



PATIENT

Savannah Scott

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

13 Years

WEIGHT

60 Pounds

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Vincent Tavella

HOSPITAL NAME

Williamsburg VC

REFERRING VET

Dr. Vincent Tavella

INVOICE

38356

DATE

6/5/26

PRESENTING CLINICAL SIGNS

History: 1 week history of lethargy and decreased appetite. Abnormal PE/Chem/CBC/UA Results: PE: Lethargic. Gingival hyperplasia, Perivulvar dermatitis Chem: Elevated ALT (129) and ALP (230), Anemia (HCT 28%, HGB 9.2, and RBC 3.6). Thrombocytopenia (PLT 115)

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 trigone and proximal urethra is observed. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 6.63×2.99 cm, with a cortical thickness of 0.49 cm in the sagittal plane. The renal cortex demonstrates normal echogenicity. The corticomedullary ratio is normal, and corticomedullary distinction is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 6.69×3.26 cm, with a cortical thickness of 0.50 cm in the sagittal plane. The renal cortex demonstrates normal echogenicity. The corticomedullary ratio is normal, and corticomedullary distinction is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland measures 0.55 cm at the cranial pole and 0.52 cm at the caudal pole. The right adrenal gland is not visualized.

Spleen

Splenic thickness measures 2.46 cm. The splenic parenchyma is markedly heterogeneous and contains numerous cavitary-appearing lesions throughout the spleen. Mild free fluid is present adjacent to the spleen within the splenorenal recess, accompanied by reactive hyperechoic peritoneal and mesenteric changes. The ventral extremity of the spleen is focally enlarged and demonstrates a mass-like appearance. However, the splenic abnormalities are diffuse, affecting the entire spleen rather than representing a solitary discrete mass. Color Doppler evaluation was not available. However, the sonographic appearance is not typical of splenic torsion.

Liver

The liver is subjectively enlarged and demonstrates a markedly irregular contour. The hepatic parenchyma is diffusely heterogeneous with a multinodular appearance affecting multiple hepatic lobes. Mild free fluid is present between the hepatic lobes. No hepatic lymphadenopathy is identified.

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

Gastrointestinal tract

The stomach is empty and folded, with a mural thickness of 3.09 mm and preserved wall layering.



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The duodenal wall measures 2.65 mm.

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The jejunal wall measures 3.32 mm with preserved wall layering.

SPECIES

No evidence of gastrointestinal obstruction, ileus, inflammatory mural changes, or foreign material is identified.

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The colonic wall measures 1.52 mm and contains a small amount of formed fecal material within the descending colon.

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Pancreas

The pancreatic regions included in the examination do not show evidence of overt inflammation or neoplastic disease.

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Free Abdomen

Free abdominal fluid is present, accompanied by diffuse hyperechoic and thickened peritoneal fat. No clear abdominal lymphadenomegaly is identified. The iliac trifurcation region is unremarkable.

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PRIMARY FINDINGS

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- Severe diffuse splenic parenchymal abnormality with enlargement of the ventral splenic extremity with mass-like appearance.
- Hepatomegaly with markedly irregular contour and diffuse multinodular heterogeneous hepatic parenchymal pattern.
- Abdominal effusion with reactive hyperechoic peritoneal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Severe diffuse splenic disease is present, characterized by extensive heterogeneous parenchymal remodeling with multifocal cavitary changes, regional free fluid, and associated reactive peritoneal changes. Although the ventral aspect of the spleen demonstrates a more mass-like appearance, the entire spleen is diffusely affected rather than containing a solitary discrete lesion.

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Concurrent hepatomegaly with a markedly irregular contour and diffuse multinodular hepatic parenchymal pattern is identified. Mild abdominal effusion is present adjacent to both the spleen and liver.

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The combination of severe diffuse splenic abnormalities and multifocal hepatic involvement is highly concerning for a malignant infiltrative splenic disease with hepatic involvement. Differential diagnoses include disseminated histiocytic sarcoma, hemangiosarcoma, or less likely lymphoma.

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Abdominal effusion is present adjacent to the spleen and liver, accompanied by reactive peritoneal changes. Given the concurrent anemia, thrombocytopenia, and extensive splenic pathology, the possibility of hemorrhagic abdominal effusion should be considered, although the nature of the fluid cannot be determined sonographically.

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Recommendations:

- Ultrasound-guided sampling of the liver, spleen, and abdominal fluid may be considered if clinically appropriate and coagulation status permits.



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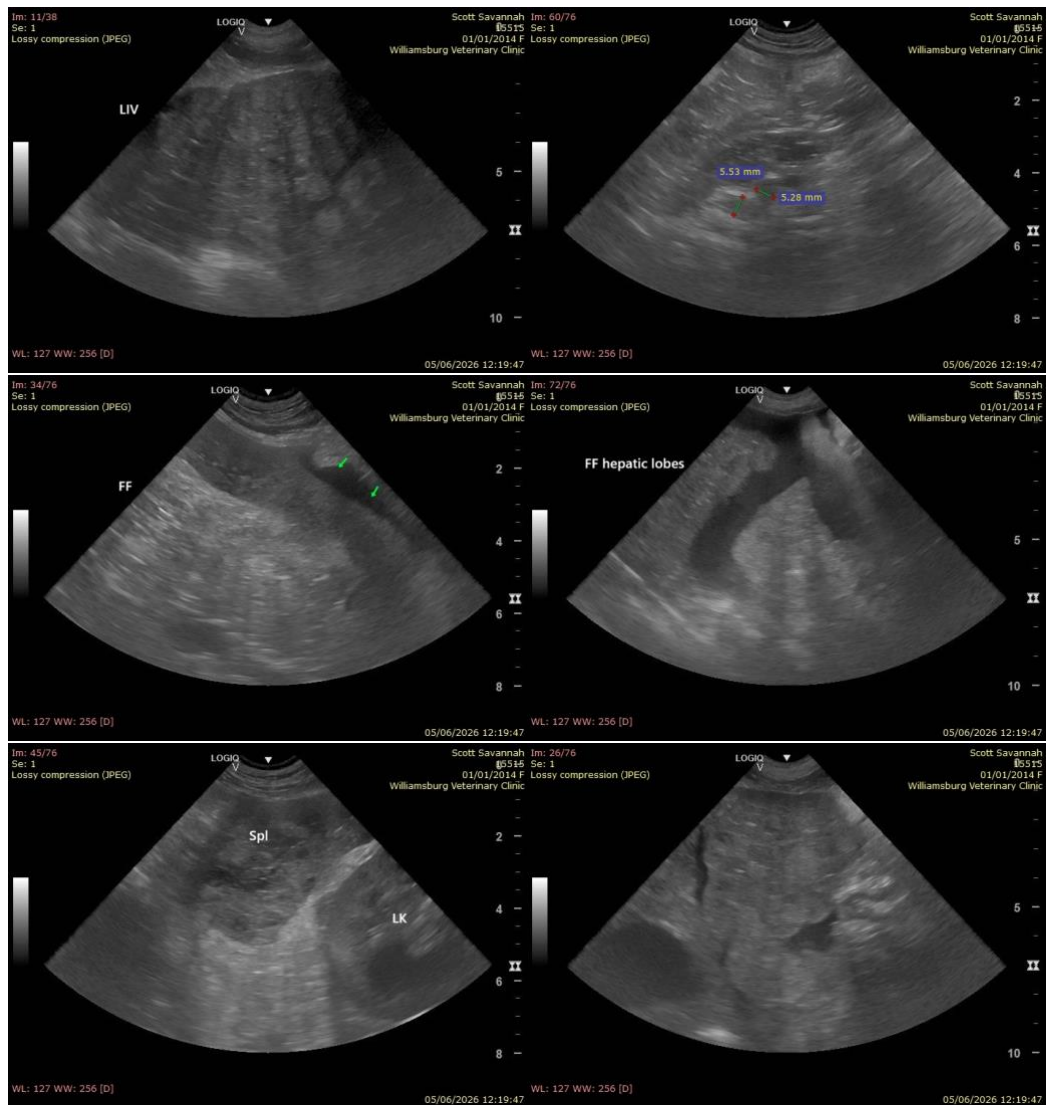
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- Thoracic imaging is recommended for staging purposes.
- Referral consultation with oncology and/or surgery may be appropriate depending on patient stability and owner goals.
- Monitoring of anemia and thrombocytopenia are recommended.

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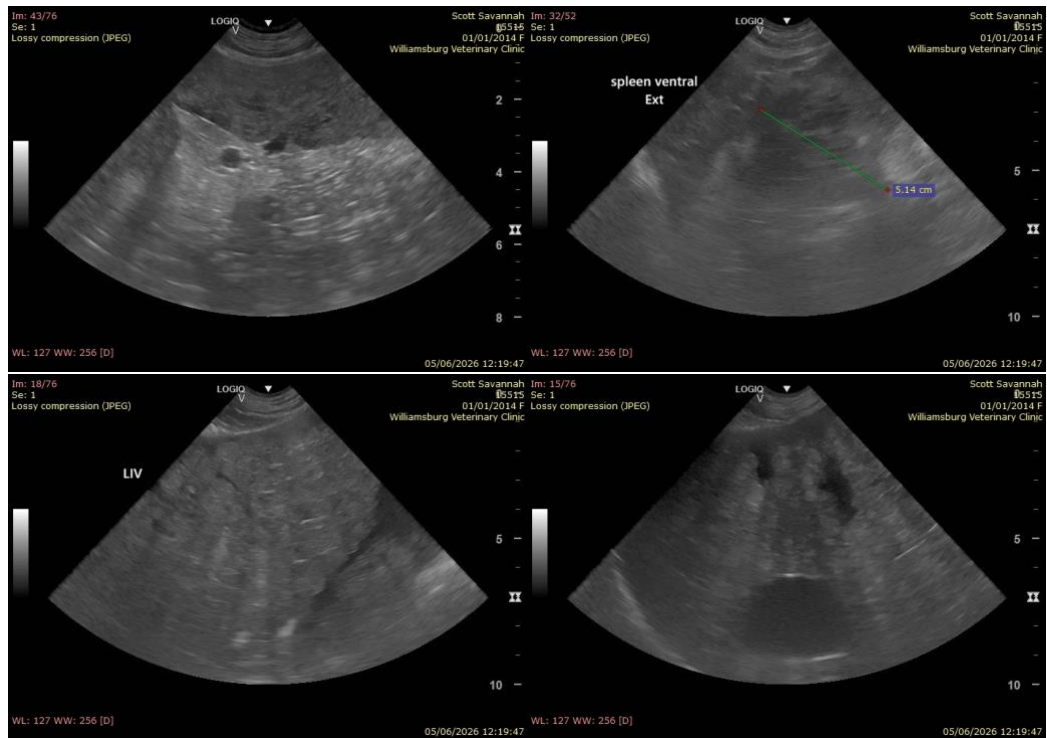
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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