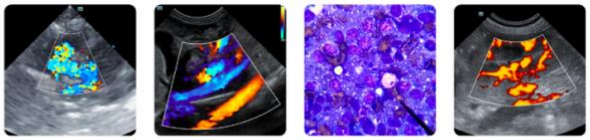

PATIENT

Bear McGraw

SPECIES

Canine

BREED

Great Dane Mix

SEX

Neutered Male

AGE

7 Years

WEIGHT

104 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Julia Bakker DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Dr. Christina Whitcomb DVM

INVOICE

12615

DATE

12/05/25

PRESENTING CLINICAL SIGNS

Patient recently presented for episode of pale white gums and lethargy. Radiographs show pleural effusion. Labwork shows wbc 30k+, PCV in the 40s. Thoracocentesis of unclotted hemorrhagic fluid performed. Bicavitary scan performed emergently to further define issue.

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. The left kidney measured 7.17 cm in length. The right kidney measured 7.08 cm in length.

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 2.0 cm x 0.50 cm width. The right adrenal gland measured 3.25 cm x 1.15 cm width at the cranial pole and 0.75 cm width at the caudal pole.

Spleen

The **spleen** revealed an expansive mixed hypoechoic parenchymal mass measuring 3.4 cm at the cranial pole without evidence of rupture. Micronodular changes were noted elsewhere in the spleen.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

Heart

Pleural effusion was noted through the diaphragm with nodular omental changes, strongly suggestive of metastatic process likely deriving from the splenic tumor.

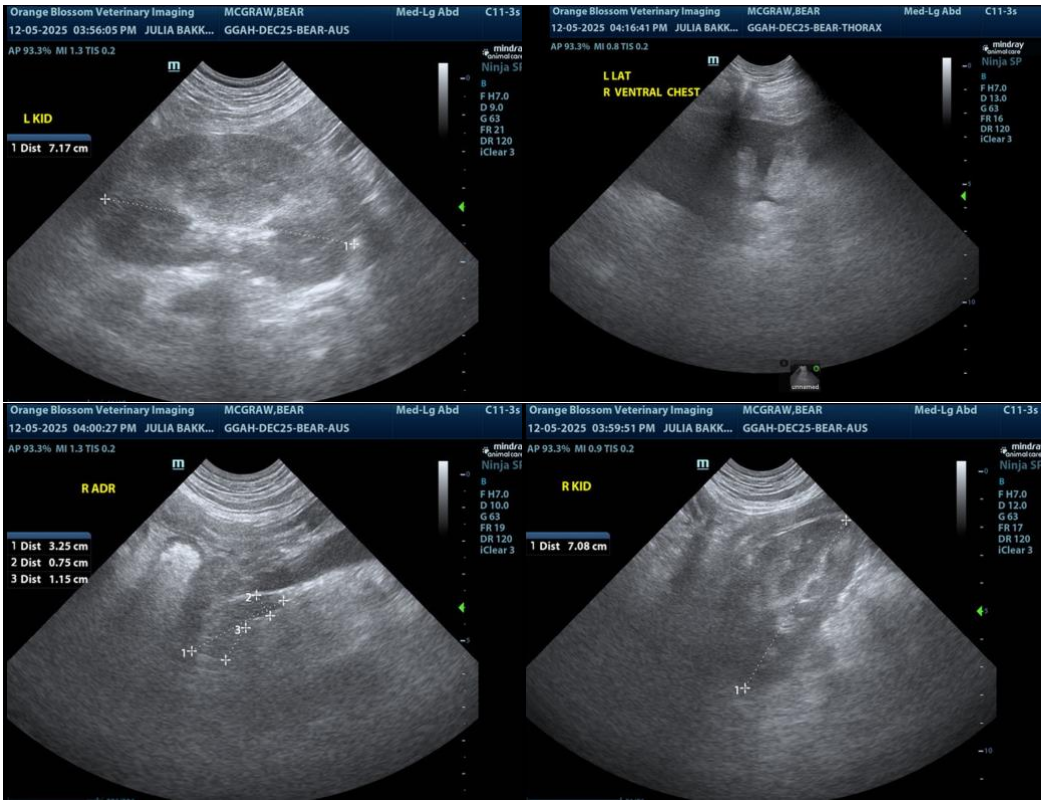
The heart revealed normal volumes of contractility and pericardium. Areas of lung consolidations were also noted.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass- hemangiosarcoma or round cell neoplasia.
- Noncardiogenic metastatic pleural effusion pattern.
- Areas of lung consolidation.
- Partially full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary splenic tumor such as hemangiosarcoma or round cell neoplasia with secondary thoracic metastasis is likely. Pleurocentesis and cytospin is warranted. 25-gauge FNA of the splenic mass is warranted for further definition.



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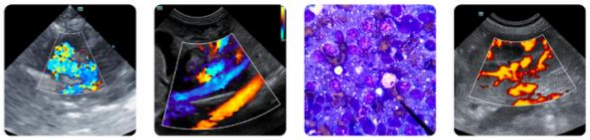

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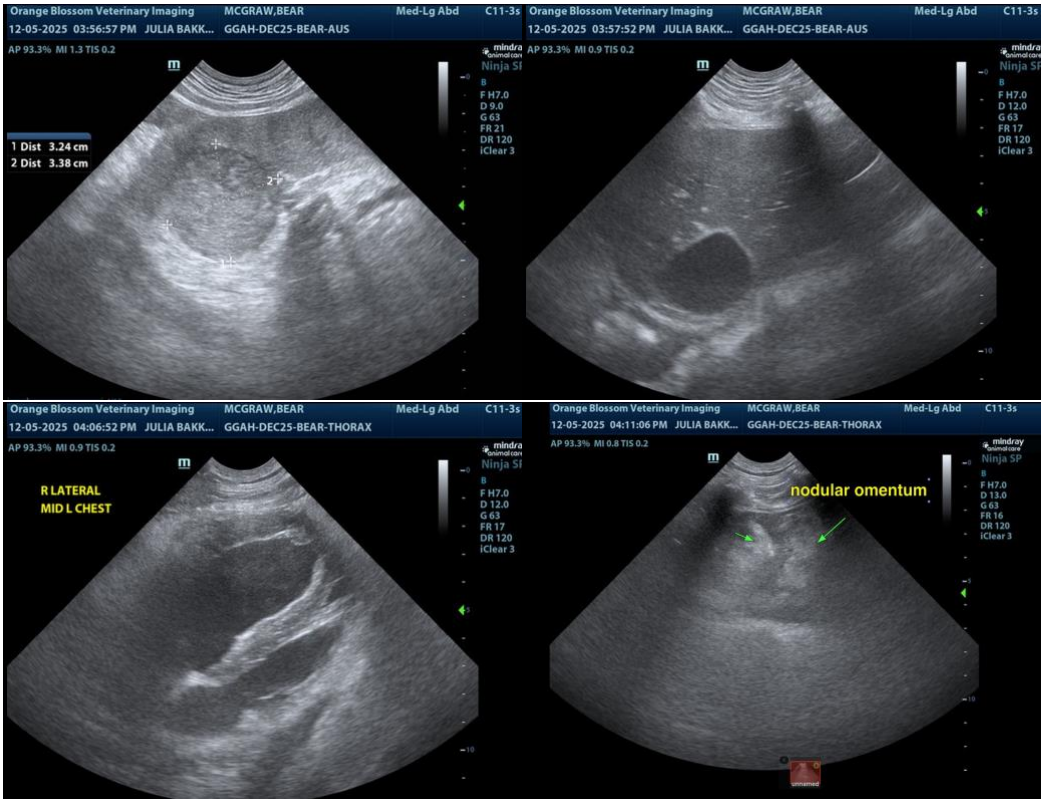

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

info@SonoPath.com