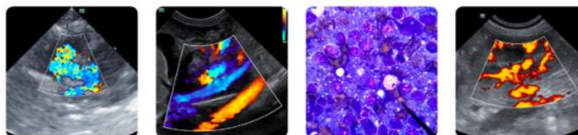


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Ivy Campbell

SPECIES

Canine

BREED

Boxer Mix

SEX

Spayed Female

AGE

9 Years

WEIGHT

27.4 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (Cardiology)

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Jessica Shonts

INVOICE

37390

DATE

6/7/26

PRESENTING CLINICAL SIGNS

History: *5 day history of lethargy, decreased appetite, pacing and staring intently at the owner. hyporexia. nausea. urinary accidents in house. restless. then P vomiting yesterday. P eats hill's k/d diet (prescribed for housemate). history of arthritis. P takes carprofen, omega 3 fatty acids, and cosequin. Admitted for supportive care. *concern for ascites (hemoabdomen), splenic mass, liver mass, metastasis, other

Abnormal PE/Chem/CBC/UA Results: PE: 3/4 moderate pain; BCS 4/9 mild muscle wasting; Reactive to abdominal palpation, possible mass /fluid; submandibular LN enlarged cbc: wbc 21,500 (primary neu) retic elevated, platelets sl low epoc: lactate 4.22, BUN 32, hct 34 chem: K+ 7.8, bun 36, ca 8.2, tp 5.1, alp 182 rads: decreased detail in mid cranial abdomen; possible mass on spleen proBNP: 527.8 normal tru rapid (4dx): negative X4.

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 mildly hyperechoic with a decrease in corticomedullary distinction. Normal cortex to medulla ratio was noted. No pyelectasis or pelvic dilation was noted. The renal capsules were minimally irregular bilaterally. The left kidney measures 5.83 cm. The right kidney measures 6.29 cm.

Adrenal Glands

Both adrenal glands are not visualized.

Spleen

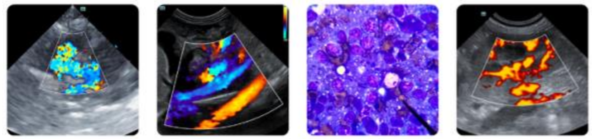
The spleen is subjectively prominent with a diffusely mottled or heterogenous parenchyma. There is a heterogenous mass effect at the tail of the spleen with regions of cavitation noted. The spleen measures 2.0 cm at the hilus.

Liver

The liver is subjectively normal liver size and contour. The parenchyma is diffusely mildly heterogenous or mottled. There are several possible hypoechoic nodular changes throughout, however, this is not a conclusive finding. Vasculature is within normal limits with no evidence of congestion. The gallbladder contains a mild amount of suspended echogenic debris and dependent sediment. The cystic and common bile ducts were normal. There is no intra- or extrahepatic biliary dilation noted.

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.

Pancreas

The 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 is no significant lymphadenopathy. There is a moderate volume of anechoic free fluid. The mesentery is diffusely hyperechoic with variable heterogenous nodular changes throughout.

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 prominent and heterogeneous spleen with a mass effect at the tail is consistent with infiltrative neoplastic disease. Hemangiosarcoma is of primary concern.

- The modeled liver may represent benign changes such as vacuolar hepatopathy, however, the ill-defined hypoechoic nodules in several fleeting views of the liver may also be indicative of metastatic disease, but this cannot be definitively concluded.

- 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 hypoechoic and nodular mesentery may represent metastatic disease, but this also may be secondary to an inflammatory change due to peritonitis given the presence of ascites.

- The free peritoneal effusion is concerning for a potential hemoabdomen, but other causes of ascites can't be confirmed.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominocentesis with fluid analysis and cytology to evaluate for the presence of potential hemoabdomen. If a hemoabdomen is present, an exploratory laparotomy with splenectomy is recommended to further evaluate the spleen. Histopathology on the splenic mass would be indicated at that time. If hemorrhage is not present, 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.

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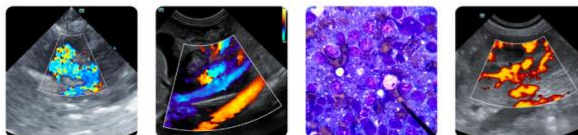

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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