



PATIENT

Stanley Matsumoto

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

33.7 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Ingersoll VS

REFERRING VET

Dr. Paulseth

INVOICE

72734

DATE

2/5/26

PRESENTING CLINICAL SIGNS

Presented for a 2-week history of inappetence and lethargy. A weight loss from 34.2 kg to 33.7 kg has been noted since Jan 30/2026. PUPD. Noticed an increase in lip-smacking. Abdominal: Mild discomfort was noted on palpation cranially. no masses or organomegaly palpated

Current Medications - None

Abnormal PE/Chem/CBC/UA Results: Globulin 49 ALT 255 ALP 1918 GGT 14 Radiographic Findings N/A Primary Question to Be Answered in This Exam Dx: Inflammatory liver disease (hepatitis), infectious process, metabolic condition (e.g., Cushing's disease), neoplasia.

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 have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in renal parenchyma and calyces bilaterally, consistent with nephrocalcinosis. Left measures 7.14 cm. Right measures 7.47 cm.

Adrenal Glands

The left adrenal gland is visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 2.1 cm in length x 0.52 cm at the caudal pole and 0.61 cm at the cranial pole.

The right adrenal gland is visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Right measures 3.37 cm in length x 0.71 cm at the caudal pole and 1.55 cm at the cranial pole.

Spleen

The spleen is completely abnormal. There is a large, complex, generally solid mass arising from the body of the spleen, measuring at least 11.9 cm x 11.0 cm. There are multiple smaller similar appearing masses noted throughout the splenic parenchyma, disrupting the capsule.

Liver

The liver is diffusely nodular with multifocal variably sized, generally hypoechoic lesions throughout, most consistent with metastatic nodules. There is scant effusion between liver lobes.

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.

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.

Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted.

There is scant effusion between liver lobes.

Other

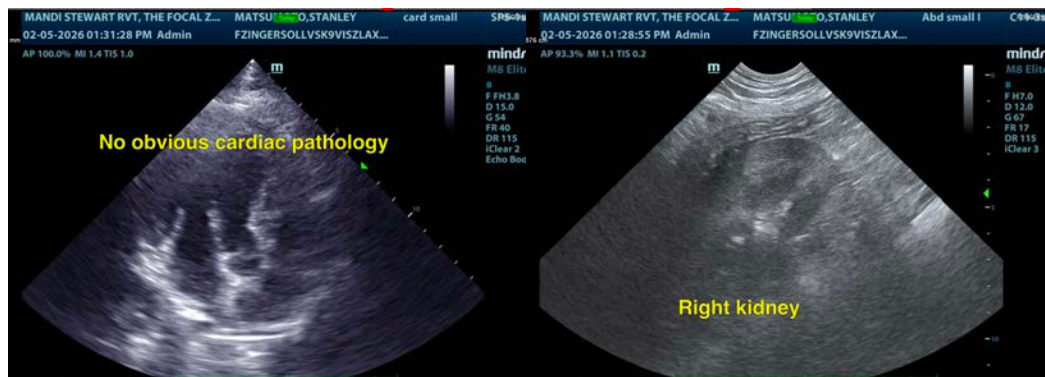
The right auricle and pericardium were unremarkable. No obvious pathology. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

- Large splenic mass with multiple other splenic masses throughout the parenchyma.
- Diffusely nodular liver, suggestive of metastatic nodules.
- Aging renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Masses in the spleen and liver are concerning for metastatic neoplasia with hemangiosarcoma being a top differential. Aspirate of lesions could be considered to further characterize, especially if consultation with a veterinary oncologist is desired. Surgical resection is not likely to increase survival time and is not generally recommended - consultation with a veterinary surgeon could be pursued to discuss further. Palliative care and humane euthanasia when quality of life is unacceptable is not unreasonable.





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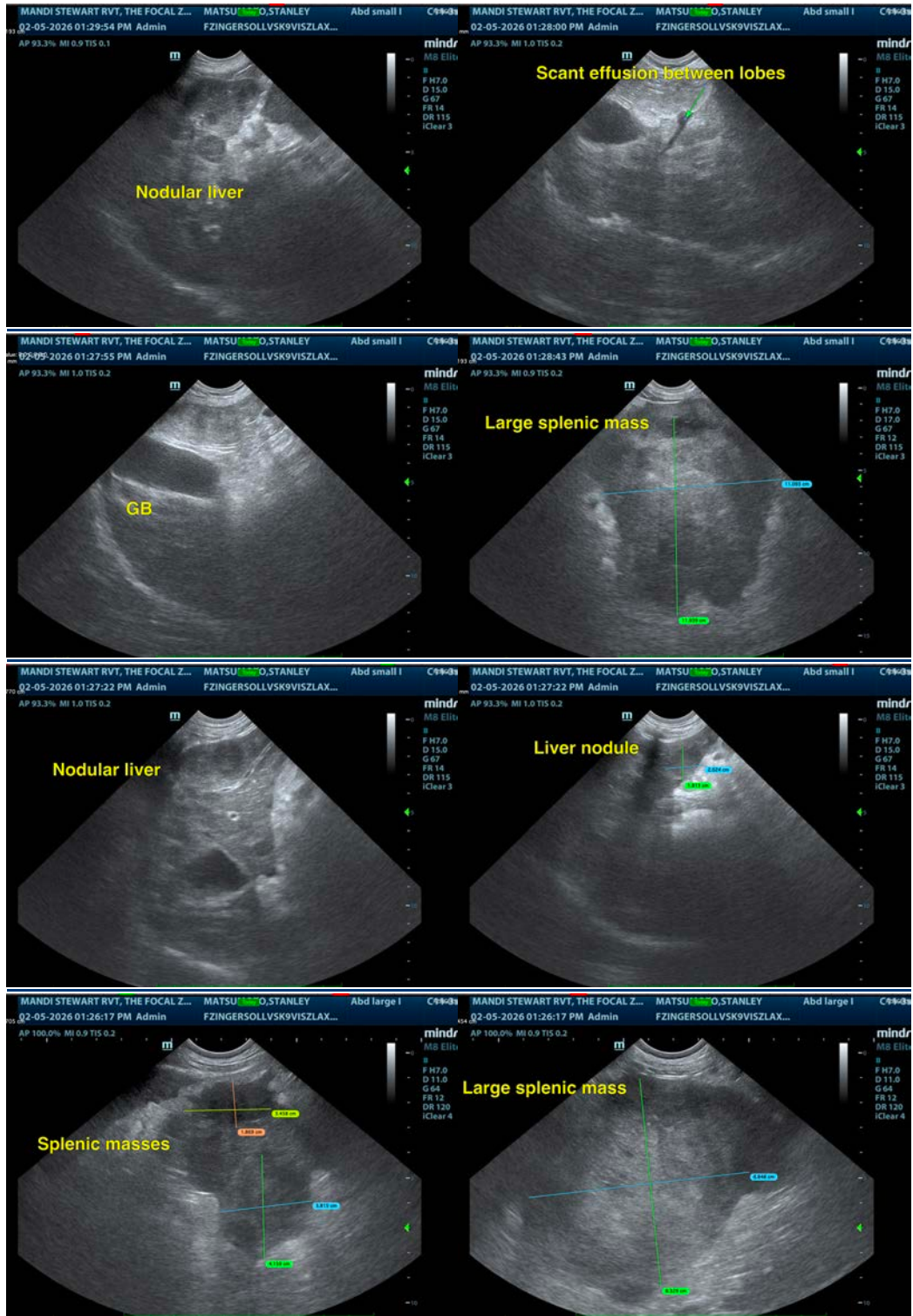
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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