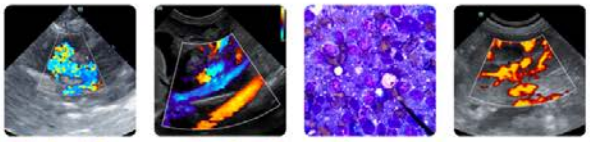


PATIENT

Max Kent

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

10 Years

WEIGHT

84

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Reyes

HOSPITAL NAME

Graceful Paws Pet Clinic

REFERRING VET

Dr. Reyes

INVOICE

72016

DATE

11/20/25

PRESENTING CLINICAL SIGNS

Pet has a history of spleen nodule and a 1.3X3 cm liver mass. Last ultrasound was done 08/19/2024. Owner noticed lethargy, weight loss and decrease appetite.

Abnormal PE/Chem/CBC/UA Results: Pending today

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The prostate is unable to be visualized in these images.

The right kidney is normal is size (7.9 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (6.0 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The adrenal glands are unable to be visualized in these images.

Spleen

The spleen definitively contains an approximately 2.5 cm in size, hypo- to anechoic nodule/mass off the cranial aspect, resulting in a capsular bulge. There appears in several images, however, to be a 2nd similar appearing but much larger expansive mass originating from the spleen, measuring between 8.0-11.0 cm in diameter. Having said that, however, in some views a very similar appearing mass appears to potentially originate from the liver, and it is difficult for me to determine whether there is one mass, in which case I'm not sure whether it is spleen or liver, or whether there are two separate larger masses in addition to the smaller 2.5 cm in diameter that is definitively originating from the spleen.

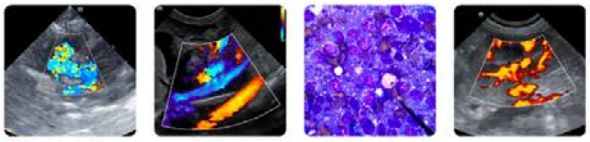
Liver

The definitively visible liver is largely normal in size and appearance. However, the large hypo- to anechoic cranial abdominal mass approximately 10.0-11.0 cm in diameter described above could b originating from the liver.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is a trace amount of anechoic free fluid present in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- At least one hypo- to anechoic splenic nodule/mass is noted, as well as a 2nd similar appearing, much larger mass in the cranial abdomen that could also be originating from the spleen, although liver involvement either as the origination of that mass, or with a 2nd mass, can't be ruled out. Regardless, in the face of concurrent free fluid, this finding is concerning for infiltrative neoplasia such as sarcoma versus other. Having said that, benign cysts, hematomas, extramedullary hematopoiesis, etc. can't be ruled out without tissue sampling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already pending, a full general metabolic health screen is recommended to include CBC/Chem panel, electrolytes, and urinalysis, as well as coagulation status assessment.

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Fine needle aspirates of the masses could be considered if patient's coagulation status is appropriate. Alternatively, if a cytologic diagnosis is unable to be obtained, and/or if patient has a hemoabdomen that can't be managed, an exploratory laparotomy could be considered for planned splenectomy, as well as liver biopsy/liver lobectomy if indicated based on the location of the lesions. If surgery is pursued, a pre-surgical planning abdominal CT scan may be helpful for further clarification.

*I could not find a previous report for comparison. However, based on the provided history and measurements, these lesions are progressive in nature.

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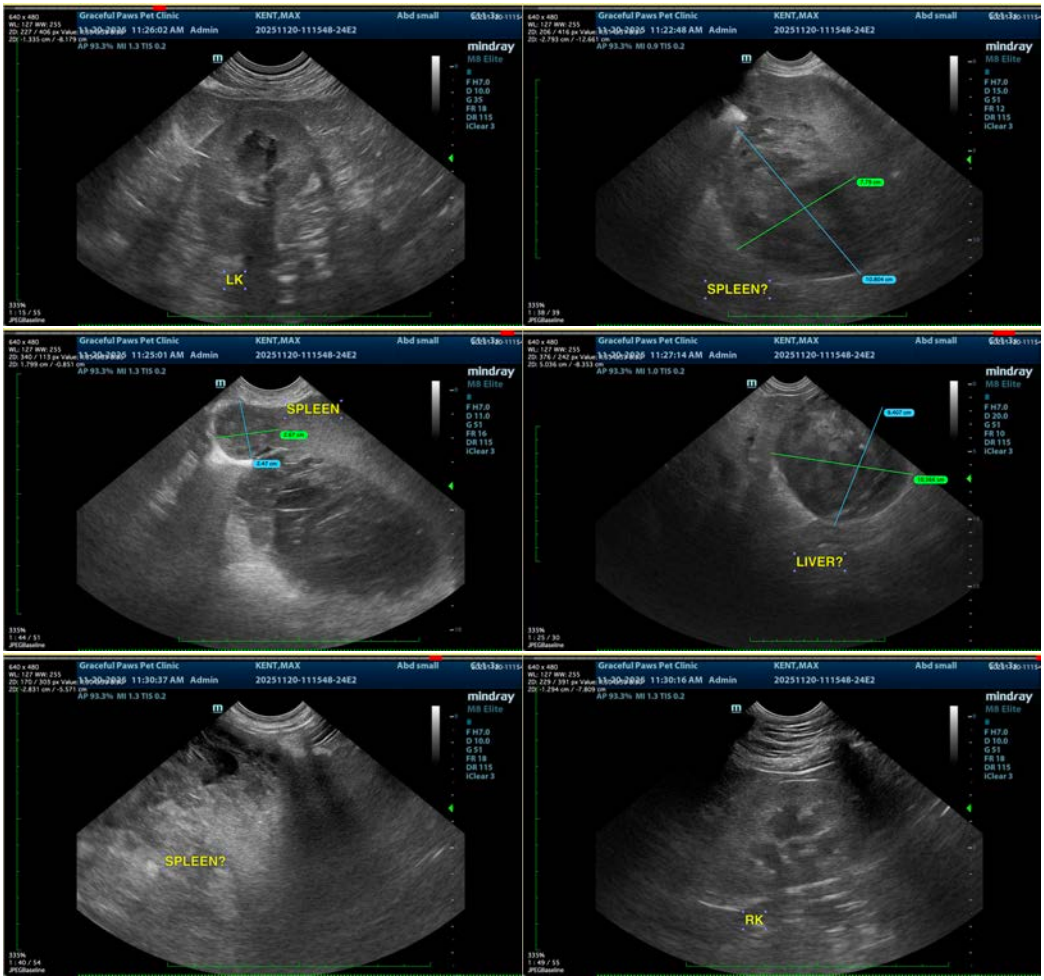

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com