



**PATIENT PRESENTING CLINICAL SIGNS**

**Luna Leamy**  
History: P did not want to get up this am, collapsed outside and wouldnt get up. breathing heavy. O did not give food this morning, P was fine yesterday. P has had bot belly appearance for about a year. Previous chemistry values wnl. Mild anemia on in house cbc today. MMB pale, CRT <4sec. Fastscan U/S showed small amt of free abdominal fluid and tissue (spleen most likely) flowing in the free-fluid. dfdx: splenic mass, hemangioma, hemangiosarcoma, hepatic mass, imha, toxin, other dfdx: dietary indiscretion (dirt, gravel, etc), possible hyperadrenocorticism, pancreatitis, gastroenteritis, other

**SPECIES**

Canine

**BREED**

Labrador Retr

**SEX**

Intact Female

**AGE**

8 years

Abnormal PE/Chem/CBC/UA Results: Radiograph findings: 9 radiographs of the thorax and abdomen are presented for review. Thorax: The cardiovascular structures are diminished, concerning for hypovolemia. The lungs are within normal limits. There is no pulmonary mass, consolidation, esophageal dilation, pleural effusion or lymphadenopathy. No skeletal abnormalities are seen. Abdomen: there is free fluid within the peritoneal cavity. The stomach and colon contain mineralized granular material. The small bowel contains fluid and gas and is normal in diameter. There is a soft tissue mass effect in the area of the spleen. The liver, kidneys and urinary bladder are unremarkable. There is no uterine dilation. There is no free gas in the peritoneal cavity. No skeletal abnormalities are seen. Assessment: Hemoabdomen from a bleeding splenic mass is the primary differential. Neoplasia, hematoma and hyperplasia are differentials for the splenic mass. There is no pulmonary metastatic disease. Splenectomy may be needed for definitive diagnosis.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**WEIGHT**  
88.4 lbs  
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.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

Left kidney is normal in size (5.93 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.

Right kidney is normal in size (5.42 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. A chronic infarct is noted. There is no evidence of pyelectasia or mineral observed.

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Dr Lantz

*Adrenal Glands*

The left adrenal gland is unable to be well-visualized in these images.

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Right adrenal gland is normal in size (0.84 cm at cranial pole) shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal. The cranial pole is unable to be well-visualized in these images.

*Spleen*

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Dr Lantz

The spleen contains a 4.50 x 5.50 cm heterogenous capsule-disrupting mass.

*Liver*

The liver is difficult to fully assess due to gastrointestinal gas artifact and some over gain. However, the visible liver that can be assessed is normal.

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The gallbladder is unable to be well-visualized in these images.

**DATE**

7.7.23



**PATIENT** *Gastrointestinal*

Luna Leamy 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.

**SPECIES**

Canine

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.

**BREED**

Labrador Retr

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

**SEX**

Intact Female

*Pancreas*

The observed pancreas 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.

**AGE**

8 years

*Free Abdomen*

No appreciable lymphadenopathy. There is a large amount of a free fluid in the midabdominal adjacent to the spleen. (Images labeled "mediastinum" are non-diagnostic due to artifact and over gain).

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

**WEIGHT**

88.4 lbs

- Heterogenous splenic mass – concerning for infiltrative neoplasia (such as sarcoma vs other) especially given the free fluid, which is concerning for a hemoabdomen. Having said that, benign cysts, hematomas, extramedullary hematopoiesis, etc. can mimic malignancy and cannot be definitively ruled out without tissue sampling.

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**Secondary Findings**

- Chronic infarct in the left kidney

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Dr Lantz

- 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.

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- A fine-needle aspirate of the splenic mass can be considered (if coagulation status of the patient is appropriate). However, if the free fluid is diagnostic for a hemoabdomen, an exploratory laparotomy for planned splenectomy should be considered. Alternatively, to find and remove the source of hemorrhage, given the risk of continued hemorrhage, from even a benign lesion.

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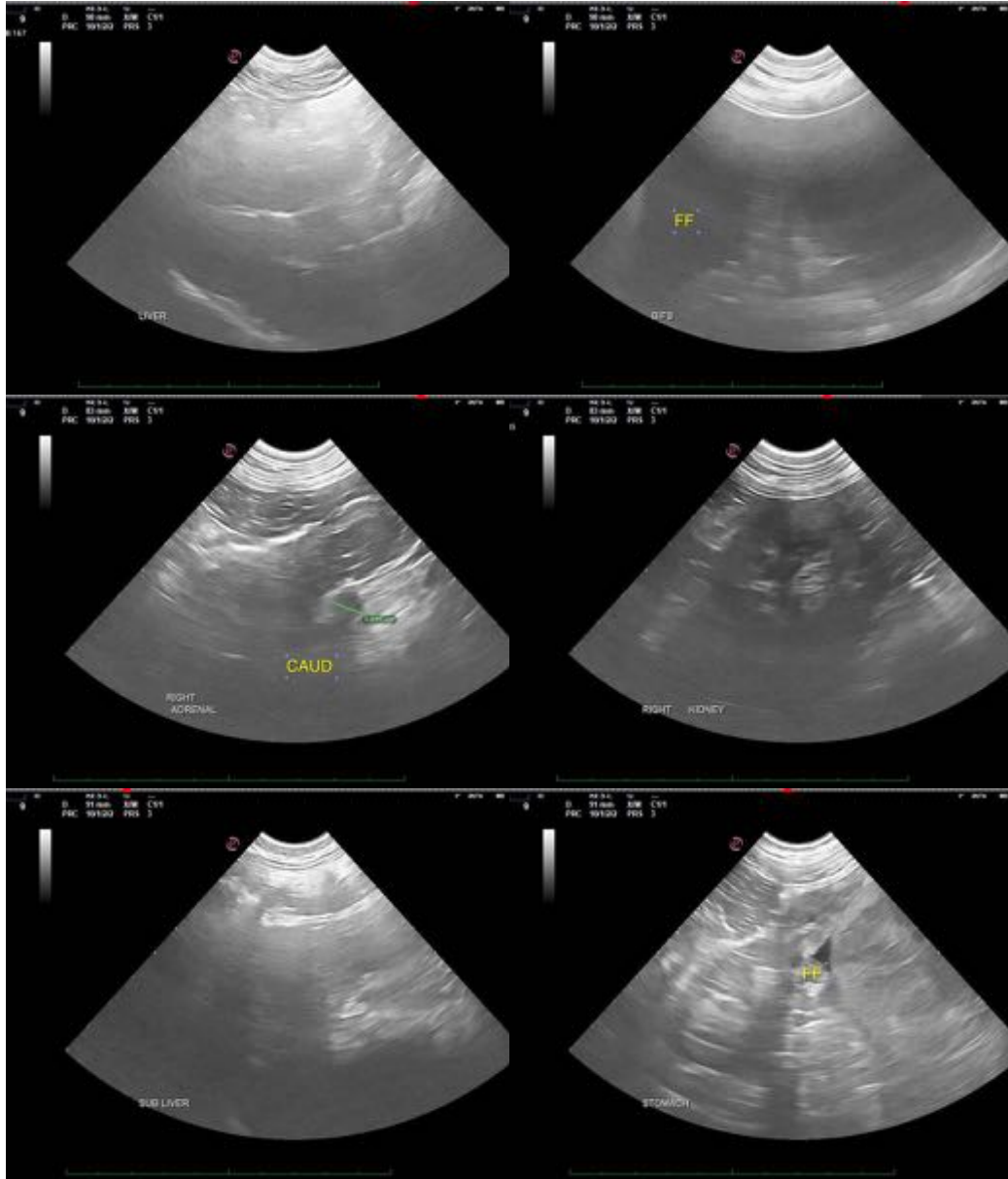
Dr Lantz

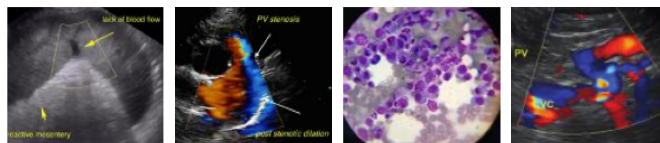
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**IMAGING PERFORMED BY**

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