



PATIENT

Snoopy Luna

SPECIES

Canine

BREED

Jack Russell Terrier
Mix

SEX

Neutered male

AGE

10 years

WEIGHT

56.2 lbs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Shallowford AH

REFERRING VET

Dr. Eads

INVOICE

69001

DATE

11/25/25

PRESENTING CLINICAL SIGNS

History: P presented to check numerous SQ and dermal growths. Rads taken- circular area suspicious for splenic mass rec US. Bloodwork wnl Owner has previous pets who have died of cancer and wants to be proactive.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary 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, and anechoic urine is present. 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 pyelectasia is present. The capsules are uniform without significant irregularities noted. The left kidney measured 5.85 cm and the right kidney measured 6.09 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 measured 0.83 x 2.7 cm. The right adrenal gland measured 0.66 x 2.6 cm.

Spleen

The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. There is an ill-defined, isoechoic mass effect in the mid body that distorts the splenic capsule and measures approximately 2.97 x 2.77 cm. There is an additional isoechoic, rounded structure associated with the tail of the spleen that is suspected to be either folded spleen or ectopic splenic tissue. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measured 2.0 cm at the hilus.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls with contains 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.



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Gastrointestinal

The stomach contains echogenic ingesta. The pylorus and pyloroduodenal junction are patent. There is no gastrointestinal shadowing foreign material and the gastrointestinal walls are normal in thickness with maintenance of normal wall layering. The colon contains normal shadowing feces.

Pancreas

The pancreas is isoechoic with a mildly irregular contour and a hypoechoic to anechoic cystic structure in the mid body. There is no other evidence of active inflammatory or neoplastic disease. The pancreatic duct is normal.

Free Abdomen

There are several, hypoechoic to cystic structures throughout the abdomen. One is closely associated to the gastric pylorus and the other is within the midabdomen that are suspected to be lymphatic in origin. The largest of which was near the stomach measures 3.07 x 1.83 cm. These may also represent mesenteric or pancreatic origin. However, given the appearance and location, lymphatic is considered most likely. Infiltrative neoplastic disease cannot be excluded. There is no overt free peritoneal effusion noted and the abbreviated cardiac scan reveals no evidence of right auricular masses.

ULTRASONOGRAPHIC FINDINGS

- Isoechoic mass effect in the midbody of the spleen may represent benign changes such as lymphoid hyperplasia or extramedullary hematopoiesis. However, infiltrative neoplastic disease such as round cell neoplasia cannot be definitively excluded.
- The anechoic cystic structure within the mid body of the pancreas is suspected to be pancreatic cysts, likely secondary to chronic pancreatic inflammation or pancreatitis. There is no evidence of active inflammation noted at this time.
- The enlarged hypoechoic to anechoic structures within the midabdomen are suspected to be lymphatic in origin. These may represent infiltrative neoplastic disease given the mass effect noted on the spleen. Metastatic neoplasia cannot be definitively ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the spleen and lymph nodes 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.

Also consider FNA of the liver given the concern for potential neoplastic processes to evaluate for potential occult metastatic disease.



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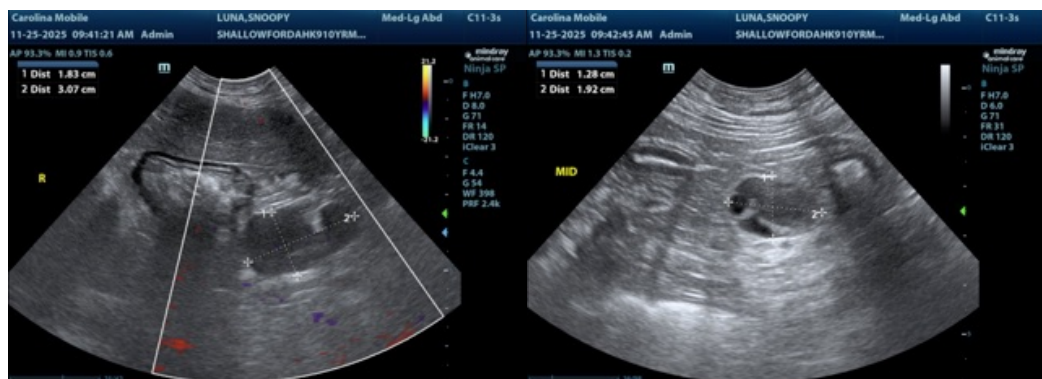
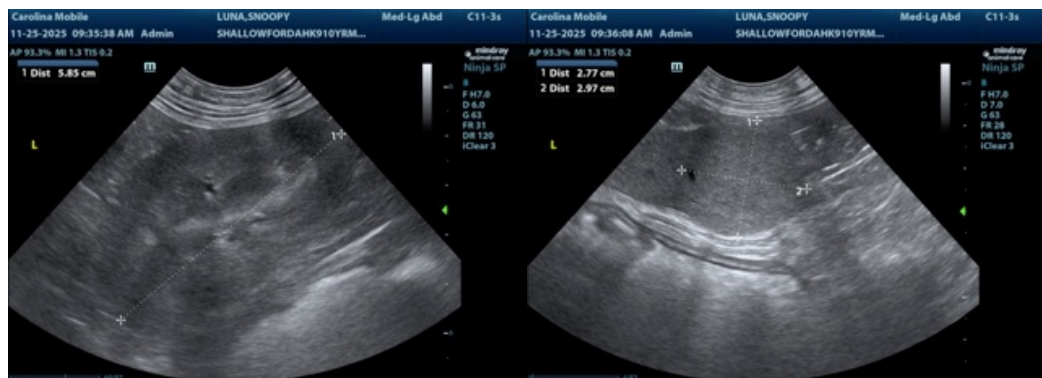
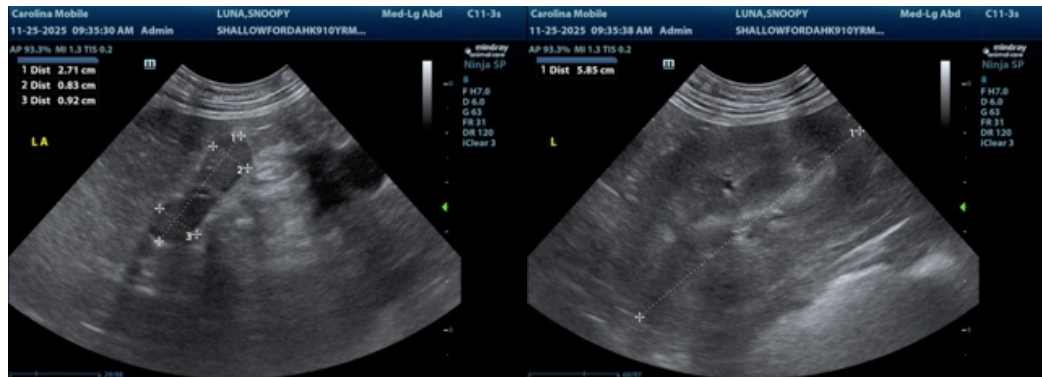
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Alternatively, an exploratory laparotomy with splenectomy and histopathology as well as liver biopsies and histopathology should be considered to further evaluate the entirety of the abdomen and obtain samples for a more definitive diagnosis.





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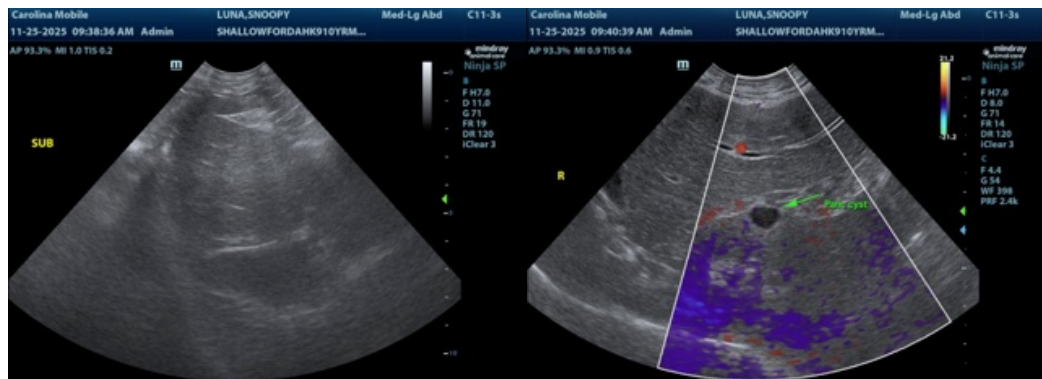
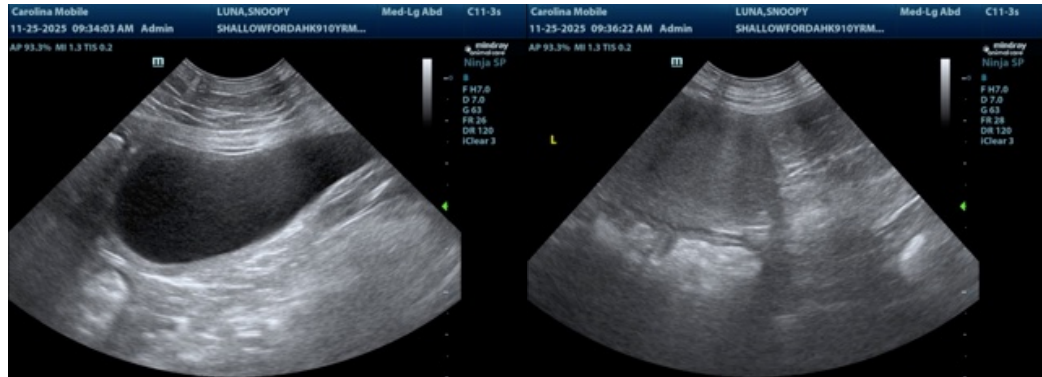
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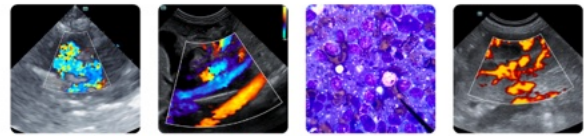
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com

ULTRASONOGRAPHIC FINDINGS

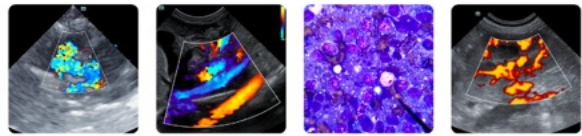
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