



PATIENT

Winston Lee

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

10 Years

WEIGHT

48 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Salib

INVOICE

71573

DATE

11/5/25

PRESENTING CLINICAL SIGNS

Client complaint: lump on left getting bigger, seems bloated, lameness on left back leg, having trouble getting up, defecated on the floor. not as playful. PE: The cranial abdomen is tense on palpation.

Abnormal PE/Chem/CBC/UA Results: Radiographic Findings Peritoneal contrast is poor with wispy and amorphous soft tissue opacity overlying the abdominal fat and obscuring the serosal margins. The margins of the hepatic and splenic silhouette are poorly defined but there is no evidence of enlargement. The renal silhouettes are similarly obscured due to superimposition and poor contrast but there is similarly no evidence of enlargement and visible margins are smooth and rounded. The urinary bladder is poorly defined with no evidence of pathologic distention. The stomach is minimally distended with gas. There is a convex soft tissue opacity within the caudodorsal thoracic cavity with a broad base against the diaphragm in the region of the lower esophageal sphincter.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measures 6.65 cm. Right kidney measures 7.48 cm.

Adrenal Glands

The adrenal glands are not visualized.

Spleen

The spleen contains a complex, partially cavitated mass measuring at least 7.24 cm x 6.25 cm with multiple spherical structures within the mass. There is a moderate volume of surrounding free fluid. Separate from the large complex mass there are multiple heterogeneous nodules visualized within the splenic parenchyma.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.



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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

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The ileocecal junction was not visualized. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

The pancreas is not distinctly visualized.

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Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

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Free Abdomen

There is a moderate volume of free abdominal fluid.

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Other

The right auricle and pericardium were unremarkable. No obvious pathology. If cardiac function evaluation is desired a full echocardiogram is warranted.

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DACVECC

ULTRASONOGRAPHIC FINDINGS

- Large complex splenic mass with multiple heterogeneous nodules throughout the splenic parenchyma, with surrounding free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of a splenic mass with free fluid is most concerning for ruptured splenic mass and subsequent hemoabdomen. If there are no signs of metastasis in the thorax, emergent abdominal explore with plan for splenectomy is recommended. The presence of multiple heterogeneous masses within the spleen increases the chances of this being a metastatic lesion.

IMAGING PERFORMED BY

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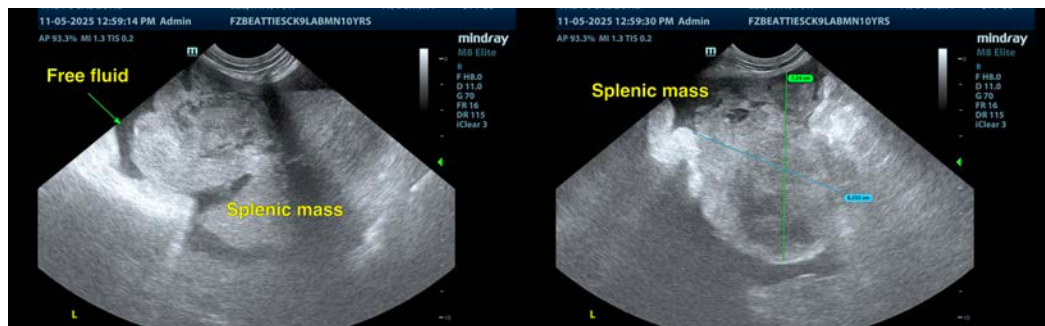
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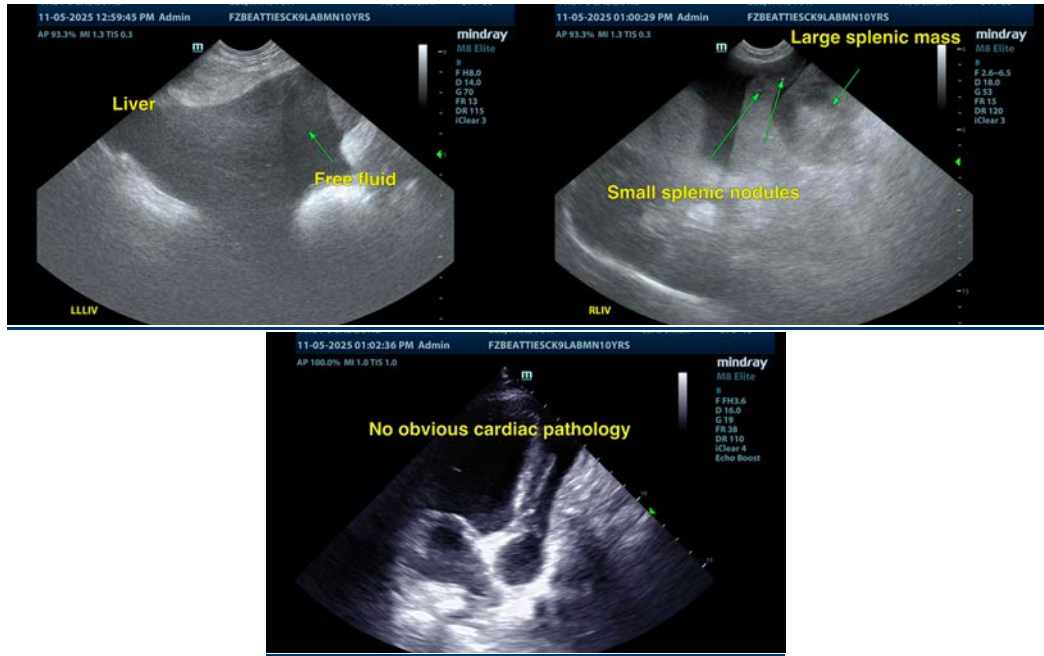
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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