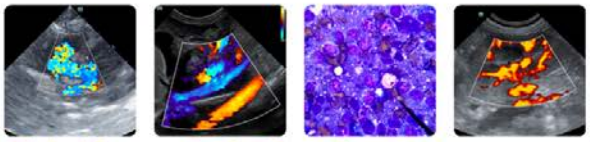

PATIENT

Roxi Weiss

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

11 Years

WEIGHT

64.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Heather Brenner

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Heather Brenner

INVOICE

71707

DATE

11/11/25

PRESENTING CLINICAL SIGNS

September 9, 2026 Normal CBC, CHem ALKP 1152 November 11 diarrhea once overnight, not eat well for 3 days, lethargic, weak rear legs

Abnormal PE/Chem/CBC/UA Results: November 11 severe tartar, pink MM, elevated third eyelid OS, febrile 103.6, full feeling cranial abdomen. CBC Anemic HCT 30.2%, low HgB 11.2. Neutrophilia 22.18 suspect bands, Mono 2.85, PLT slightly low 139. Chem ALT 338, ALKP 435 Pancreatic Lipase 206 (0-200) Abdominal radiographs mild loss detail cranial-mid abdomen, irregular spleen, Fecal negative

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. Mineralization noted in both kidneys. The left kidney measured 6.08 cm. The right kidney measured 6.53 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 1.94 cm x 0.58 cm at the cranial pole and 0.53 cm at the caudal pole Right measured 1.44 cm x cm 0.44 cm at the cranial pole and 0.57 cm at the caudal pole.

Spleen

The **spleen** revealed a mixed hypoechoic mass measuring 7.8 cm x 5.0 cm. The mass derived from the mid cranial body of the spleen with regional inflammation. Blood flow was minimal. The remainder of the spleen was enlarged with scalloping contour. The mass is likely a focal manifestation of a diffuse splenic process.

Liver

The **liver** was mildly swollen and slightly irregular. No overt masses noted. However, I cannot rule out an early infiltrative process. 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.

Free Abdomen

Slight amounts of free fluid and enhanced mesentery noted in the abdomen.

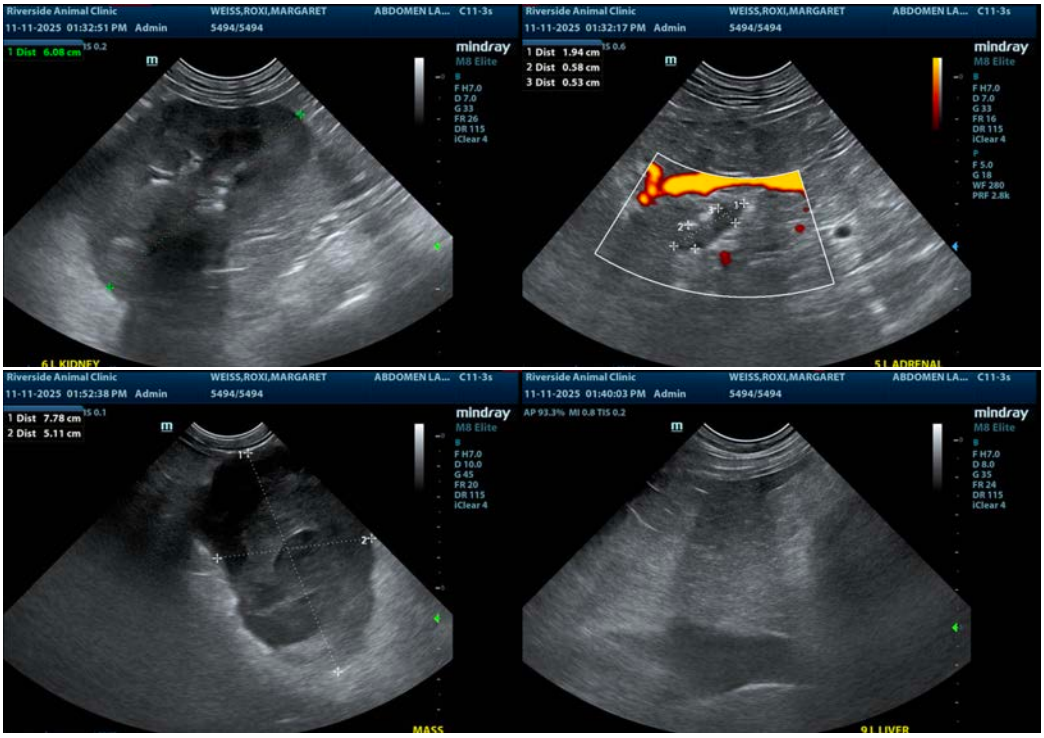
Rapid view of the heart revealed hypocontractility and bradycardia without evidence of masses.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass – hemangiosarcoma versus round cell neoplasia are primary concerns. Splenitis and hematoma possible yet less likely.
- Swollen, irregular liver.
- Age related renal changes.
- Free fluid.
- Hypocontractile heart and bradycardia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening 25-gauge FNA of the splenic mass and parenchyma as well as liver for staging purposes with STAT turnaround recommended, and eventual surgical intervention if the liver is not involved in the presumed neoplastic process, or direct exploratory splenectomy with liver inspection and biopsy indicated. Chest radiographs and echocardiogram warranted for screening purposes. Prognosis is very guarded.



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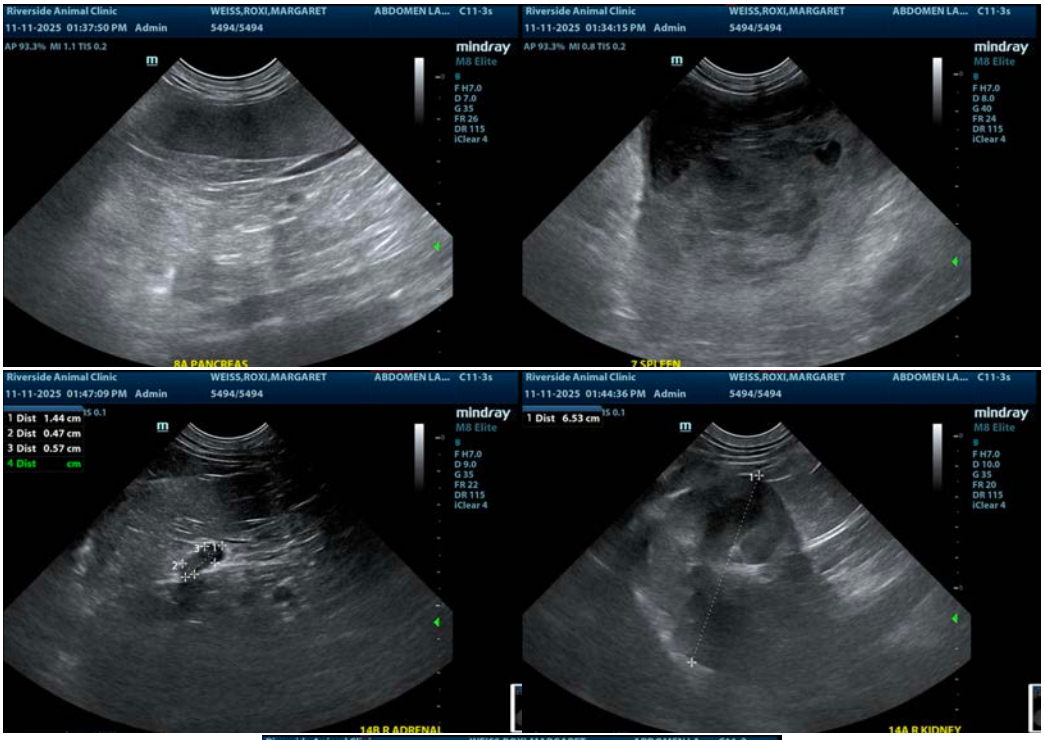

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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