



**PATIENT**

Tika Casareale

**SPECIES**

Canine

**BREED**

American Staffordshire  
Terrier

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

59.5 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS, Certified Vet  
Sonographer

**HOSPITAL NAME**

Rutland Veterinary  
Clinic

**REFERRING VET**

Katie Taylor, DVM

**INVOICE**

74244

**DATE**

4/7/26

**PRESENTING CLINICAL SIGNS**

Sibling recently passed away from hemoabdomen and large, splenic mass. Flash AUS on Tika revealed a splenic mass - full met check is being done prior to surgery. 3 view chest radiographs and BW to be done today. Tika is doing well clinically, good appetite, active.

**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 (7.11 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 (7.01 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 right adrenal gland is normal in size (0.76 cm at cranial pole and 0.67 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland has a normal cranial pole measuring 0.50 cm, with a similar appearing 0.50 cm caudal pole, but off the caudal pole is a moderately heterogeneous, expansive mass measuring 1.6 cm x 2.0 cm in size. No definitive vascular invasion is visible in these images.

**Spleen**

The spleen contains an approximately 4.4 cm x 6.0 cm homogeneous, primarily hypoechoic, non-capsule disrupting mass in the mid spleen.

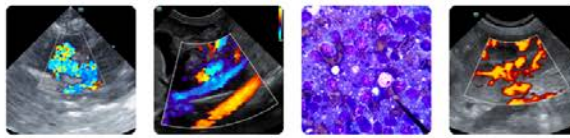
**Liver**

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mildly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Additionally there is at least one discrete, homogeneous, hyperechoic nodule measuring approximately 1.0 cm in size in the mid liver. 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.



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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 no visible free peritoneal effusion noted in these images.

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

**ULTRASONOGRAPHIC FINDINGS**

- Differentials for the splenic mass include both a benign process such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, other, as well as infiltrative neoplasia, which can mimic benign lesions and cannot be differentiated without tissue sampling.
- The left adrenal mass is of unknown if any relation to the splenic mass and could represent an unrelated benign process such as hyperplasia or more likely an adenoma, or an infiltrative neoplastic or malignant process such as an adenocarcinoma, pheochromocytoma, even a metastatic nodule, and similarly can't be differentiated without additional information.
- Diffusely mildly 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.
- Additional hyperechoic liver nodule – Differentials for a discrete hyperechoic liver nodule(s) include primarily benign changes such as nodular hyperplasia, fibrosis of an old hematoma, granuloma, myelolipomas, etc.; however, while considered less likely, primary hepatic neoplasia, infiltrative round cell neoplasia and metastatic disease can mimic benign lesions and cannot be definitively ruled out.
- 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.



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- Reactive medial iliac lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

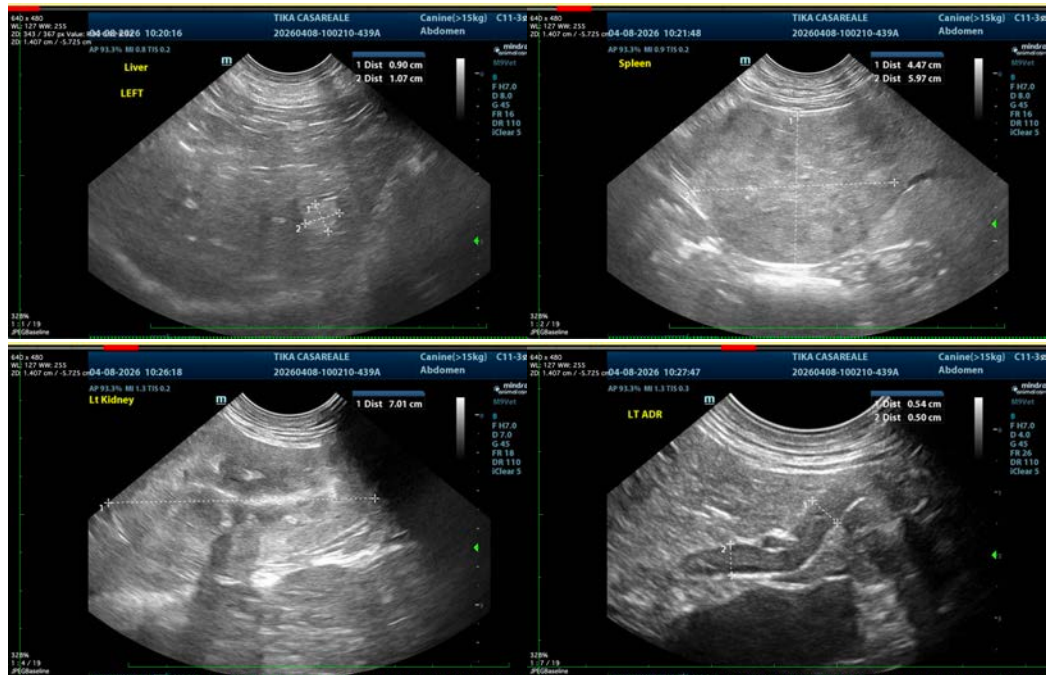
A blood pressure is recommended if not recently evaluated.

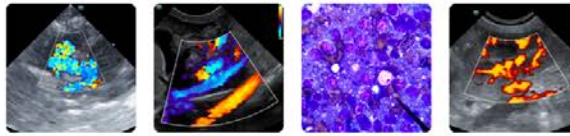
As is reportedly already pending, a full general metabolic health screen is recommended to also include CBC/Chem panel, electrolytes, a urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

Met check was reportedly performed.

Fine needle aspirates of the splenic mass +/- the adrenal nodule/mass could be considered if patient's coagulation status is appropriate. Additionally and/or alternatively, advanced imaging such as an abdominal contrast CT scan could be considered for further evaluation of the adrenal nodule/mass prior to pursuing the planned splenectomy.

Additionally, in the meantime, hormone testing could be considered in the form of a low-dose Dexamethasone suppression test +/- urine catecholamines, etc. to try to further differentiate the two changes.





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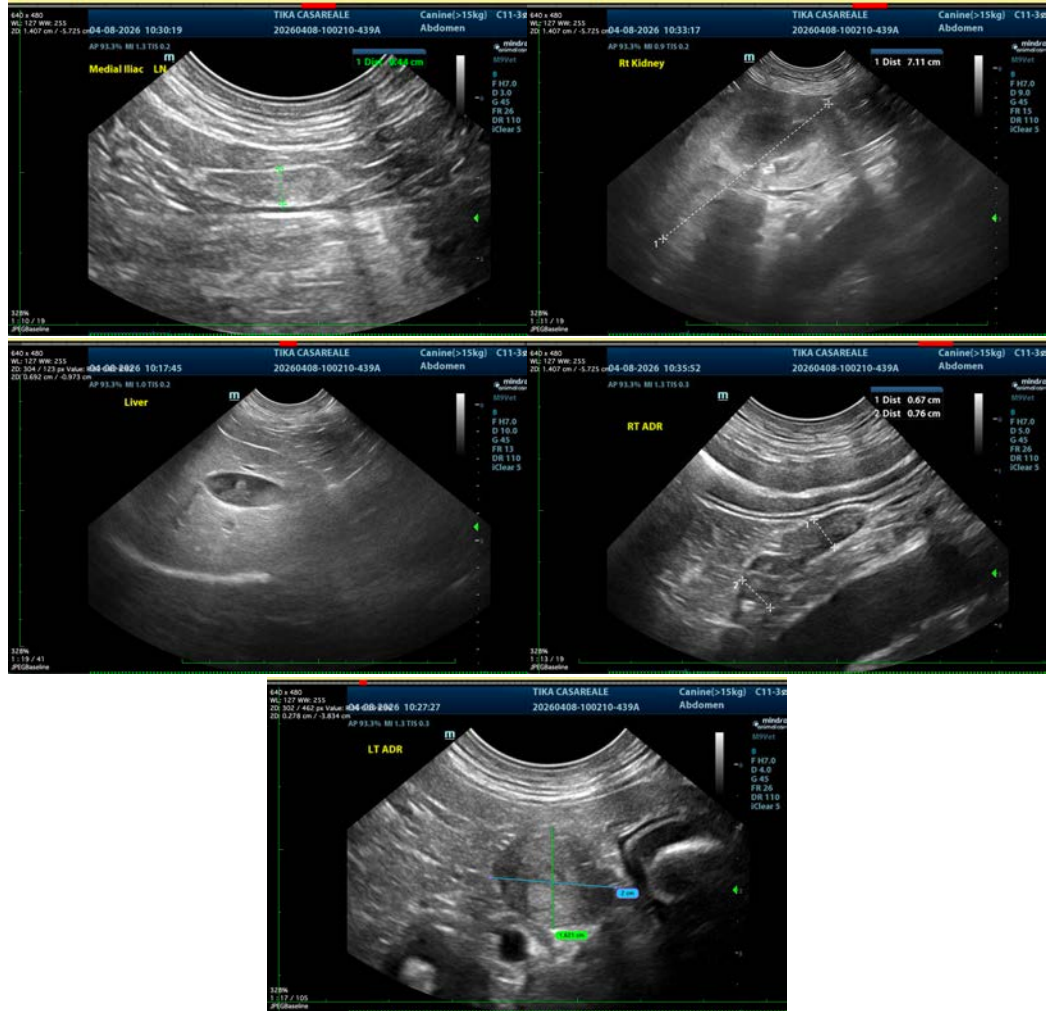
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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