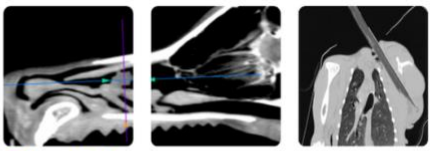


PATIENT

Pip Garian

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

13 Years

WEIGHT

3.21 kg

INTERPRETED BY

Brittany Sinclair DVM, DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Novel Vet

REFERRING VET

Dr. Knapp

INVOICE

37434

DATE

6/9/26

PRESENTING CLINICAL SIGNS

History: Physical examination revealed cardiac abnormality and palpable abdominal swelling. Senior blood work and thoracic/abdominal radiographs performed. Radiographs identified an abdominal mass. Blood work showed abnormalities consistent with anaemia; renal and hepatic values reported as not critically abnormal. Abdominal ultrasound was recommended at that visit.

Current Medications: Gabapentin (pain management) — prescribed for 7 days; approximately 4–5 days remaining Metronidazole (for diarrhea).

Abnormal PE/Chem/CBC/UA Results: Total T4 <6 / BUN 13.1 / Total Protein 85 / Globulin 57 / RBC 5.11 / Hematocrit 0.32 / Hemoglobin 119 Primary Question to Be Answered in This Exam Evaluation and second opinion regarding abdominal mass previously identified by radiographs.

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 left kidney has a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. The left kidney measured 3.28 cm in length. Hyperechoic, shadowing foci present in left renal parenchyma and calyces consistent with nephrocalcinosis.

The right kidney has a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. The right kidney measured 3.49 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 1.69 cm in length and 0.41 cm at the caudal pole and 0.40 cm at the cranial pole. The right adrenal gland measured 1.24 cm in length and 0.34 cm at the caudal pole and 0.62 cm at the cranial pole.

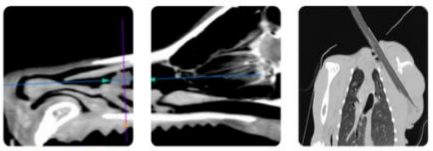
Spleen

The spleen contains a complex, multilobulated, partially cavitated mass, measuring at least 5.6 cm x 6.9 cm.

Liver

The liver is subjectively normal in size with normal contours and structure. The parenchyma is heterogenous with a coarse appearance. There were poorly defined hypoechoic nodules noted throughout the parenchymal. No specific masses were seen. 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.



SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

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Gastrointestinal

The stomach contains a small volume of fluid. 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.

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.

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 complex splenic mass
- Poorly defined liver nodules
- Mild aging renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mass in the spleen is concerning for neoplasia which may be benign or malignant. Splenic aspirate is recommended to further characterize. Whether benign or malignant, all splenic masses are at risk of rupture and if no signs of metastasis are present in the chest and abdomen, splenectomy with histopathology is recommended.

While there are nodules in the liver, and they may represent metastatic neoplasia, they do not have the overt appearance of metastatic lesions. A recent study suggested that the presence of ultrasonographic liver nodules together with splenic mass does not predict hepatic metastasis and in this case, I would not be deterred from pursuing splenectomy. Liver biopsy at the time of surgery, with focus on any gross lesions, is recommended.

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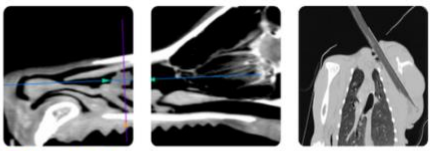

Teleradiology
Educational Teleconsultation Services™

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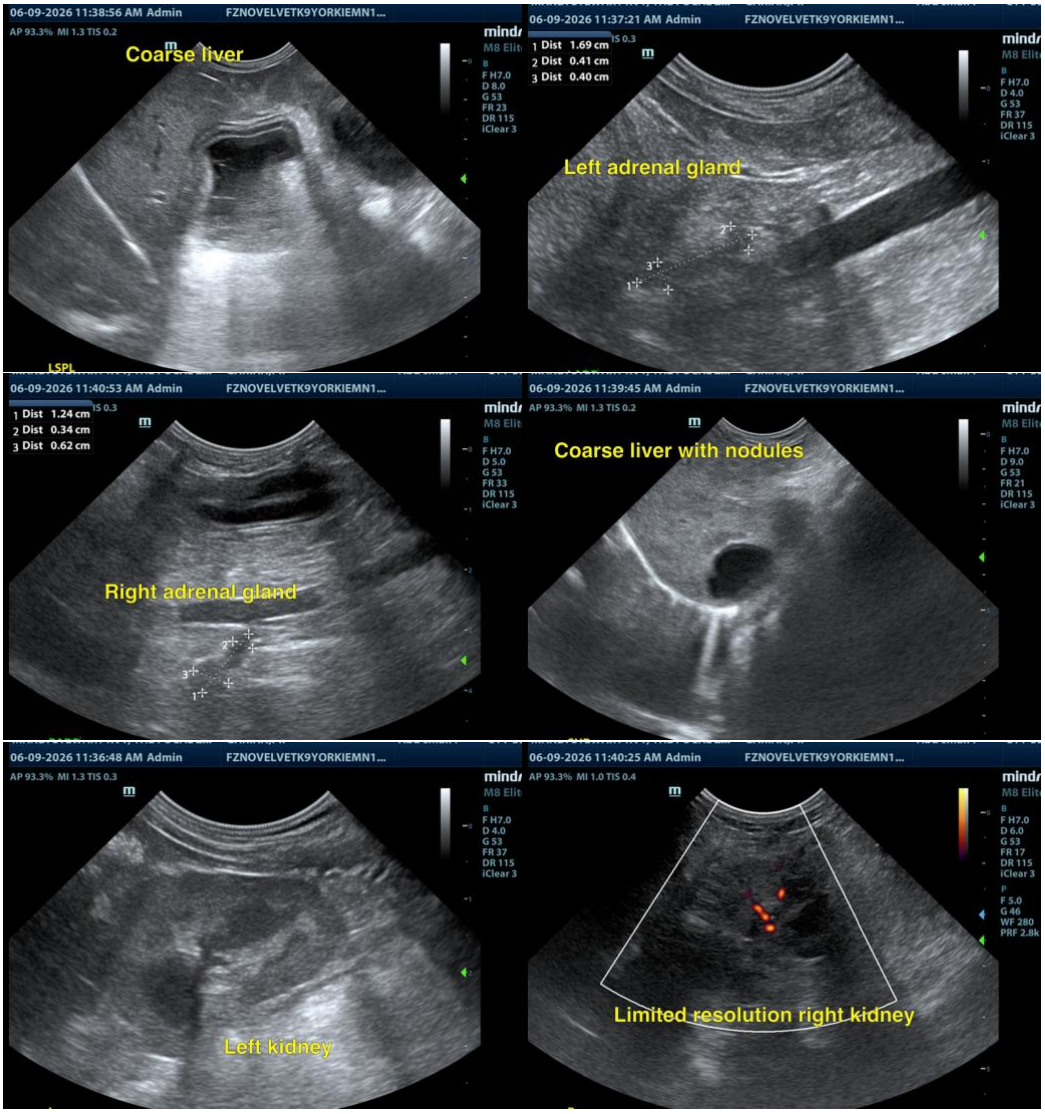

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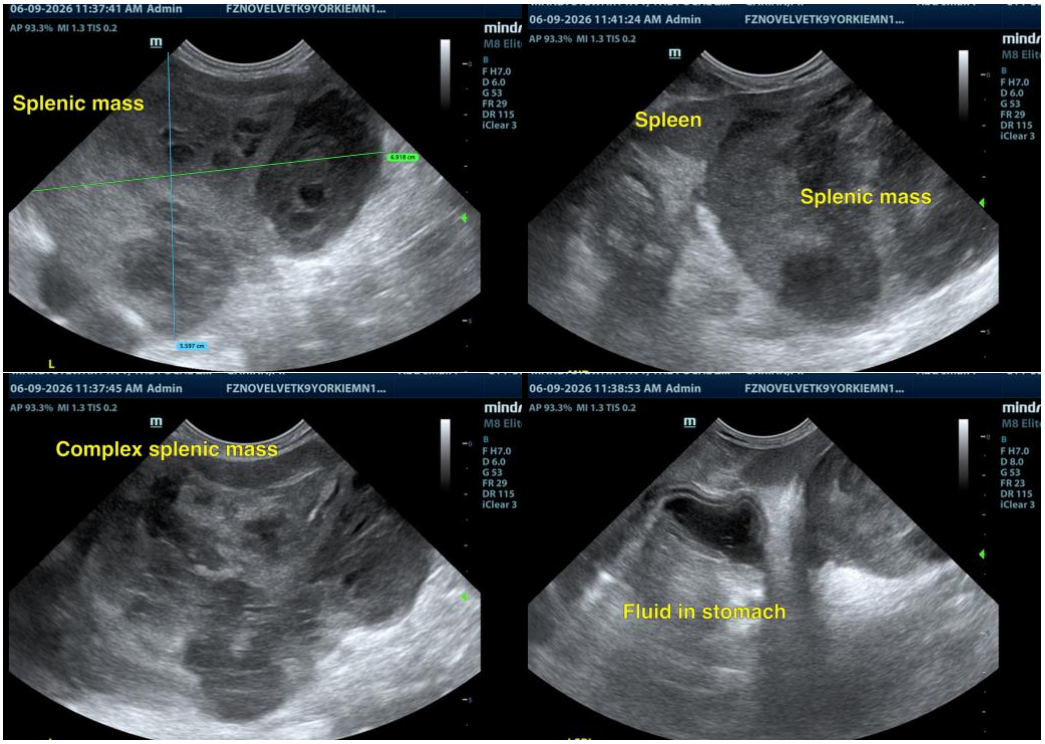

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com