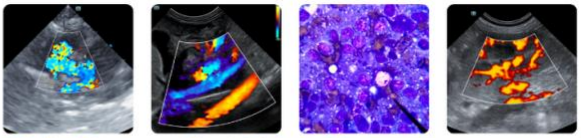

PATIENT

Ira Matthews

SPECIES

Canine

BREED

Pug Mix

SEX

Neutered Male

AGE

14 Years

WEIGHT

20 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Banister AH

REFERRING VET

Dr. Banister

INVOICE

35246

DATE

1/5/26

PRESENTING CLINICAL SIGNS

History: Evaluate splenic 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 was noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. The residual prostate measured 0.87 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The left kidney measured 4.45 cm. The right kidney measured 4.4 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. The right adrenal gland measured 1.58 cm x 0.76 cm at the cranial pole and 0.56 cm at the caudal pole. The left adrenal gland measured 1.3 cm x 0.42 cm at the caudal pole and 0.45 cm at the cranial pole.

Spleen

The body and caudal pole of the **spleen** were unremarkable, however, the cranial pole folded and led into a 2.7 cm microcavitated mass. The cavitation measured 1.9 cm. The mass measured 2.8 cm. No evidence of rupture was noted. Heterogenous micronodular changes were noted elsewhere in the spleen.

Liver

The **liver** revealed diffuse coalescing hypoechoic nodular changes. Liver size and vascularity appeared normal. The gallbladder and common bile duct were unremarkable. This pattern is most consistent with nodular hyperplasia and vacuolar hepatopathy.

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.

Pancreas

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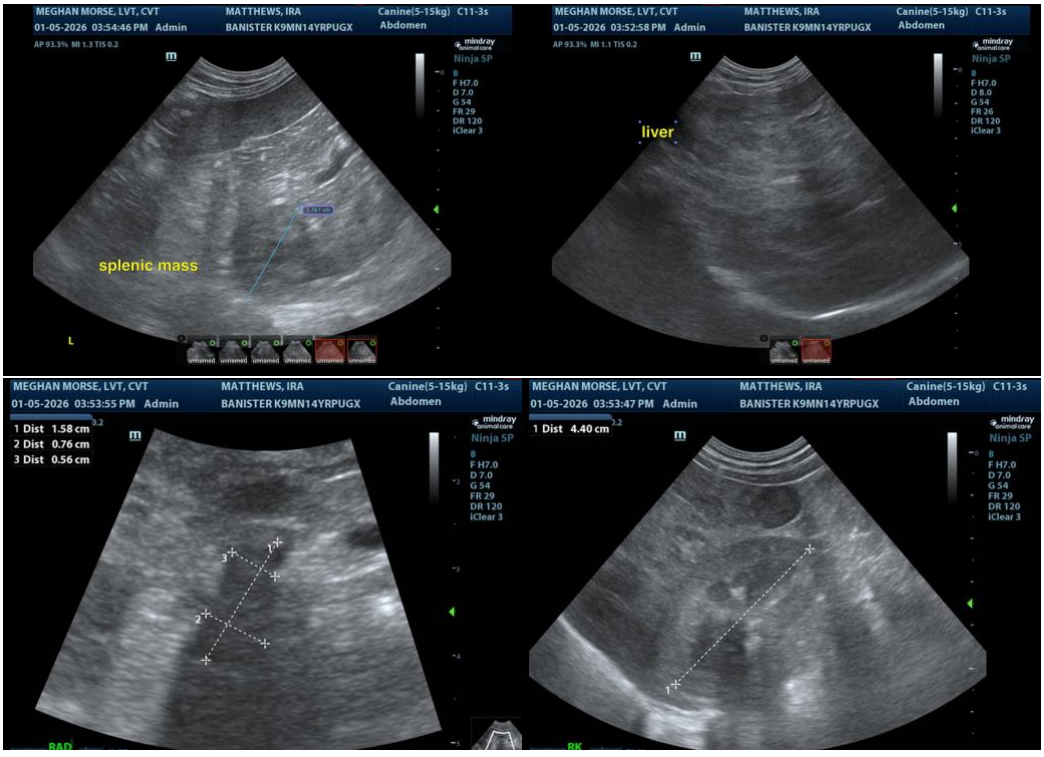
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

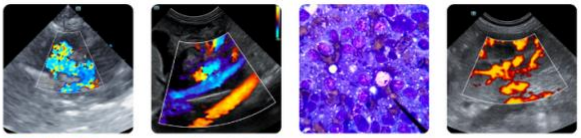
- Cystic splenic mass- hemangiosarcoma versus benign hyperplasia and necrosis
- Hepatic diffuse nodular changes, most consistent with nodular hyperplasia. There is very minor potential for metastatic disease.
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Either ultrasound guided screening FNA of the hepatic nodules and general parenchyma could be considered or direct exploratory surgery if chest radiographs and echocardiogram are free of evident pathology. Splenectomy and liver biopsy are indicated. Bile acid profile is warranted to assess for any dysfunction.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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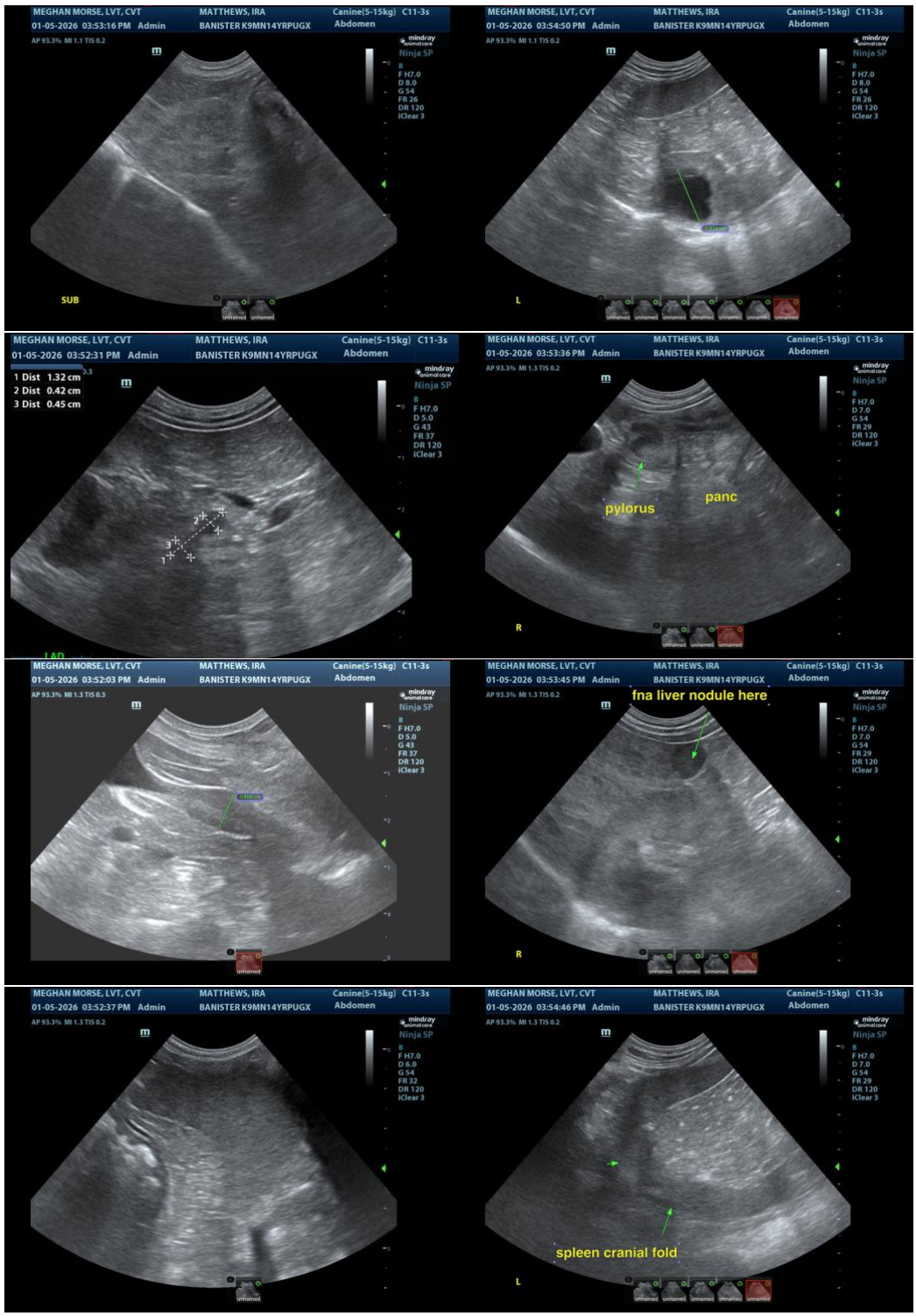
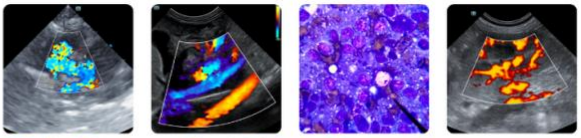


The information and recommendations provided are based on the images presented by the



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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,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com