



**DATE PRESENTING CLINICAL SIGNS**

4/27/26

**Patient History:** New client seen for acute gastroenteritis, anorexia and lethargy. Physical exam, AFAST and x-ray revealed large intra-abdominal mass, suspect related to spleen.

**PATIENT**

Lucy Barrett

**Current Medications:** GABAPENTIN 100MG CAPSULE 4/24/2026, METRONIDAZOLE ORAL SOLUTION 100MG/ML 4/24/2026, MIRTAZAPINE 15 MG TABLET 4/24/2026, CERENIA INJECTABLE 10MG/ML PER ML 4/23/2026, PROVIABLE FORTE KIT MED/LARGE 4/23/2026, MAROPITANT CITRATE 60MG TABLET 4/23/2026.

**SPECIES**

Canine

**Labwork Results:** Attached, reported as Neutrophilia, BG 69.

**Date of Previous IntraPet Ultrasound:** No previous.

**BREED**

Beagle

**Sedation:** Not required to complete full diagnostic ultrasound.

**Stat Report:** Declined at this time.

**SEX**

FS

**Imaging Performed by:** Stephanie Warga RDCS, RVT.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**AGE**

7 years

**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.

**WEIGHT**

29.6 lbs

The right kidney is normal is size (5.2 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.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

The left kidney is normal is size (5.6 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.

**HOSPITAL NAME**

Everhart Veterinary  
Hospital

**Adrenal Glands**

The right adrenal gland is normal in size (0.6 cm at cranial pole and 0.5 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**REFERRING VET**

Dr. Stephens

The left adrenal gland is normal in size (0.8 cm at cranial pole and 0.8 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**INVOICE**

11801

**Spleen**

What's definitively visible as 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). There is a discrete homogenous 1.2 cm x 0.7 cm hypo- to anechoic non-capsular disrupting nodule mid spleen. Having said that, cranial/medial to the spleen is a large, heterogeneously mixed, cavitated mass measuring 14.5 cm x at least 11.7 cm in size which may

originate from the spleen but is difficult to definitively attach versus alternate origin. Splenic vasculature appears normal.

### ***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.

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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted. 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). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

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 no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

\*See the mass description as described above under spleen\*

### ***Other***

The visible heart base (RA) and pericardium are unremarkable without obvious pathology noted in these images at this time. If cardiac function evaluation is desired, a full echocardiogram is recommended.

## **ULTRASONOGRAPHIC FINDINGS**

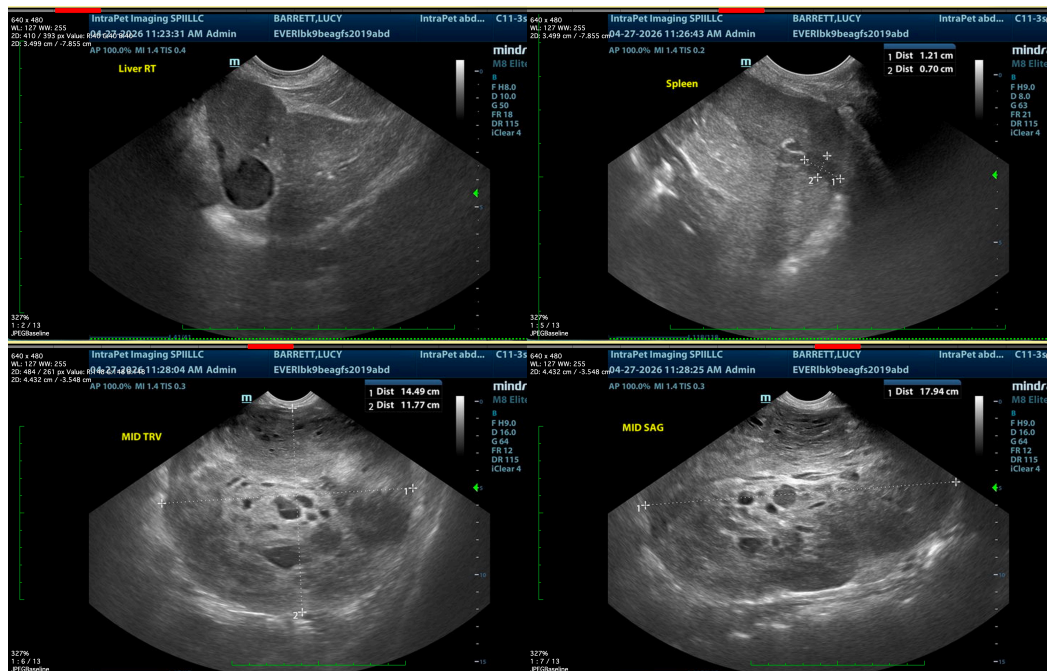
- A large mixed cavitated mid-abdominal/suspect splenic mass could represent infiltrative neoplasia such as sarcoma versus round cell neoplasia versus other. Having said that, a benign process including a large cyst, hematoma, extramedullary hematopoiesis, and/or even origin other than the spleen can't be ruled out. Additionally, separate from the mass, Hypo to anechoic splenic nodule – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.
- Mild 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.

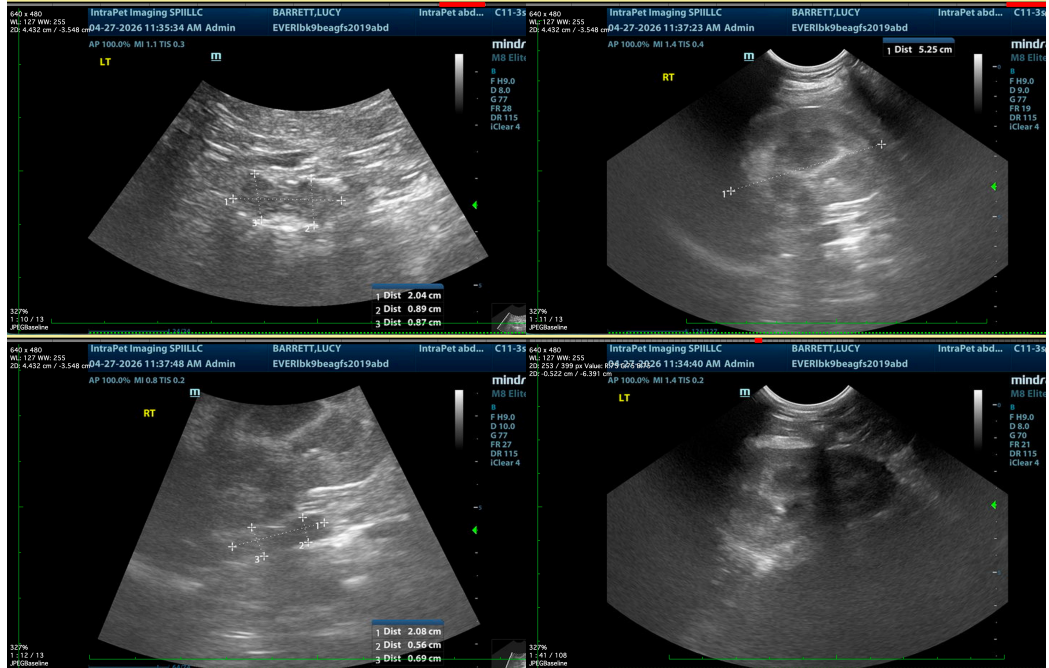
### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 mass could be considered if patient's coagulation status is appropriate.

Alternatively, however, and/or if a cytologic diagnosis is unable to be obtained, especially given the risk for hemorrhage, etc., from even a benign mass, an exploratory laparotomy for planned excisional biopsy could be considered. If pursued, a pre-surgical planning abdominal CT scan may be helpful for a further, more definitive origination of mass details.





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