DATE

4/7/26

PATIENT

Riley Borneman

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

3/28/14

WEIGHT

78.6 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Chadwell Animal Hospital

REFERRING VET

Dr. Gold

INVOICE

74280

PRESENTING CLINICAL SIGNS

Patient History: Second opinion for mass on spleen.

Current Medications: None.
Labwork Results: Attached, reported as: Mild anemia; suspect splenic mass.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

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 8.35 cm. Right kidney measures 8.78 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.70 cm at cranial pole and 0.70 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 0.80 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The 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). No focal nodules or masses are observed. Splenic vasculature appears normal. *See other.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is moderately heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion. *See other.

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 stomach is largely normal in layering and thickness except for in several views where the pylorus appears mildly subjectively thick, measuring 0.90 cm thick, with normal intact layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease.

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.

Other

In the cranial abdomen extending from the liver to the urinary bladder is an 11.3+ cm x 15.0+ cm mixed, heterogeneous, partially cavitated mass of unidentifiable origin.

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

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.

PRIMARY FINDINGS

- The large mid to cranial abdominal mass is concerning for infiltrative neoplasia such as sarcoma versus other. The origin is unable to be definitively identified, with differentials include spleen, liver versus other. A benign inflammatory process can't be definitively ruled out without tissue sampling.

- Possible concurrent mild pyloric thickening with no characteristics of malignancy. The appearance of the stomach trends towards a be possible benign gastritis, infectious, inflammatory, parasitic, secondary to other underlying metabolic disease, etc., although early or emerging infiltrative neoplasia can't be ruled out without tissue sampling.

- 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.

- 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.

SECONDARY FINDINGS

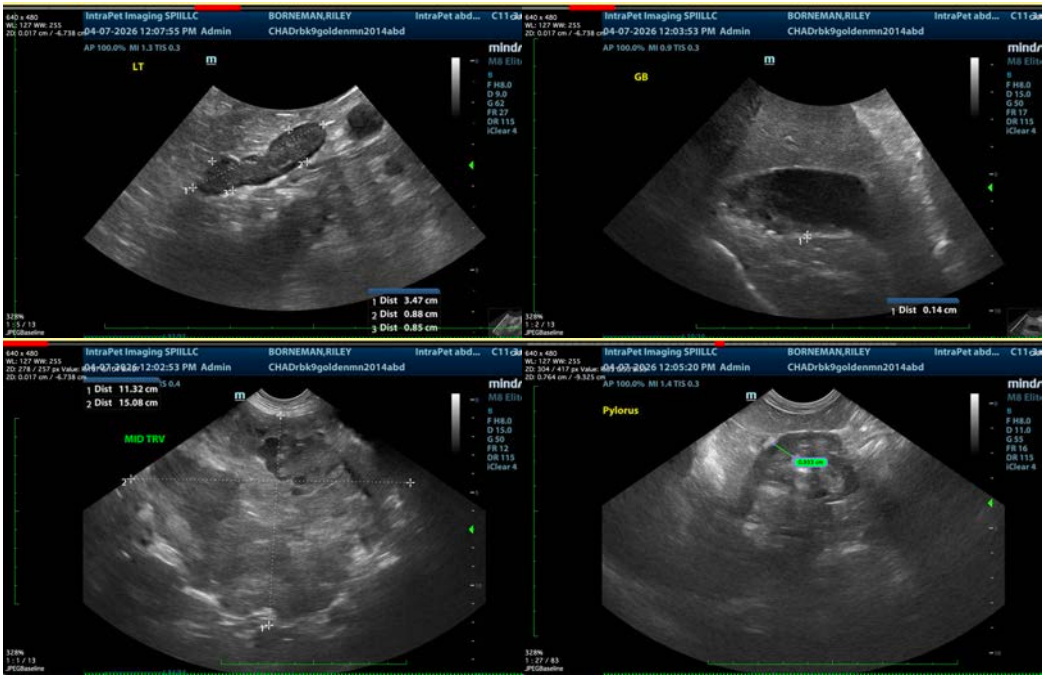
- Mild age related kidney changes.

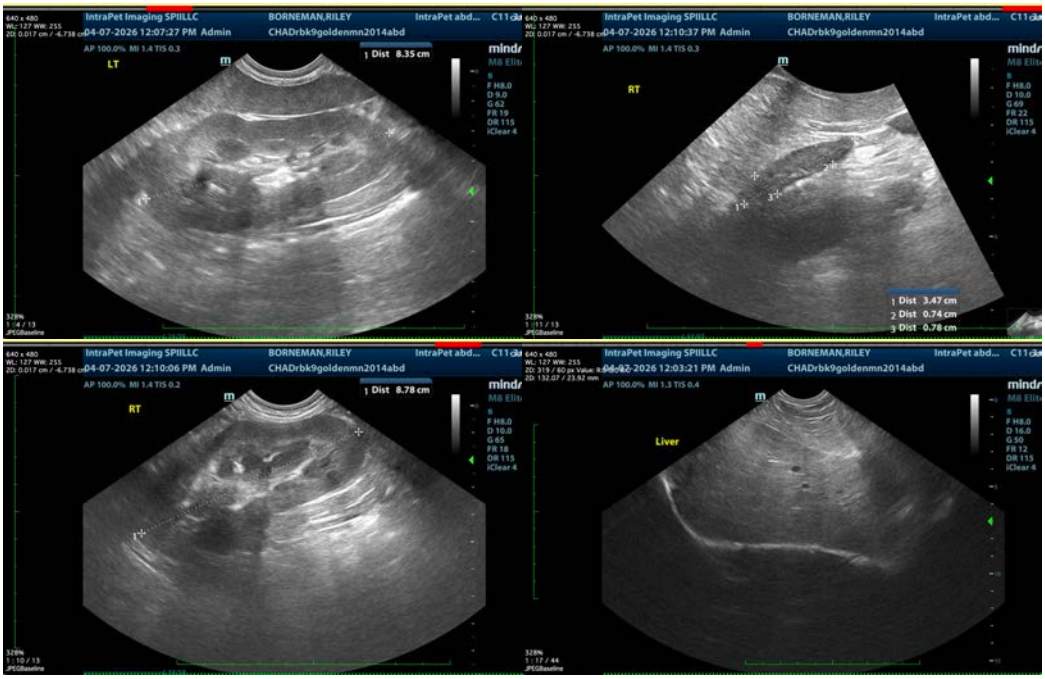
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 abdominal mass as well as the liver could be considered if patient's coagulation status is appropriate. Alternatively, or if a cytologic diagnosis is unable to be obtained, an exploratory laparotomy for planned excisional biopsy could be considered given the ongoing risk for hemorrhage from even a benign partially cystic/cavitated mass.

If surgery is elected, a pre-surgical planning abdominal CT scan could be considered to hopefully further localize/identify the origin of the mass and further investigate for possible subtle metastatic nodules or changes not noted in these images at this time.





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.

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