



## PATIENT

Milo Laffin

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

52 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Vincent Tavella

## HOSPITAL NAME

Williamsburg  
Veterinary Clinic

## REFERRING VET

Dr. Christopher Dewitt

## INVOICE

15342

## DATE

04/22/26

## PRESENTING CLINICAL SIGNS

Patient was diagnosed with an abdominal mass at emergency center last night. Abdominal ultrasound to screen for splenic vs hepatic involvement and evidence of metastasis prior to surgical removal.

Abnormal PE/Chem/CBC/UA Results: Bloodwork pending. No evidence of thoracic metastasis on radiographs

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 6.1 cm in length. The right kidney measured 6.0 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 0.50 cm width. The right adrenal gland measured 1.17 cm width at the cranial pole and 0.60 cm width at the caudal pole.

### *Spleen*

The **spleen** revealed a moderately complex mass measuring approximately 6.0+ cm deriving from the caudal pole of the spleen with trace amounts of free fluid and omental adhesions.

### *Liver*

The **liver** presented mildly swollen with slight irregular contour. The gallbladder and common bile duct were unremarkable. No overt masses were noted, however, cannot rule out concurrent infiltrative disease or microscopic spread. An isoechoic nodule was noted in the left liver, measuring approximately 1.5 cm.

### *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.

**Free Abdomen**

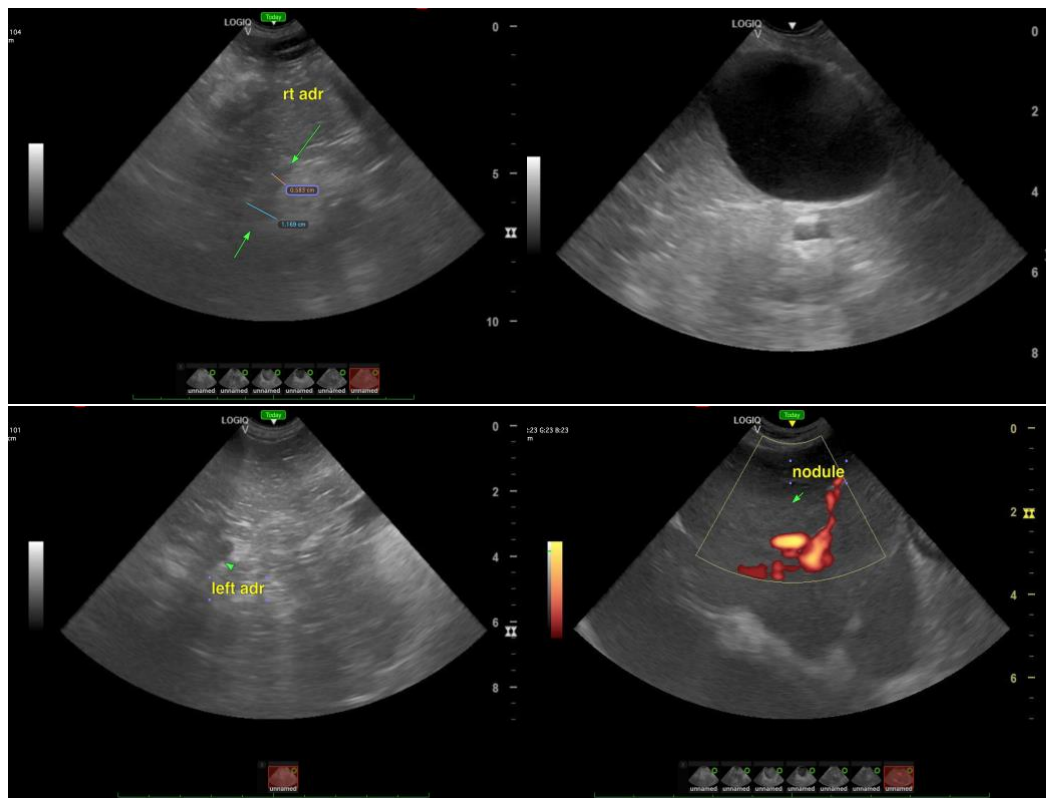
A large amount of abdominal fat was present in this patient.

**ULTRASONOGRAPHIC FINDINGS**

- Splenic mass with adhesions- likely prior rupture.
- Swollen liver with isoechoic nodule.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No obvious organ metastasis, however spread to the omentum is possible. Microscopic spread to liver is possible. Chest radiographs, echocardiogram, exploratory surgery are all indicated or screening FNA of the liver prior to surgery, however the splenic mass is highly precarious.





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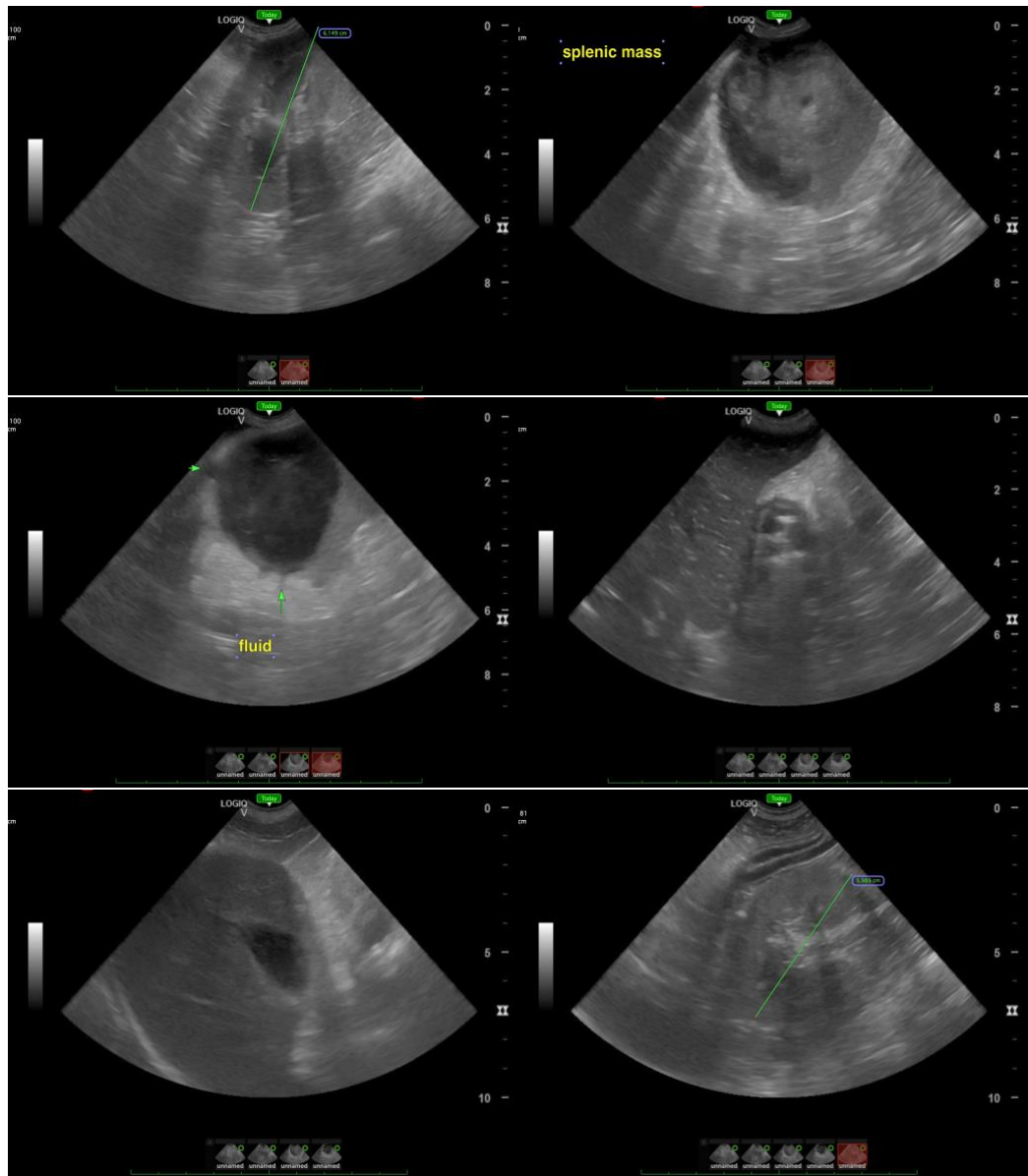
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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