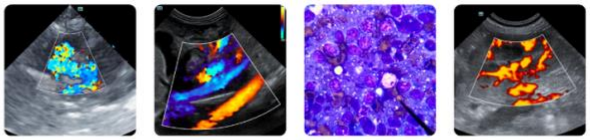

PATIENT

Seamus Brantley

SPECIES

Canine

BREED

Springer Spaniel

SEX

Neutered Male

AGE

8 Years

WEIGHT

48 pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Julia Bakker DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Dr. Jonathan Shivers, DVM

INVOICE

12543

DATE

12/03/25

PRESENTING CLINICAL SIGNS

Patient is persistently febrile throughout treatment for pneumonia. Screening for underlying health issues that may contribute to poor response to treatment.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

Left kidney is normal in size (5.71 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.

Right kidney is normal in size (6.14 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

Left adrenal gland is normal in size (0.57 cm at cranial pole and 0.60 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.57 cm at cranial pole and 0.69 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). Splenic vasculature appears normal. An approximately 2.9 cm x 2.3 cm noncapsule disrupting hypo- to anechoic nodule/mass was visualized in the mid spleen. See ‘Free Abdomen’.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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 not distended yet does contain echogenic intraluminal densities with some acoustic shadow that could

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represent gas, but a foreign object cannot be ruled out. There is no visible evidence of infiltrative disease or obstruction noted in these images at this time.

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

Medial iliac lymphadenopathy is prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

What appears to be in the mid abdomen, medial to the spleen are several clips of very prominent almost tortuous appearing vessels that may represent normal vessels in an atypical orientation and zoomed in making them look unusual, however, abhorrent vascularity of unknown etiology cannot be ruled out. In that same area are more prominent hypoechoic lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- The splenic nodule/mass could represent a benign process such as a hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however, infiltrative neoplasia can mimic benign lesions and cannot be ruled out without tissue sampling.
- Moderately medial iliac and mid abdominal/mesenteric or potentially splenic lymphadenopathy – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- As described above, atypical vessels medial to the spleen cannot be definitively ruled out.
- A nonobstructive gastric foreign body is also a possibility.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given patients reported fever, ongoing inflammation caused potentially by infectious disease, neoplastic disease, auto immune disease versus other cannot be ruled out or is a possibility. Therefore, fine needle aspirates of the splenic nodule/mass and enlarged lymph nodes could be considered if patient's coagulation status is appropriate.
- If the reported pneumonia was believed to be aspiration pneumonia or there is any history of vomiting, a gastric foreign body could be contributing. Having said that, normal gas cannot be ruled out. Therefore, an additional 12-24 hours of fasting followed by recheck imaging of the stomach could be considered.

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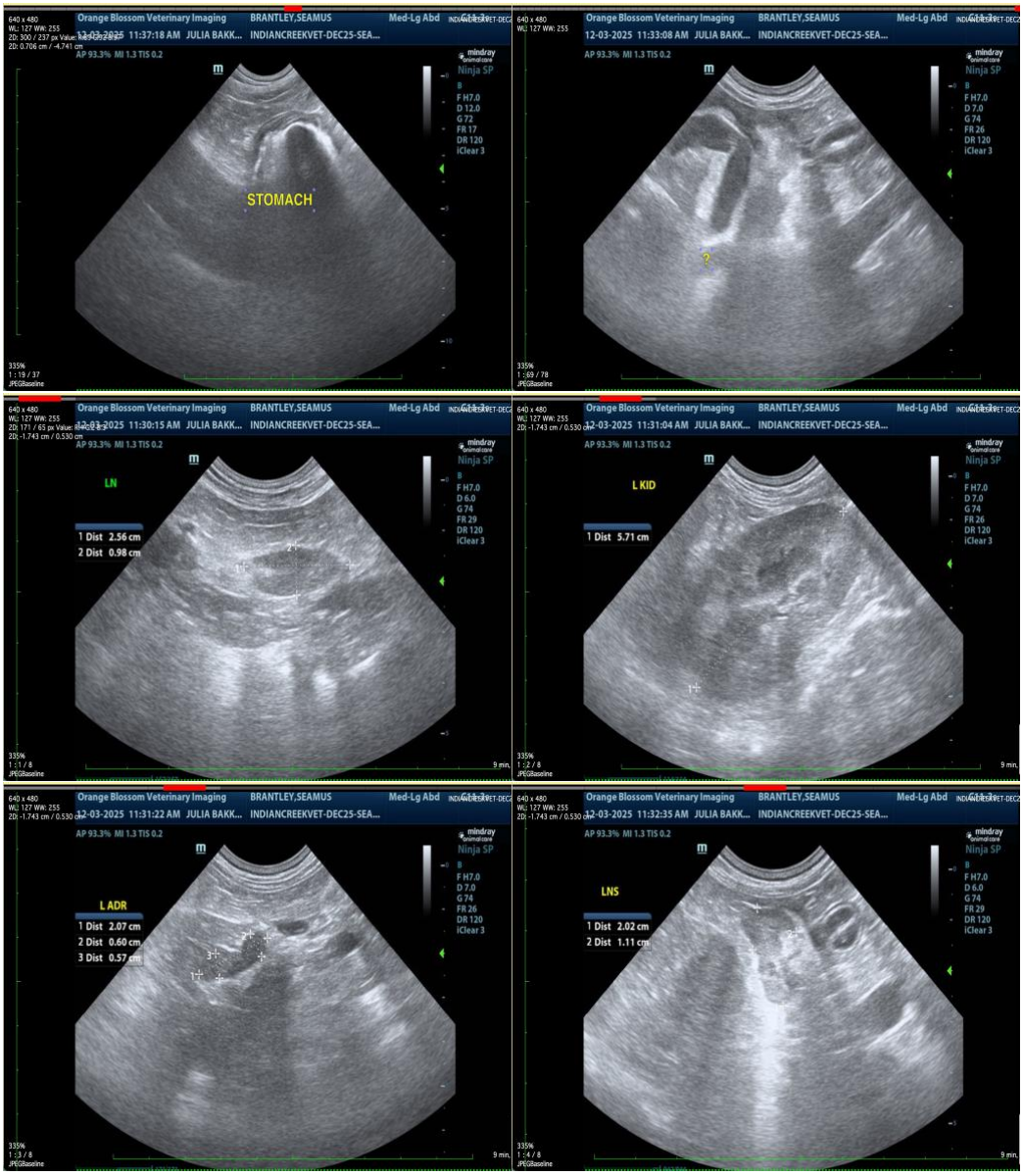
- If not recently evaluated, a full general metabolic health screening is recommended to include CBC chemistry panel, electrolytes and urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.
- If a diagnosis is not obtained and fever persists, advanced imaging such as an abdominal +/- concurrent thoracic contrast CT scan could be considered.
- Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.



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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