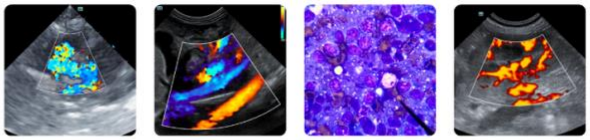

PATIENT

Blue Sauter

SPECIES

Canine

BREED

Pitbull Mix

SEX

Neutered Male

AGE

11 Years

WEIGHT

80 pounds

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Mark Reser

HOSPITAL NAME

Harvest Hills Veterinary Hospital

REFERRING VET

Dr. Mark Reser

INVOICE

13096

DATE

01/12/26

PRESENTING CLINICAL SIGNS

Hx of arthritis, doing well, not on meds. Went for walk yesterday and after coming home would not get back up. Had vestibular dz in past. Vomited once last night

Abnormal PE/Chem/CBC/UA Results: CBC normal. Low normal HCT (38). ALT too high to read even with dilution. ALP 552, GGT 20, T. bili 0.4. Albumin 2.9, glob 4.6. Rest normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic urine. The bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. The left kidney measures 5.8 cm. The right kidney measures 6.9 cm.

Adrenal Glands

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measures 0.72 cm width at the caudal pole. The right adrenal gland measures 0.69 cm width at the caudal pole

Spleen

The majority of the splenic parenchyma is smooth and homogenous with small scattered hyperechoic nodules within the parenchyma that do not distort the smooth splenic capsule. The head of the spleen has a large heterogenous mottled mass effect with focal regions of cavitation. The mass is strongly suspected to be originating from the spleen, however given the proximity to the liver and other organs in the cranial abdomen, its origin cannot be ascertained. The spleen measures 2.2 cm at the hilus.

Liver

The remainder of the liver is normal in size, contour and structure. The parenchyma is appropriately coarse and hypoechoic to the spleen. The vasculature is normal with no evidence of congestion.

The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecocolic junction are patent, and the colon contains normal shadowing feces. There is no

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evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented. A mild amount of echogenic contents was noted within the gastrointestinal tract.

Pancreas

The visible pancreas is isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Free Abdomen

There is no significant lymphadenopathy or free fluid.

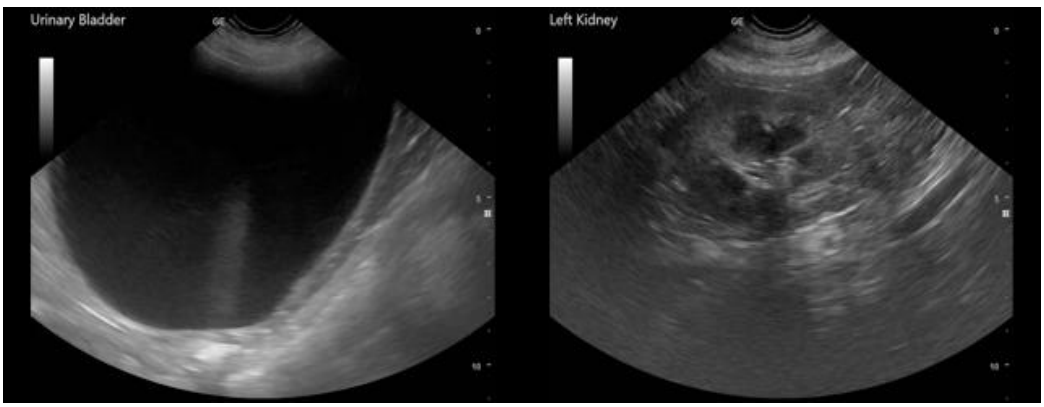
ULTRASONOGRAPHIC FINDINGS

- There are hyperechoic splenic foci throughout the splenic parenchyma consistent with myelolipomas. These are likely incidental and not overtly pathologic.
- The heterogenous irregular cranial abdominal mass is suspected to be splenic in origin with focal regions of cavitation.
- The patient's mild anemia and hypoproteinemia as well as elevated ALT may be secondary to an intracavitary bleed despite evidence of abdominal peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the spleen with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

Alternatively, consider an exploratory laparotomy with splenectomy and histopathology of the abdominal mass and liver for further evaluation and diagnosis of the mass effect. This also has the benefit of potentially being therapeutic and preventing further abdominal hemorrhage. Thoracic radiographs are recommended to evaluate for potential metastasis. Additionally, a CT scan with angiography could be considered for surgical planning and to further evaluate the liver for potential evidence of metastasis although this is not highly suspected based on the abdominal ultrasound.



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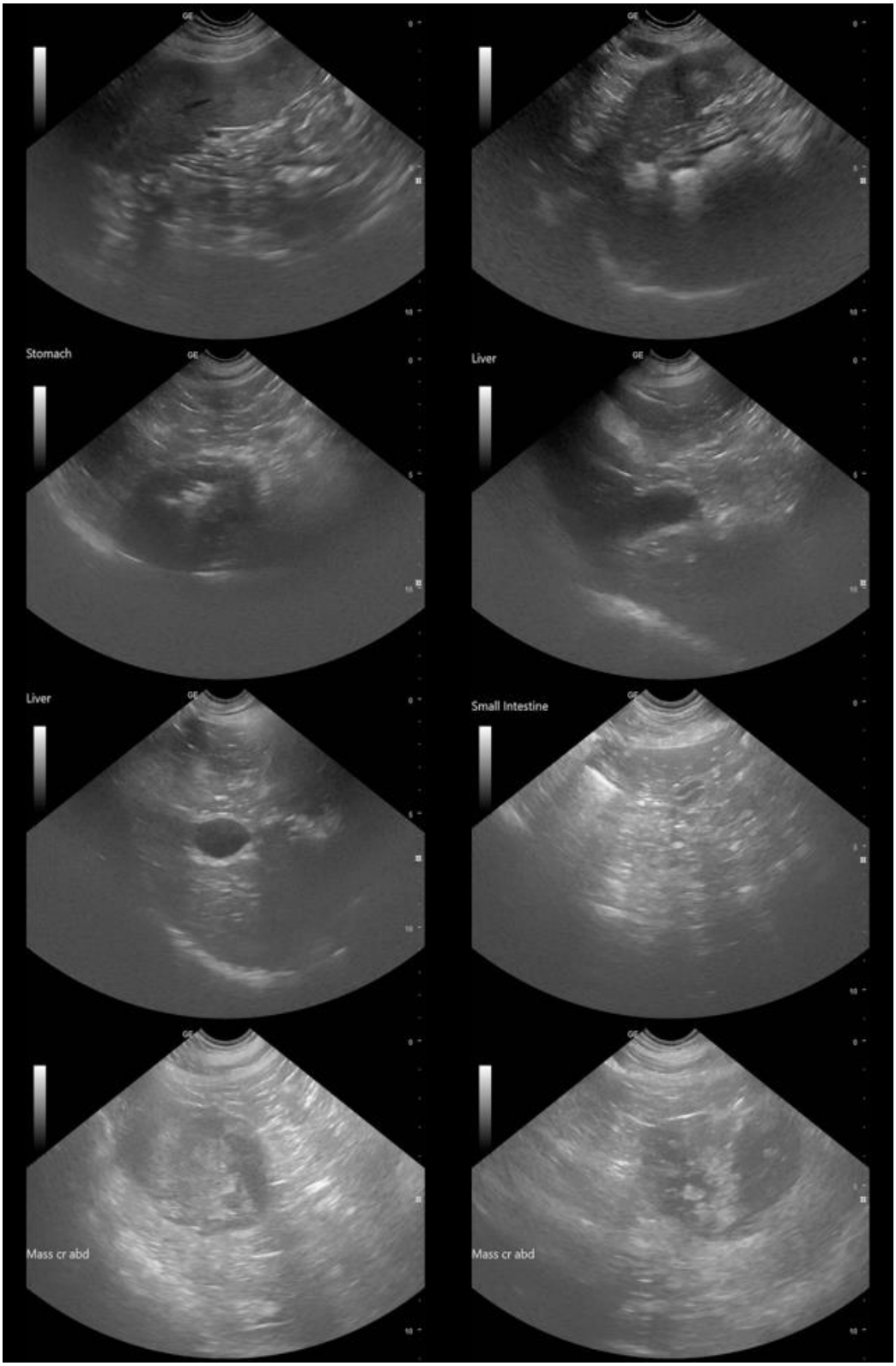

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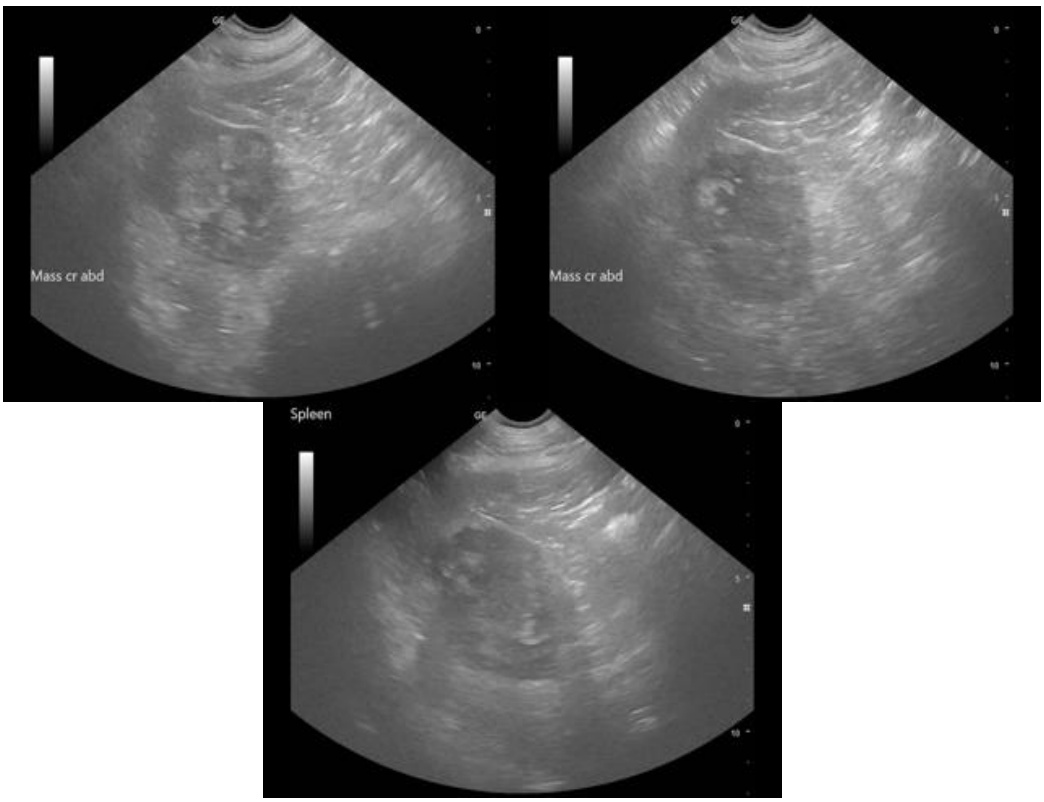

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com