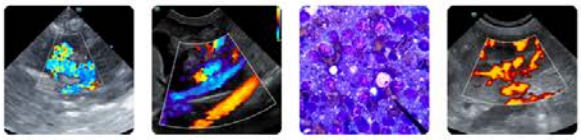


DATE

12/16/25

PATIENT

Casey Kearney

SPECIES

Canine

BREED

Greyhound

SEX

Neutered Male

AGE

3/21/12

WEIGHT

65 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Perry Hall Animal Hospital

REFERRING VET

Dr. Breidenbaugh

INVOICE

72607

PRESENTING CLINICAL SIGNS

Patient History: Presented on 12/10/25 for acute worsening of his limping. On presentation P was lethargic (qar to dull), with pale mm. Decreased ROM in carpi/shoulders and in hind end, notable muscle weakness but no swelling appreciated. Anemia and leukocytosis noted (see BW results)

Current Medications: Carprieve 75mg: 1 PO BID, Entyce: 3mL PO SID, Clavamox 375mg: 1 and 1/4 PO BID, Amantadine 100mg: 1 PO SID
Labwork Results: Labwork not attached, reported as: CBC: regenerative anemia: RBC 3.4, HCT 26.4, Hgb 8.9, with elevated MCV (77.6) and MCH (26.2), elevated reticulocytes (158.4), leukocytosis (18.65) with neutrophilia (18.65), monocytosis (1.91), and eosinopenia (0.01), questionable thrombocytopenia (125), with elevated MPV (16.0). CHEM 10: WNL. UA: cysto, usg >1.040, pH 9.0, >50rbc/hpf, rare cocci present
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined.
Imaging Performed by: Rachel Brilhart, RDMS.

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.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measured 7.5 cm. Right kidney measured 7.9 cm

Adrenal Glands

The right adrenal gland is normal in size (0.80 cm at cranial pole and 1.1 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.80 cm at cranial pole and 1.0 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is large in size with swollen and scalloped/undulating capsular contour, especially cranially due to the presence of multifocal hypo- to anechoic nodules/masses of mixed echogenicity and varying sizes, some with a cystic/cavitated appearance throughout the parenchyma. Splenic vasculature appears normal. Enhanced hyperechoic surrounding fat is noted.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is diffusely moderately heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Additionally, in the mid to caudal liver is a larger more discrete 7.9 cm x 5.8 cm homogeneous, iso- to slightly hypoechoic emerging mass-like lesion. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). Fluid was present in the lumen.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. The colon is diffusely mildly distended with soft stool.

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 noted primarily in the caudal abdomen adjacent to the urinary bladder, and suspect scant pericardial effusion noted without obvious pathology noted in the visible heart base images. Given the suspect pericardial effusion, and especially if cardiac function evaluation is desired, a full echocardiogram is recommended.

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- The appearance of the spleen is concerning for infiltrative neoplasia such as sarcoma versus round cell neoplasia versus other, especially given the concurrent free fluid.

- Diffusely, moderately heterogenous liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia. The focal liver mass could represent the same differentials as described above and may or may not be related i.e., metastatic lesion related to the splenic changes.

- Scant/trace free fluid in the abdomen and suspect trace pericardial effusion.

SECONDARY FINDINGS

- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

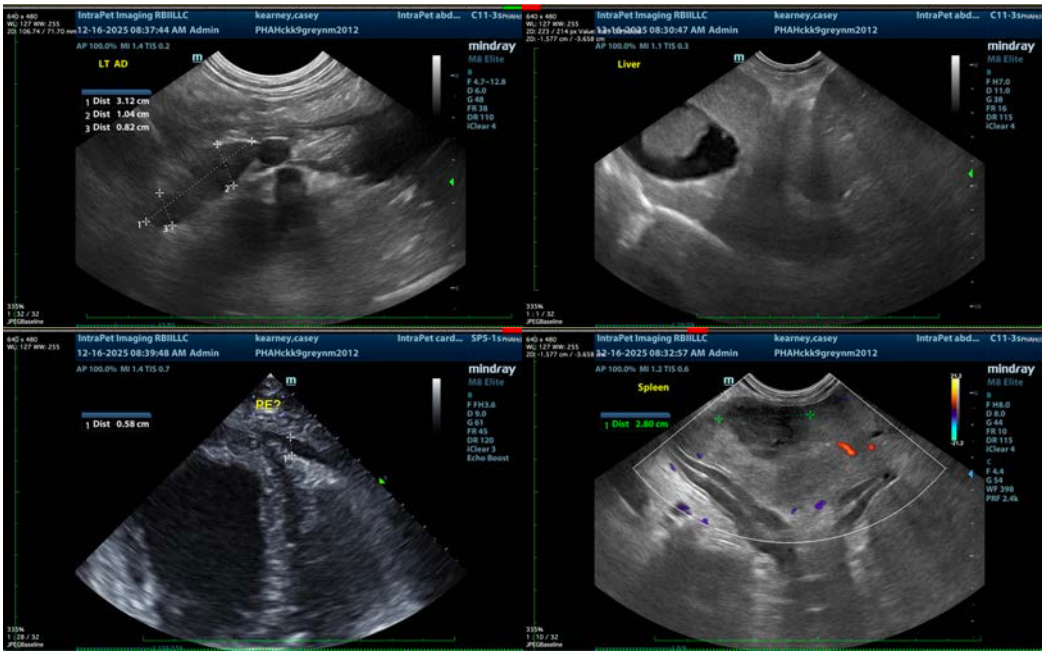
- Age related kidney changes.

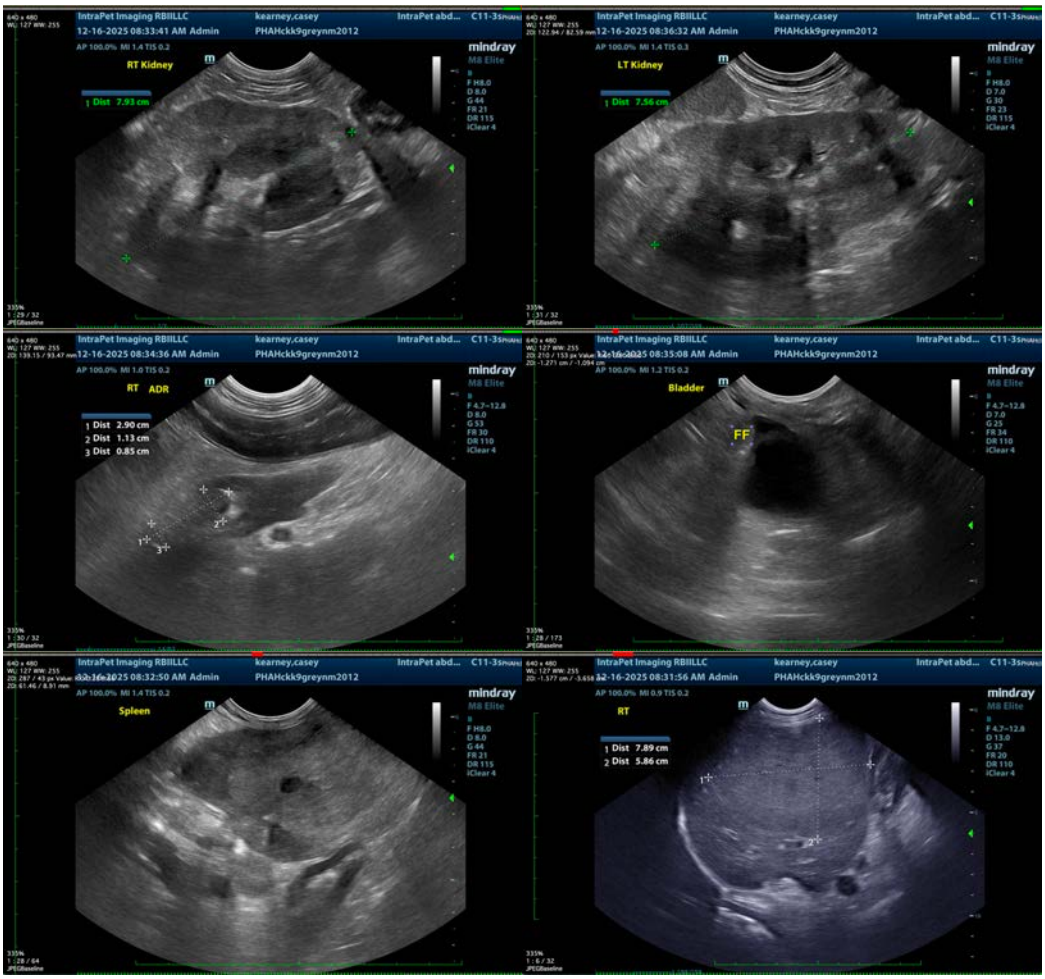
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 spleen as well as the focal liver mass are recommended if patient's coagulation status is appropriate. As mentioned above, a full echocardiogram could be considered.

Ultimately, if a cytologic diagnosis is unable to be obtained and/or patient's anemia is secondary to a hemoabdomen and warrants surgery, an exploratory laparotomy for planned splenectomy and liver lobectomy/excisional biopsy may be necessary for definitive diagnosis and to stop the hemorrhage. Resectability is difficult to comment on, given the unknown relation between the splenic and liver lesions.





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
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