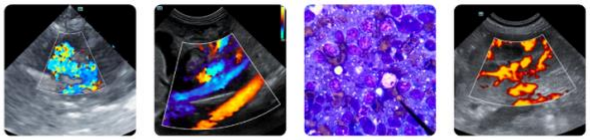

PATIENT

Loretta Douglas

SPECIES

Canine

BREED

Rottweiler

SEX

Intact Female

AGE

7 Years

WEIGHT

104 pounds

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Megan Bray

HOSPITAL NAME

Taylorsville Veterinary Clinic

REFERRING VET

Dr. Megan Bray

INVOICE

15485

DATE

04/27/26

PRESENTING CLINICAL SIGNS

Presented ADR to relief vet not febrile, labwork attached, anemic with elevated liver values. Today on exam, splenic and hepatic enlargement. Still ADR, worsening lethargy. Last heat was 8 weeks ago. Pale pink, slightly icteric mucous membranes

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. The left kidney measured 8.5 cm in length. The right kidney measured 7.05 cm in length.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. The left adrenal gland measured 2.24 cm in length and 0.67 cm at the caudal pole and 0.60 cm at the cranial pole. The right adrenal gland measured 2.9 cm in length and 0.72 cm at the caudal pole and 0.94 cm at the cranial pole.

Spleen

The spleen is diffusely abnormal. It is prominent in size with hypoechoic cavitations throughout the parenchyma. There are also hypoechoic nodules, some with a hyperechoic center consistent with target lesions.

Liver

The liver is subjectively enlarged with a diffusely abnormal architecture. Parenchyma is filled with multifocal variability size, somewhat poorly defined hypoechoic nodules throughout. Some nodules have a hyperechoic center consistent with target lesions. These appear similar to the lesions visualized in the splenic parenchyma.

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.

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

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layering maintaining the typical 1:3 muscularis: mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

Pancreas

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

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

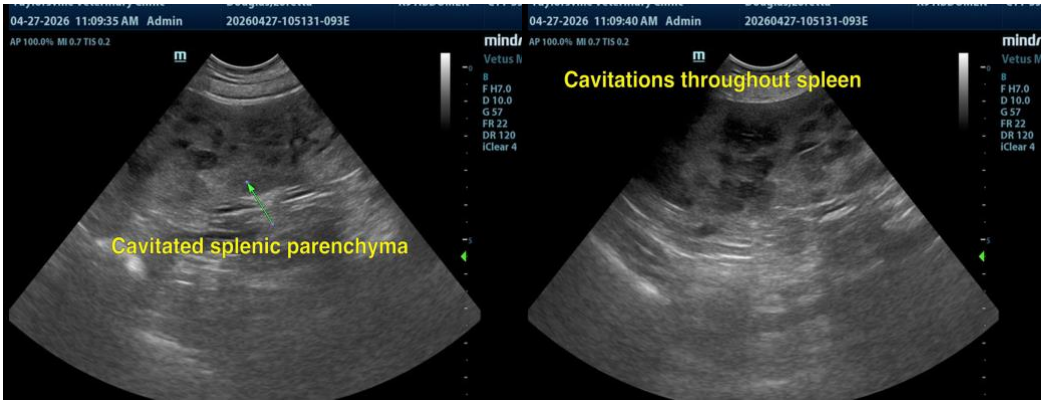
ULTRASONOGRAPHIC FINDINGS

- Diffusely cavitated/nodular spleen with target lesions.
- Hepatomegaly with diffusely nodular architecture with target lesions.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenic and liver changes are significant and are concerning for either metastatic neoplasia or round cell infiltration with lymphoma, mast cell, histiocytic sarcoma, etc. being top differentials.

Liver and splenic FNA are recommended to further define. Coagulation testing should be considered prior to FNA.



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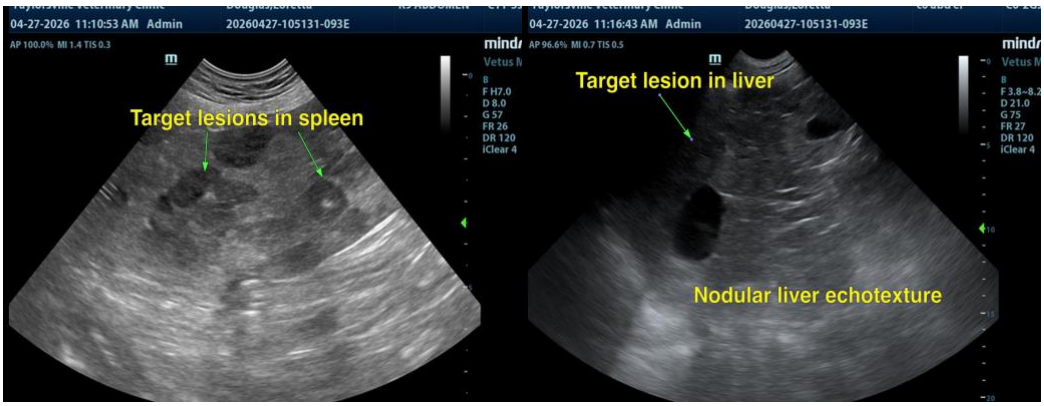

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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