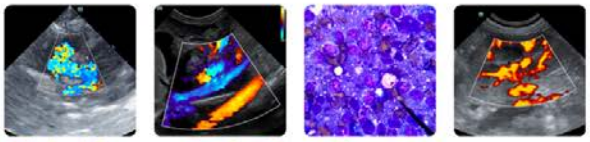


PATIENT

Pete Veiel

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

10 Years 3 Months

WEIGHT

76 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside Animal Medical Center

REFERRING VET

Alix Bray, DVM

INVOICE

75471

DATE

5/27/26

PRESENTING CLINICAL SIGNS

Had 1 day history of weakness, anorexia and lameness in left rear- ER vet where dog was seen said mm was pale- no bloodwork done but quick US was checked and no free fluid seen. Rule out neoplasia on spleen/liver. P was fasted for US scan. No sedation needed.

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.

The right kidney is normal is size (7.61 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 (7.32 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 (0.63 cm at cranial pole and 0.85 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.95 cm at cranial pole and 0.87 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen contains a large, mixed, expansive, partially cavitated mass off the mid medial aspect of the spleen, measuring in one provided still image 7.7 cm x 6.1 cm in size. Exact measurement is difficult using videos because the machine is measuring in pixels.

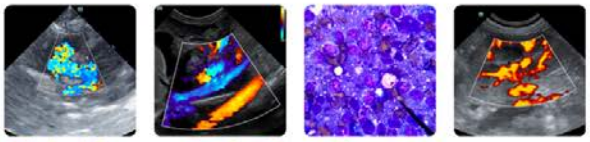
Liver

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 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 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

There is a very scant/trace amount of free fluid adjacent to the splenic mass.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Mixed, cavitated splenic mass – Concerning for infiltrative neoplasia such as sarcoma versus other, especially given the trace amount of free fluid. Having said that, benign cyst, hematoma, extramedullary hematopoiesis, etc. can mimic malignancy and cannot be ruled out without tissue sampling. While in most views the primary mass originates from the spleen, in one view it is visible adjacent to the right kidney and touching the right caudal liver, making involvement of the liver in that area unable to be definitively ruled out, but based on all of the other views, involvement of the liver is believed to be much less likely.

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 are recommended if patient's coagulation status is appropriate.

Alternatively, or if a cytologic diagnosis cannot be obtained, especially given the risk for hemorrhage from even a benign splenic mass, an exploratory laparotomy for planned splenectomy may be warranted.

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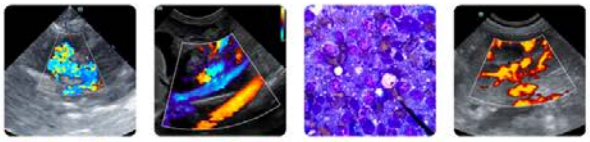

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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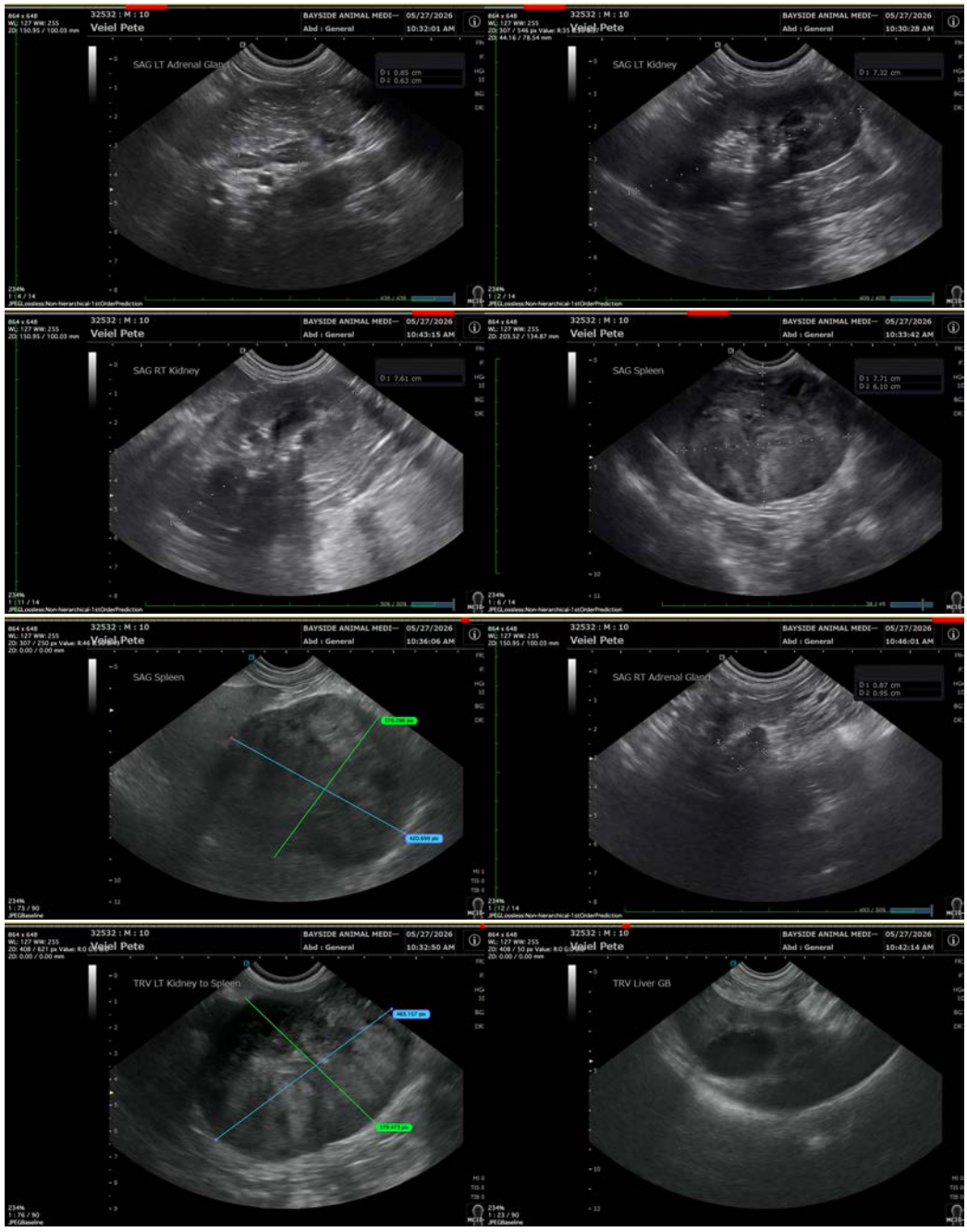

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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