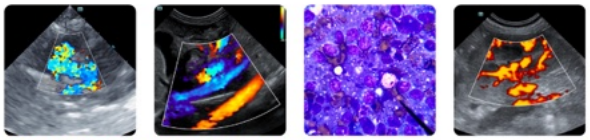



**PATIENT**

Willow Lawecki

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Spayed female

**AGE**

13 years

**WEIGHT**

25 kg

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Hayley Gaynor

**HOSPITAL NAME**

Lambertville VC

**REFERRING VET**

Dr. DeGrande

**INVOICE**

69495

**DATE**

12/10/25

## PRESENTING CLINICAL SIGNS

History: -Seen 9/21 at ER for vomiting and not acting right. Elevated ALT/ALP found at that time(unable to get values at time of submission). Prescribed Denamarin - Seen at rDVM for not improving with Denamarin. ALT/ALP still elevated. Was recommended to restart Denamarin and have ultrasound
12/10/25: Tense on abdominal palpation but no abnormalities palpated -BW from 12/1/25: ALT 282 (18-121 u/L), ALP 368 (5-160 u/L)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.6 cm. The right kidney measured 6.0 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 left adrenal gland measured 1.6 x 0.3 cm at the caudal pole and 0.51 cm at the cranial pole. The right adrenal gland measured 2.25 x 0.94 cm at the cranial pole and 0.82 cm at the caudal pole.

### *Spleen*

An 8.7 cm, mixed echogenic rounded **splenic** mass was noted. Other nodular changes were noted in the spleen with regional inflammation. Areas of cavitation were noted in the splenic mass. Leakage is a strong potential.

### *Liver*

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of

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congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were 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.

### *Pancreas*

The **pancreas** largely appeared unremarkable, yet the mass and inflammation may involve portions of the left pancreatic limb.

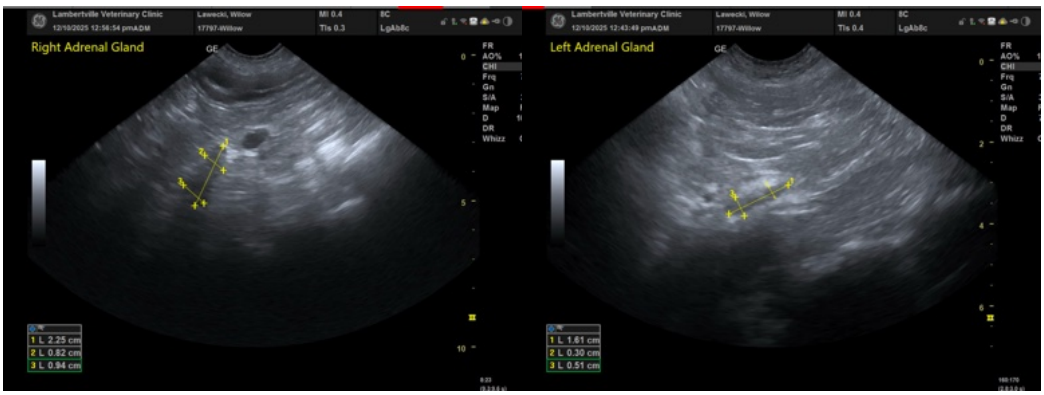
## ULTRASONOGRAPHIC FINDINGS

Inflamed and potential ruptured splenic mass.

Separate nodular splenic changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no overt organ metastasis was noted. Some portions of the intestinal tract may be adhered to the mass. Chest radiographs and rapid echocardiogram followed by immediate exploratory surgery is indicated. Hemangiosarcoma is suspected. Other neoplasia such as stromal tumor is possible. Benign hyperplasia with rupture is possible, yet less likely.



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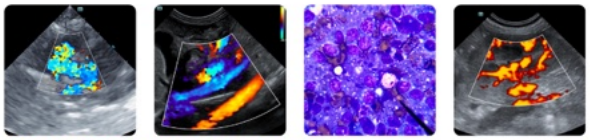

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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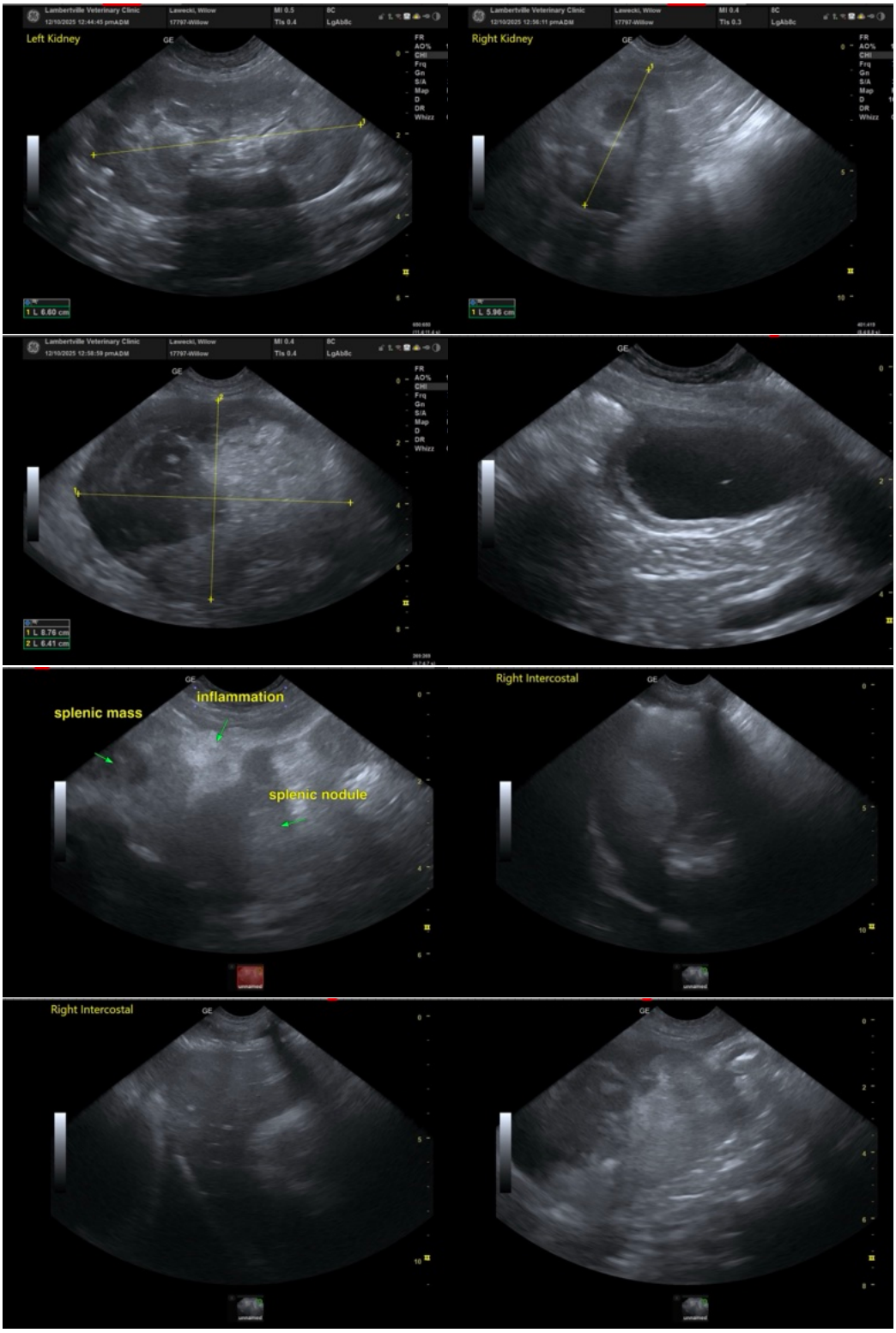

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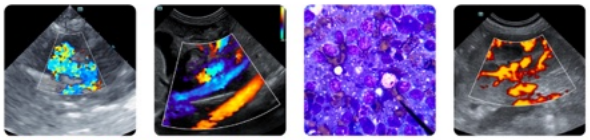

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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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, CEO of SonoPath.com

info@SonoPath.com