



PATIENT

Nicolas Cary

SPECIES

Canine

BREED

Springer Spaniel

SEX

Neutered Male

AGE

10 Years

WEIGHT

27 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Main Street Animal
 Hospital

REFERRING VET

Dr. Veysey

INVOICE

72635

DATE

1/30/26

PRESENTING CLINICAL SIGNS

Vomiting multiple times. Rule out 2/6 systolic heart murmur. Radiographs were taken, mass noted. Fever of 39.7C. Has been hospitalized since Jan. 28/26

Current Medications: LRS - 98ml/hr, Ampicillin 594mg BID, Cerenia 1mg/kg SID, Onsior 2mg/kg SID, Metronidazole 500mg BID

Abnormal PE/Chem/CBC/UA Results: Rads attached Primary Question to Be Answered in This Exam
 What is the mass?

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 **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Left kidney measured 7.03 cm. Right kidney measured 7.4 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left measured 3.59 cm x 0.77 cm at the cranial pole and 0.59 cm at the caudal pole. Right measured 0.80 cm in width.

Spleen

The **spleen** revealed a mixed echogenic complex 8.3 cm parenchymal mass. Regional inflammation noted associated with the mass. Slight pockets of free fluid noted. The mass extended into the region of the pancreas and mesentery. Nodular changes noted in the spleen in addition to the primary mass, strongly suggestive of a neoplastic process.

Liver

The **liver** slight heterogeneous changes. No overt macroscopic metastatic lesions. However, I cannot rule out micrometastasis to the liver. 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

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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.

SPECIES

Canine

Other

BREED

The right auricle and pericardium were unremarkable. No evidence of cardiac disease.

Springer Spaniel

ULTRASONOGRAPHIC FINDINGS

SEX

- Inflamed, partially ruptured splenic mass.
- Slightly heterogeneous liver.

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

No overt gross metastatic disease. However, spread to the regional omentum and micrometastasis to the liver is a potential in this type of presentation. Immediate exploratory surgery indicated with expectation towards splenectomy and liver biopsy.

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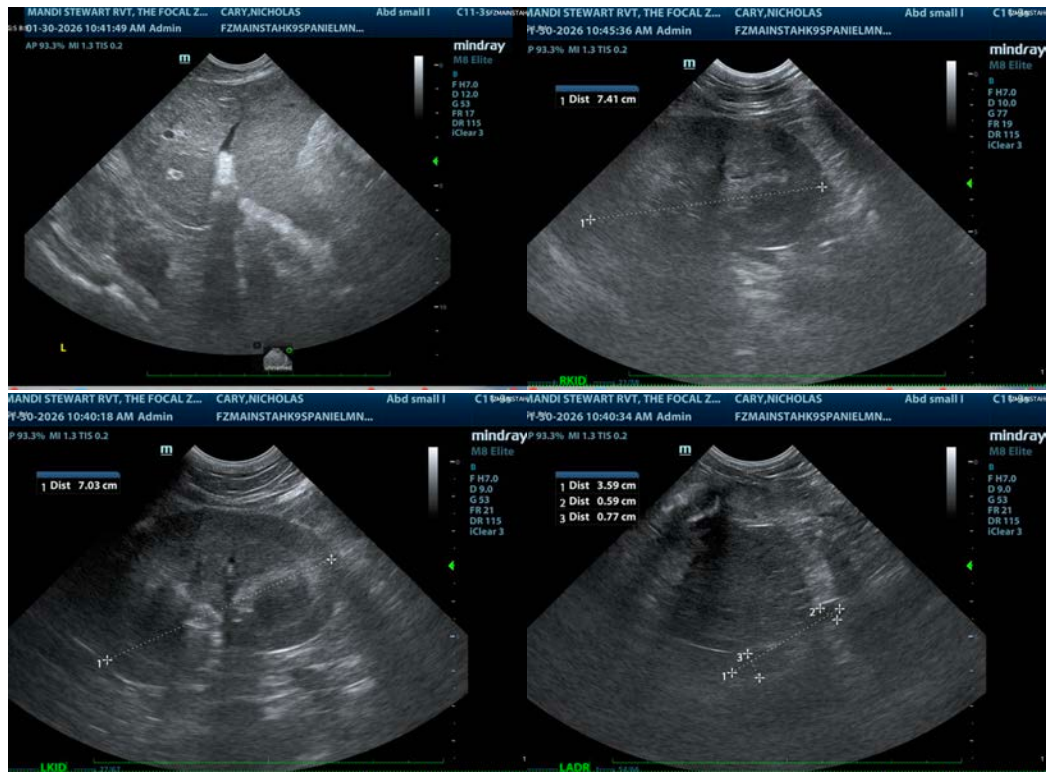
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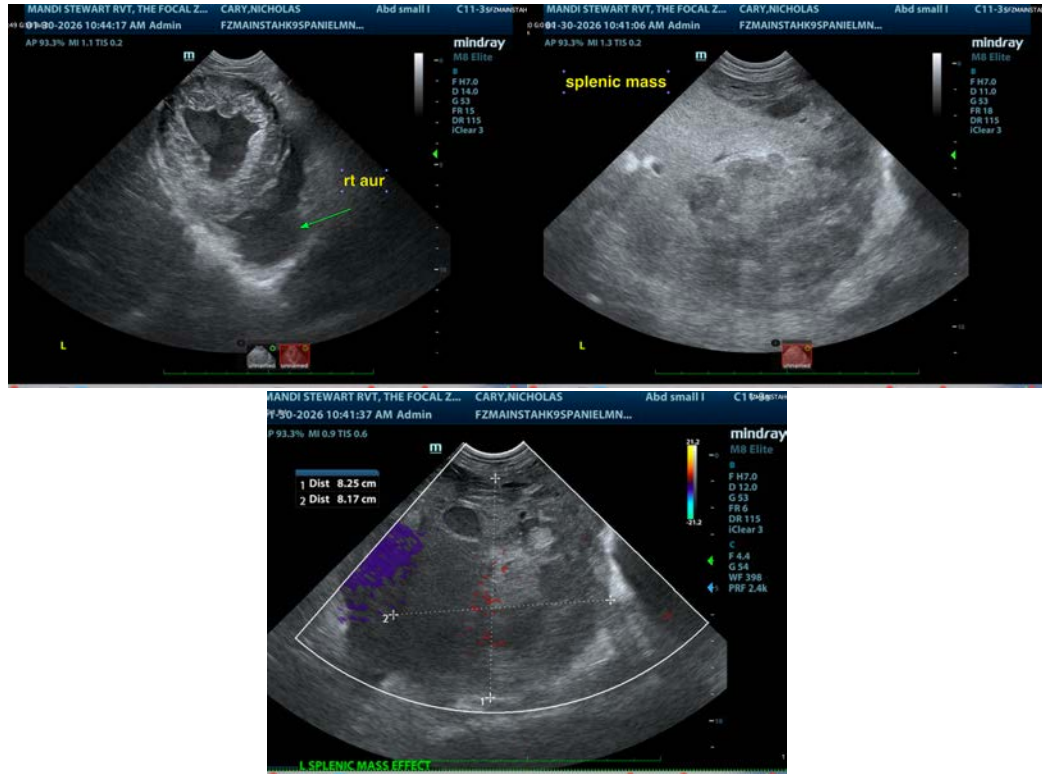
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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