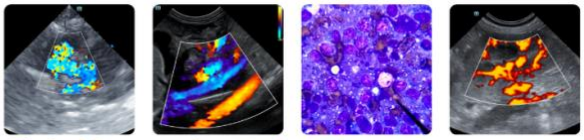

PATIENT

Vinnie Ritenour

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

88 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Keisha Smitley CVT

HOSPITAL NAME

Geary Veterinary Services

REFERRING VET

Dr. Curtis Geary VMD

INVOICE

13731

DATE

02/13/26

PRESENTING CLINICAL SIGNS

- Patient is here for being weak, barely moving and urinating on himself.
- Panting heavily with labored breathing.

Abnormal PE/Chem/CBC/UA Results: Firm mass palpated in abdomen. Gums are pale. on-regenerative anemia. HCT 27.3%, RBC 4.63, HGB 9.6, MCV 59.0, MCH 20.7. WBC 26.11, Neutrophils 23.71, Monocytes 1.28 Chemistry - SDMA 15, T4 is low. Snap 4DX - Negative x4. PT and PTT: Normal

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.

A moderate amount of free fluid was noted in the abdomen.

The **left kidney** 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.0 cm in length.

The **right kidney** was not visualized.

Adrenal Glands

The **left adrenal gland** was 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 0.50 cm width.

The **right adrenal gland** was not visualized.

Spleen

The **spleen** revealed a complex mixed hypoechoic parenchymal mass measuring 12.0+ cm deriving from the caudal body of the spleen. Regional inflammation and free fluid was noted around the splenic mass. Some heterogenous omental changes were noted. Potential spread to the omentum may be an issue.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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 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

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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. No overt evidence of metastatic disease was noted, however, micro metastasis is a potential.

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 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

- Splenic mass- Hemangiosarcoma is suspected, non-neoplastic hyperplastic mass is possible.
- Age-related abdominal changes otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs and echocardiogram are warranted to assess for metastatic disease followed by exploratory surgery. Prognosis is very guarded.

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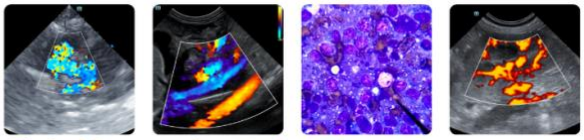

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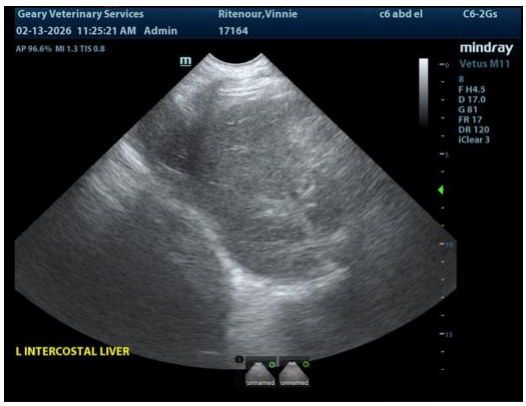

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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