26

PRESENTING CLINICAL SIGNS

History: Past few months has been hyporexic. Only eating treats, will not touch his regular food. Owner stated he seems uncomfortable
when she picks him up. Does have a history of pancreatitis. Energy is decreased.
Heart murmur 5/6
Currently on vetmedin, cerenia, mirtazapine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size, measuring 3.16×1.88 cm, with a cortical thickness of 0.29 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.81×1.97 cm, with a cortical thickness of 0.37 cm in the sagittal plane. Both kidneys demonstrate cortical echogenicity that is isoechoic to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland demonstrates normal shape and echogenicity, measuring 0.37 cm at the cranial pole and 0.39 cm at the caudal pole. The right adrenal gland is not confidently identified. The images provided and labeled as the right adrenal gland appear to correspond to repeated views of the left adrenal gland.

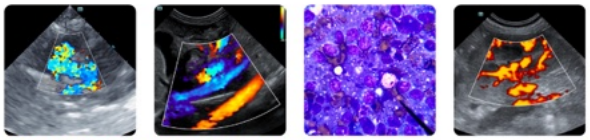
Spleen

Splenic thickness is 1.72 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. 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 moderately distended. The wall is thin and smooth. The contents are predominantly anechoic with a marked amount of mineralized biliary sediment. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal tract

The stomach is mildly distended, with a small amount of ingesta. Mural thickness is 2.67 mm and shows preserved wall layering.

The duodenum measures 2.49 mm and the jejunum measures 3.50 mm. Intestinal wall layering is preserved throughout the evaluated segments.

No sonographic evidence of gastrointestinal inflammation, ileus, foreign material, obstructive disease, or infiltrative intestinal disease is identified.

The colon measures 1.25-1.47 mm and is generally poorly filled, containing a small amount of soft fecal material within the descending colon.

Pancreas

The pancreas measures 7.41 mm in thickness. Pancreatic parenchyma is mildly hypoechoic relative to the adjacent omental fat. No peripancreatic free fluid or significant hyperechogenicity of the surrounding fat is identified.

Free Abdomen

A well-defined ovoid structure is identified immediately dorsal to the spleen and cranial to the left kidney. This structure demonstrates echogenicity and echotexture nearly identical to the adjacent splenic parenchyma.

No abdominal effusion or peritonitis is identified.

The cranial mesenteric lymph nodes measure 4.68-5.01 mm in thickness, maintain normal shape, and are mildly hypoechoic. The ileocecal lymph nodes are not visualized; however, the surrounding region appears unremarkable.

The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Large splenic-associated structure measuring approximately 2.66 cm thickness, demonstrating echogenicity and echotexture similar to adjacent splenic parenchyma.

SECONDARY FINDINGS

- Mild pancreatic abnormalities, including subtle parenchymal heterogeneity and enlargement.
- Marked mineralized biliary sediment within the gallbladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A well-defined ovoid structure measuring approximately 2.66 cm is identified immediately dorsal to the spleen. The lesion demonstrates echogenicity and echotexture closely resembling adjacent splenic parenchyma. Differential considerations include prominent accessory splenic tissue, nodular splenic

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hyperplasia, or less likely splenic neoplasia. Given the lesion size relative to the patient and the substantial space it occupies within the abdominal cavity, it is difficult to exclude a contribution to the patient's abdominal discomfort and chronic hyporexia. Further characterization is therefore recommended.

Mild pancreatic abnormalities are present and, when interpreted in conjunction with the patient's history are compatible with chronic pancreatitis or recurrent low-grade pancreatic inflammation.

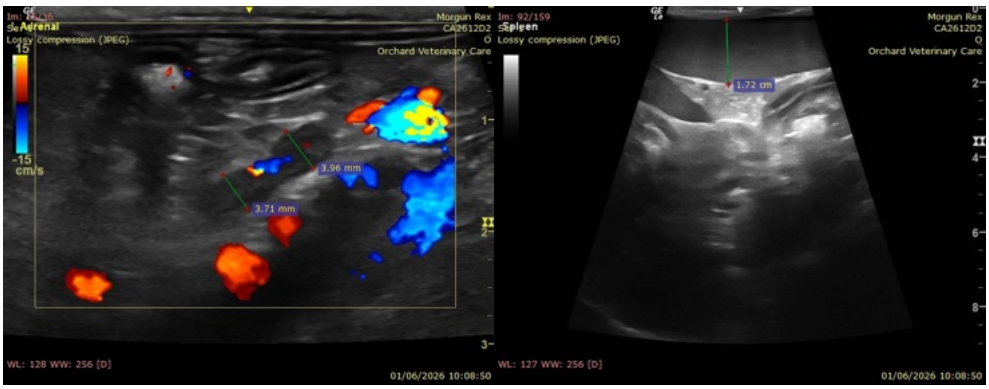
Marked mineralized biliary sediment is present within the gallbladder. Although there is no sonographic evidence of cholecystitis, biliary obstruction, or gallbladder mucocele formation, the degree of sediment accumulation suggests biliary stasis and may reflect chronic biliary disease. In conjunction with the patient's history of pancreatitis and mild pancreatic abnormalities, a chronic low-grade pancreatobiliary disorder should be considered.

No sonographic evidence of gastrointestinal obstruction, infiltrative intestinal disease, or significant hepatobiliary pathology is identified.

Recommendations

- Correlation with serum canine pancreatic lipase immunoreactivity (cPLI) is recommended if not recently performed.
- Medical management directed toward chronic pancreatobiliary disease may be considered at the discretion of the attending veterinarian.
- Doppler evaluation and/or follow-up ultrasonographic assessment of the splenic-associated mass-like structure is recommended to further characterize its vascularity and assess interval change.
- Fine-needle aspiration of the splenic-associated structure is recommended to further characterize its origin and biological behavior, and to determine whether the lesion represents benign splenic tissue, nodular hyperplasia, infiltrative disease, or another clinically significant pathologic process.

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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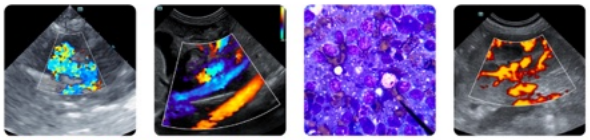

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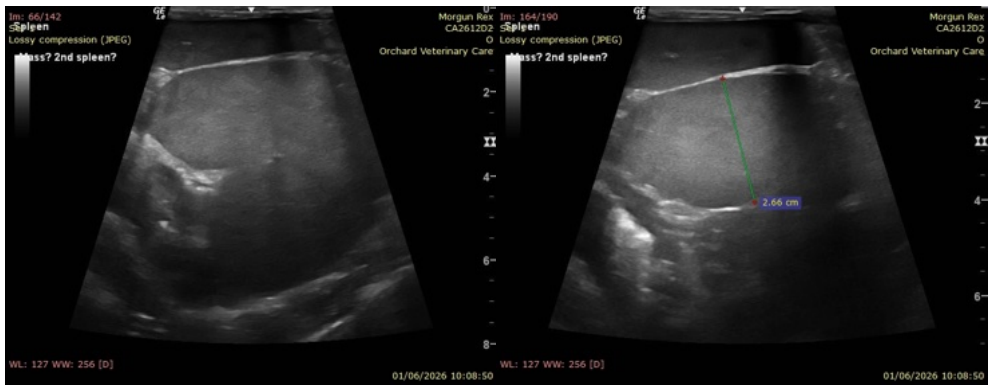

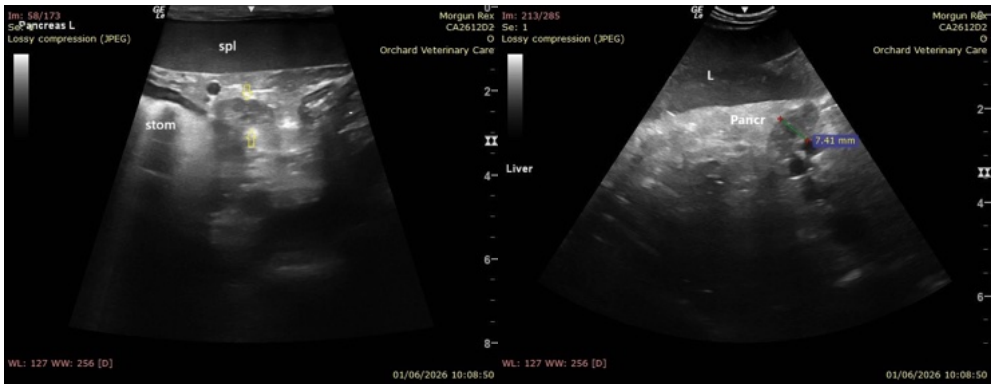

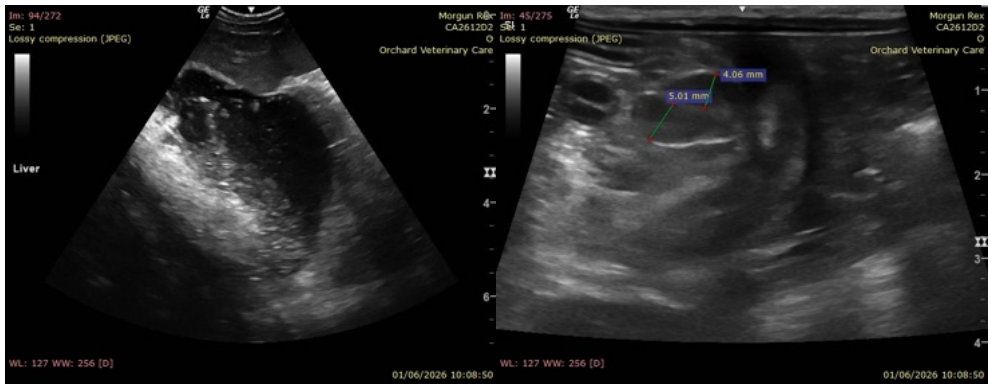

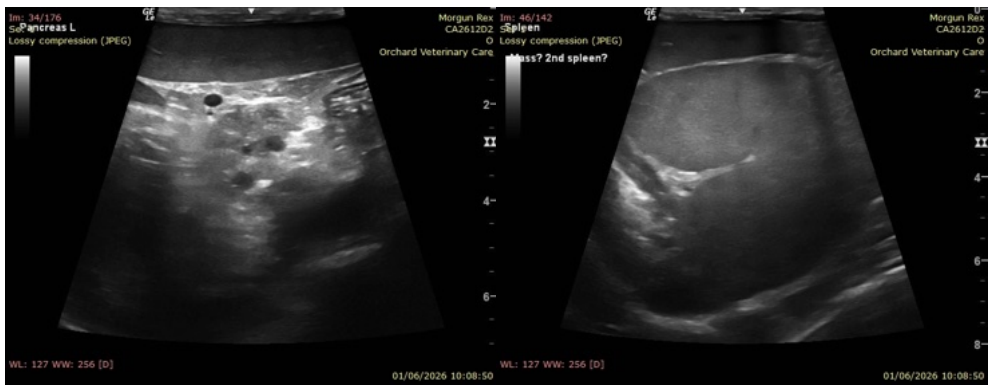

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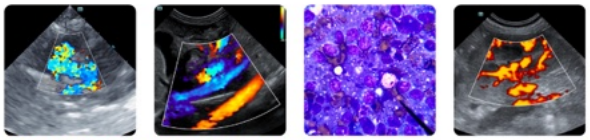

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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