



PATIENT

Zoey Fegely

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

11 Years 9 Months

WEIGHT

69.2

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Veterinary
Clinic

REFERRING VET

Suzanne Dinello-
Schleicher, VMD

INVOICE

72138

DATE

1/12/26

PRESENTING CLINICAL SIGNS

Acute onset lethargy and weakness this AM. Patient was stumbling and swaying. Did improve by time of appointment. Patient has a history of hind limb OA. No nystagmus or neuro abnormalities at time of exam. AFAST showed mass on spleen.

Abnormal PE/Chem/CBC/UA Results: PLT 131K (L), PCT 0.18% (N), stress leukogram with lymphopenia and eosinopenia, HCT 41.8% (N) with RETIC 17.7K (N), possible nRBCs per automated CBC, ALP 222 (H), remainder neg/normal no radiographs taken, AFAST of spleen showed suspected mass at head to mid spleen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Right kidney measured 6.92 cm. Left kidney measured 6.92 cm.

Adrenal Glands

The **left adrenal gland** was slightly enlarged and mildly heterogeneous, measuring 2.75 cm x 1.1 cm.

The **right adrenal gland** was mildly heterogeneous and measured 2.81 cm x 0.66 cm at the caudal pole and 0.80 cm at the cranial pole.

Spleen

The **spleen** presented a mixed echogenic, expansive 6.1 cm microcavitated mass in the mid body. Minor free fluid noted. Therefore, history of rupture and reabsorption is likely. Enhanced mesentery noted around the spleen. No overt metastatic changes noted in the omentum.

Liver

The **liver** presented minor heterogeneous parenchymal changes, most consistent with age related changes. However, this should be inspected at surgery. The gallbladder was unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



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Pancreas

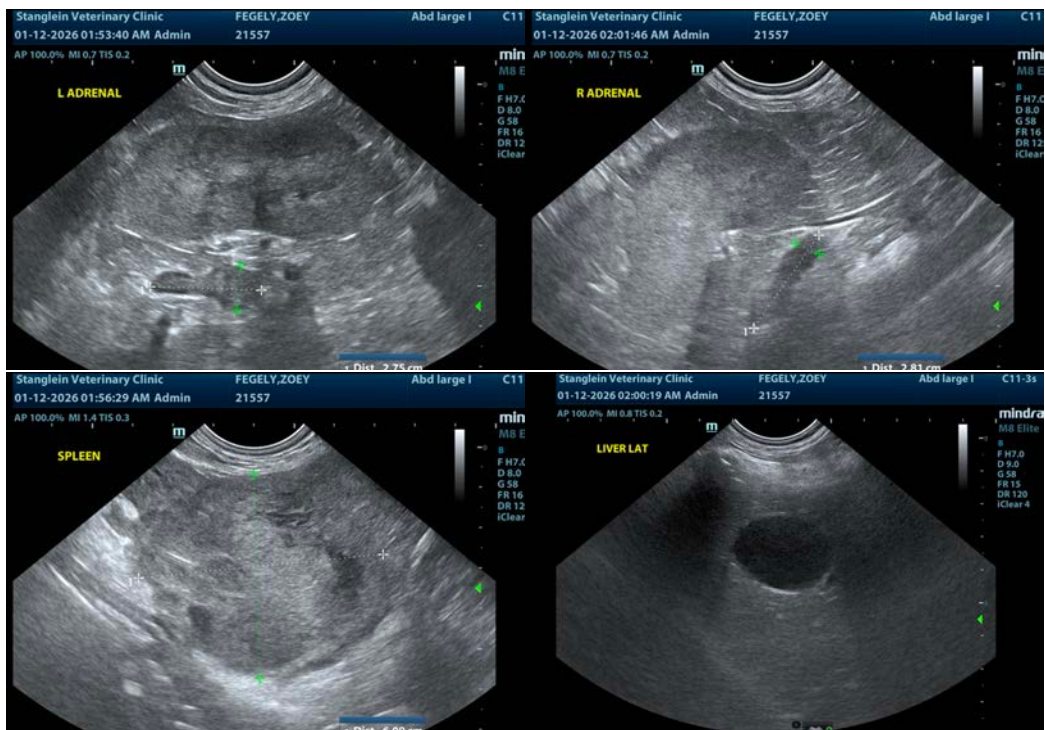
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Ruptured splenic mass with fluid reabsorption – hemangiosarcoma likely. Benign hyperplasia possible.
- Mildly heterogeneous adrenal glands.
- Minor heterogeneous spleen, likely age related changes.
- Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs warranted and immediate exploratory surgery with expectations of splenectomy and liver inspection and biopsy. Rapid echocardiogram warranted to ensure metastatic disease is not present in the right auricle.





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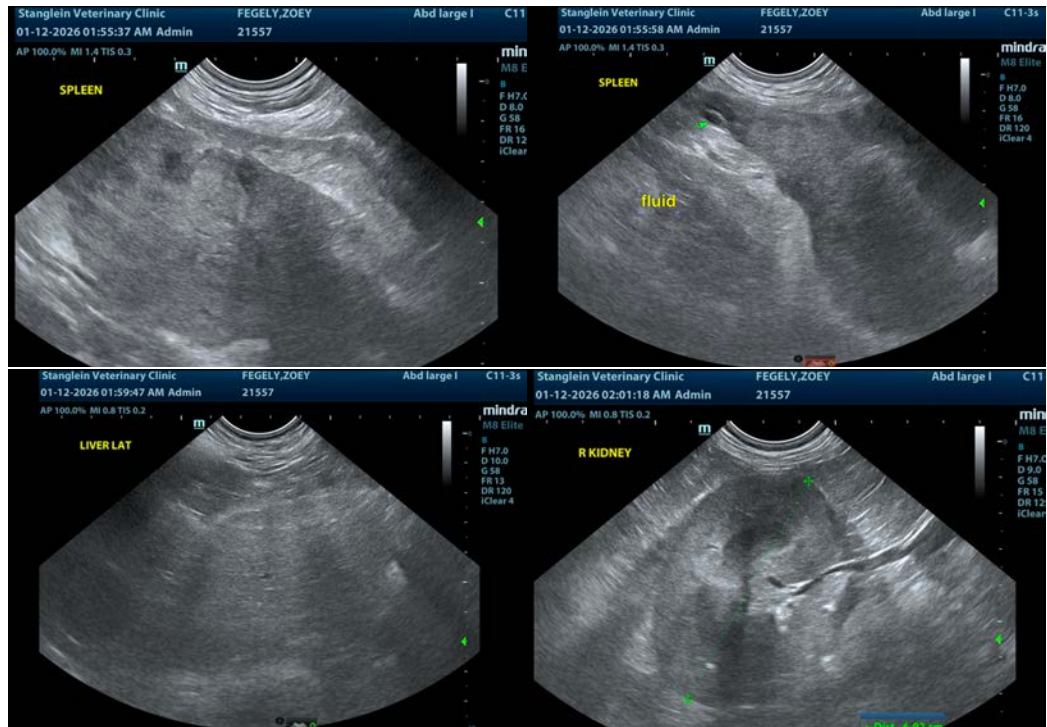
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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