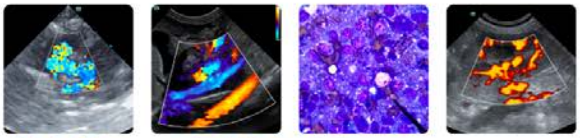




SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

**PATIENT**

Aby Duff

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

44.1 kg

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Joshua Creek Animal Hospital

**REFERRING VET**

Dr. Al-kotobe

**INVOICE**

72664

**DATE**

2/3/26

## PRESENTING CLINICAL SIGNS

Presented with lethargy and mildly distended cranial abdomen. No dehydration. No cough noted, no sneezing, vomiting or diarrhea noted. No meds, is on IVF for supportive care.

Abnormal PE/Chem/CBC/UA Results: Bloodwork pending. Rads suggestive of enlarged splenic head.

## 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 right kidney is normal is size (7.72 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 (6.89 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 contains an approximately 6.4 cm x 5.6 cm irregular, mixed, partially cavitated, hypoechoic, capsule disrupting mass near the mid to caudal aspect as well as a 2nd approximately 2.0 cm x 2.3 cm, mildly heterogeneous but primarily hyperechoic nodule/density near the cranial aspect of the spleen.

### *Liver*

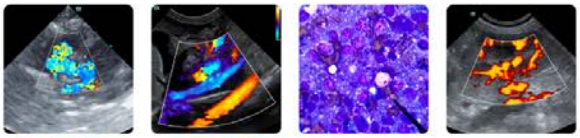
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal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

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 stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.





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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 is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is 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 mild amount of free fluid present in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

## ULTRASONOGRAPHIC FINDINGS

- The larger cavitated splenic mass is concerning for infiltrative neoplasia such as sarcoma versus other, especially given the concurrent mild amount of free fluid. Having said that, benign cysts, hematoma, extramedullary hematopoiesis, other can mimic malignancy and cannot be ruled out without tissue sampling.

- The 2nd more hyperechoic lesion may or may not represent the same pathology, with other benign differentials being possible including granuloma, myelolipoma, fibrosis or calcification of an old hematoma, infarct, etc.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a general metabolic health screen (CBC, chemistry panel with electrolytes and urinalysis) is recommended.

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 splenic mass as well as sampling of the free abdominal fluid if a small pocket can be reached could be considered if patient's coagulation status is appropriate.

Alternatively, or if a cytologic diagnosis cannot be obtained, an exploratory laparotomy for planned splenectomy may be appropriate, especially if patient's workup is consistent with a hemoabdomen.

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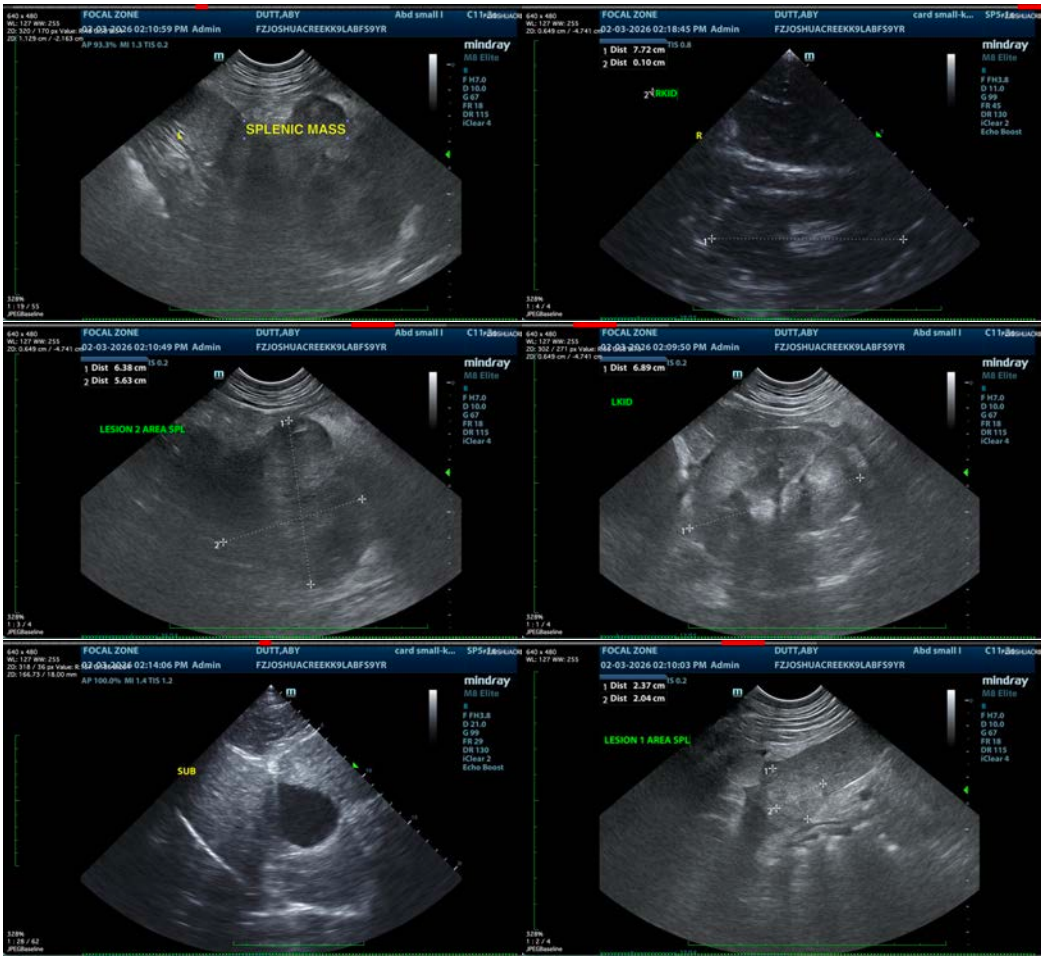


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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