



**PATIENT**

Bosco Galway

**SPECIES**

Canine

**BREED**

Shepherd x

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

33 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons),  
DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Hartzel Animal  
Hospital

**REFERRING VET**

Dr. Bukovska

**INVOICE**

73937

**DATE**

3/23/26

**PRESENTING CLINICAL SIGNS**

Presented to NVEC for lethargy. Gums were pale and t-fast and radiographs performed - diagnosed as hemoabdomen. 3view thoracic rads performed to rule out metastasis - report emailed to focal zone email.

Current Medications: Gabapentin 300mg prescribed but owner only gave a couple of doses. Then I instructed her to give 3 caps for AUS today.

Abnormal PE/Chem/CBC/UA Results: Labs and rads attached.

**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 5.9 cm. Right kidney measured 6.87 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 2.35 cm in length x 0.69 cm at the caudal pole and 0.73 cm at the cranial pole.

The right adrenal gland is not distinctly visualized.

**Spleen**

The spleen contains a roughly spherical, heterogeneous, partially cavitated mass measuring at least 5.9 cm x 4.5 cm. There is scant surrounding free fluid.

**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.

The gallbladder is not distinctly visualized.

**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.

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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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 pancreas is not distinctly visualized.

**Free Abdomen**

No clinically significant lymphadenopathy or abnormalities noted. There is scant free fluid around the splenic mass.

**Other**

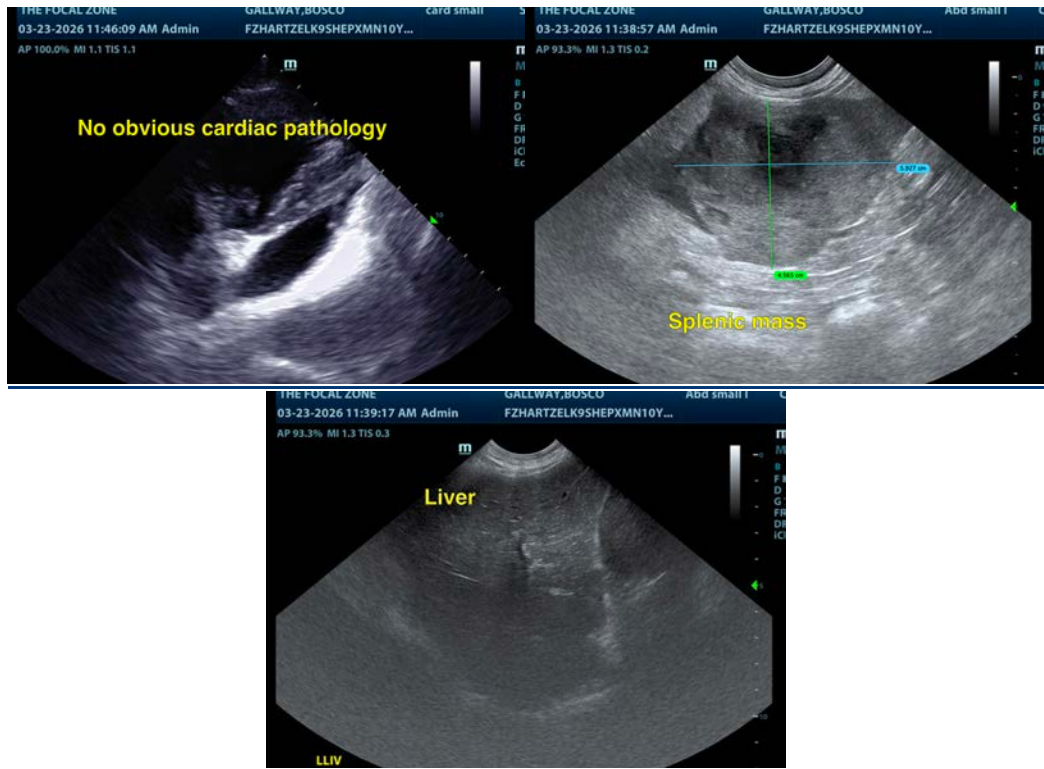
The right auricle and pericardium were unremarkable. No obvious pathology. If cardiac function evaluation is desired a full echocardiogram is warranted.

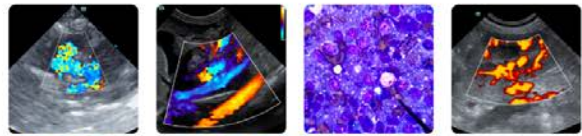
**ULTRASONOGRAPHIC FINDINGS**

- Partially cavitated splenic mass with scant 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.





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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

[info@SonoPath.com](mailto:info@SonoPath.com)