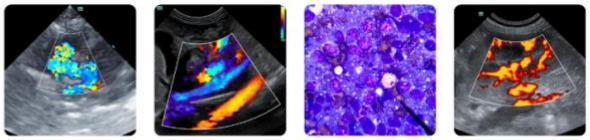


PATIENT

Tanner Thompson

SPECIES

Canine

BREED

Standard Poodle

SEX

Neutered Male

AGE

12.5 Years

WEIGHT

17.6 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Fish Creek Emergency

REFERRING VET

Dr. Mutlow

INVOICE

35348

DATE

1/9/26

PRESENTING CLINICAL SIGNS

History: Weight loss, AFAST showed a hypoechoic splenic mass. Pre SX scan to assess for mets.

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. The cortices are hyperechoic with a slight decrease in corticomedullary definition. The cortex to medulla ratio is appropriate with no significant pyelectasis or pelvic dilation. The cortices are mildly irregular bilaterally. The left kidney measures 5.58 cm. The right kidney measures 6.38 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 0.68 cm x 2.5 cm. The right adrenal gland measures 0.67 cm x 2.1 cm.

Spleen

There are several hypoechoic heterogenous to mildly cavitated splenic masses, one of which is at the tail, and the other within the mid body of the spleen. The spleen measures 1.4 cm at the hilus. These masses are relatively large. The biggest of which measures 3.98 cm x 2.6 cm. Both distort the otherwise smooth splenic capsule. The remainder of the splenic parenchyma appears homogenous. The vasculature is normal with no evidence of thrombosis, spontaneous echo contrast or congestion.

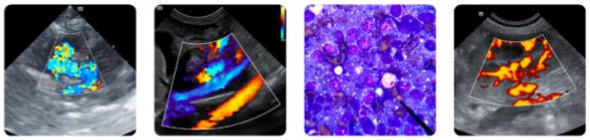
Liver

The liver is subjectively normal liver size with a diffusely mottled or heterogenous parenchyma and subtle hyper- and hypoechoic nodular changes. The gallbladder is moderately distended with anechoic bile and suspended echogenic debris and dependent sediment. The cystic and common bile ducts are normal. There is no intra- or extrahepatic biliary dilation.

Gastrointestinal

The stomach is nondistended with normal wall thickness and layering. The pyloroduodenal junction is patent with no evidence of obstruction. The region of the duodenum, just orad to the pyloroduodenal junction, has a mild loss of normal wall layering with maintenance of normal overall wall thickness. The small intestine is nondistended with the remainder of the small intestinal walls normal in thickness and maintenance of normal wall layering. The ileocecocolic junction is patent. The colonic wall is minimally thickened with normal shadowing feces and gas.

Pancreas



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The visible base and limbs of the pancreas are 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 are several prominent sublumbar and jejunal lymph nodes with normal length to width ratio and isoechoic parenchymal detail. There is no free fluid noted.

Other

The abbreviated cardiac scan revealed subjectively mild left atrial enlargement with mild mitral and tricuspid regurgitation and adequate ventricular systolic function. No pericardial effusion is seen and no evidence of right atrial masses are identified.

ULTRASONOGRAPHIC FINDINGS

- The kidneys are relatively normal in size and structure, and cortex:medulla ratio (cortex 1/3 of medulla) is essentially maintained. There is age-related loss of the normal smooth capsular contour and C/M junction definition. The cortices are largely uniform in texture with mild hyperechogenicity expected for this patient's age. There is no evidence of pelvic dilation present.
- The multiple heterogenous splenic masses are concerning for infiltrative neoplastic disease, such as round cell neoplasia or sarcoma, however, non-neoplastic changes, such as extramedullary hematopoiesis, benign hematoma or lymphoid hyperplasia can't be definitively excluded.
- The gallbladder contains echogenic, suspended and dependent unorganized debris. This is not yet to the level of an organized mucocele, however early/developing mucocele cannot be ruled out. This dependent sediment is often an incidental finding or may be associated with concurrent endocrine disease such as hyperadrenocorticism or diabetes mellitus.
- The focal region of small intestinal wall irregularity with loss of wall layering may represent early infiltrative disease, such as inflammatory bowel disease or other chronic enteropathy.
- The slightly prominent sublumbar and jejunal lymph nodes display no loss of parenchymal detail or change in echogenicity. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.

If a surgical exploratory laparotomy is still being considered, a splenectomy with histopathology is recommended. Additionally, small intestinal palpation and full thickness biopsies would be indicated given the history of chronic weight loss.

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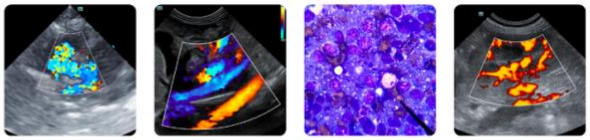

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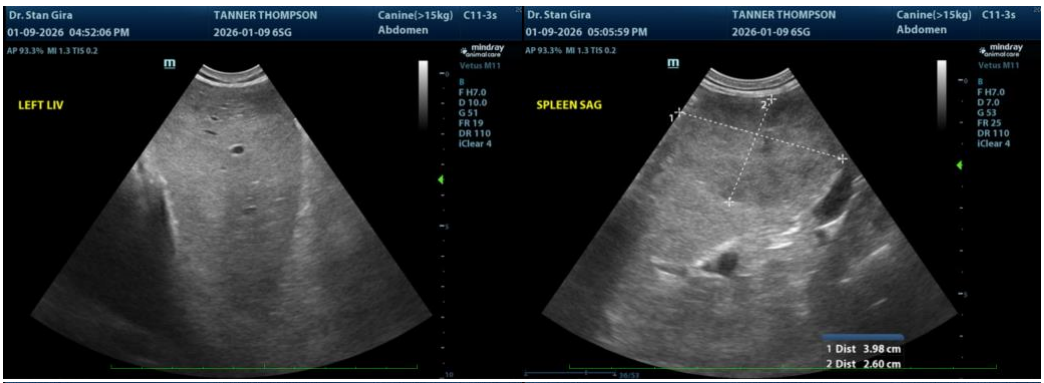

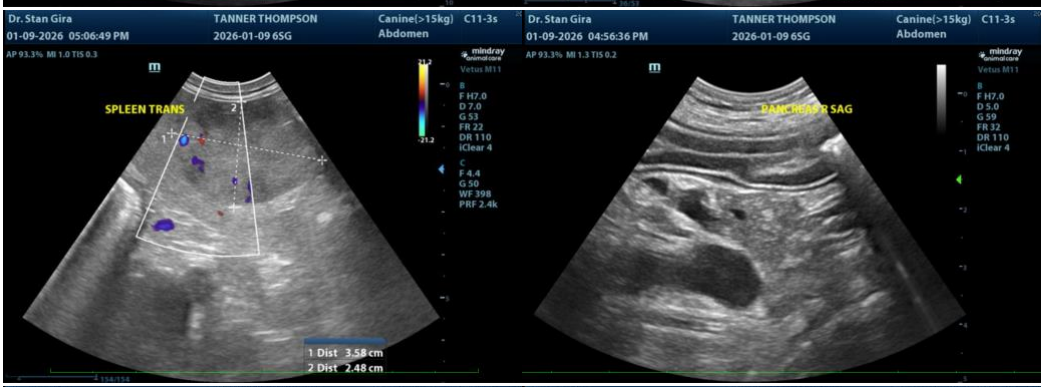

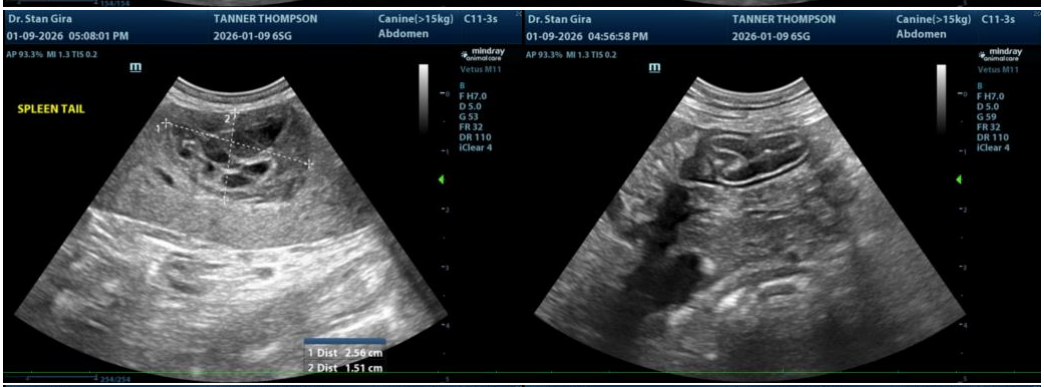

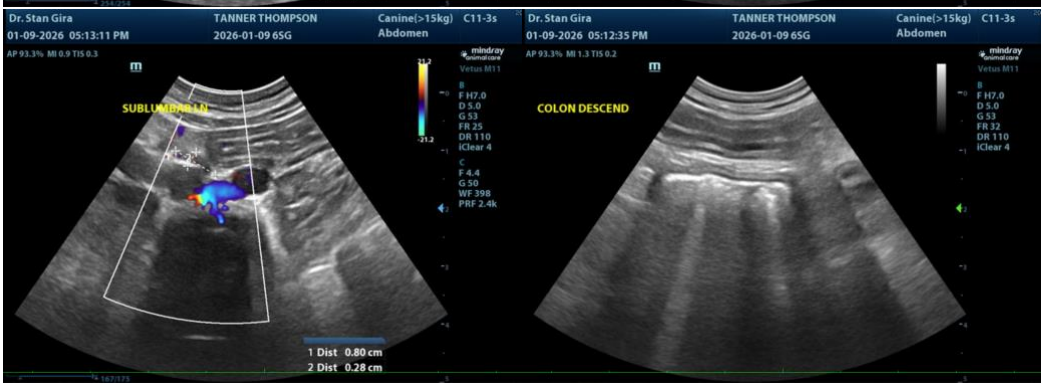

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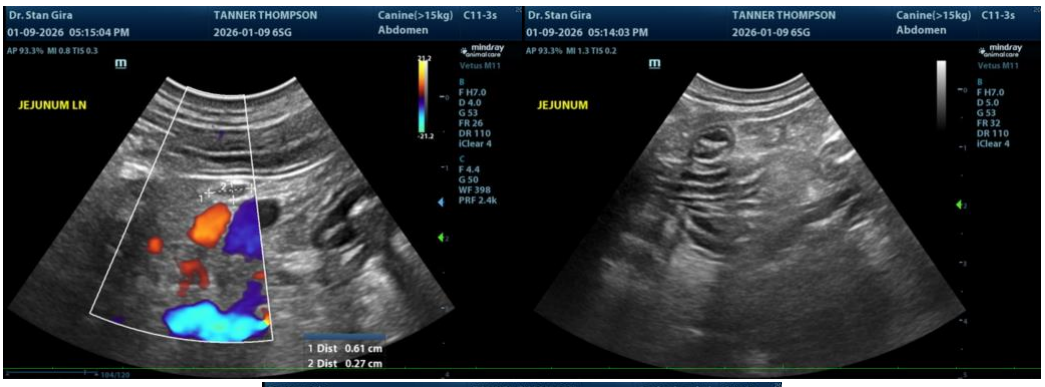

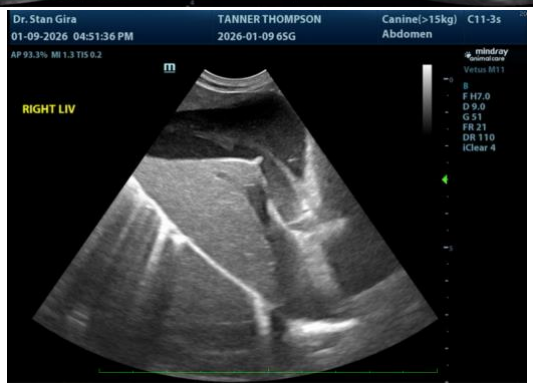

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (Cardiology)

info@SonoPath.com