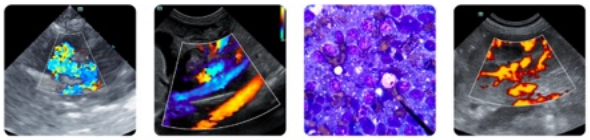

PATIENT

Jax Petit

SPECIES

Canine

BREED

Queensland Heeler

SEX

Neutered male

AGE

11 years

WEIGHT

55 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Gudrun Gunther

HOSPITAL NAME

New Frontier Animal Medical Center

REFERRING VET

Dr. Gunther

INVOICE

78152

DATE

5/29/26

PRESENTING CLINICAL SIGNS

History: Was hospitalized for gastroenteritis in January 2026. An abdominal ultrasound noted a 3 x 2.5 cm splenic mass at that time.
AUS today to monitor splenic mass and assess for metastasis prior to recommending splenectomy

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 was 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. Slight pinpoint mineralization was noted in the kidneys. Occasional cortical cyst is noted and measured 0.89 cm. The right kidney measured 6.24 cm. The left kidney measured 5.6 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 3.1 x 0.44 cm at the cranial pole and 0.45 cm at the caudal pole. The right adrenal gland measured 3.0 x 1.13 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The cranial pole of the **spleen** revealed a mixed, echogenic microcystic mass that measured 4.7 x 4.6 cm. The mass is moderately precarious.

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.

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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.

Heart

Rapid view of the heart revealed no evidence of pathology in the right auricle or pericardium.

ULTRASONOGRAPHIC FINDINGS

Precarious splenic mass, increased in size from the prior reported sonogram.

Otherwise, age related abdominal changes with minor renal cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of metastatic disease. This mass is at high risk for rupture both from the cystic component as well as the pedunculated position of the mass. This may be benign. However, splenic rupture or torsion of the lesion is a strong potential. Proactive splenectomy is recommended. Differentials include granulomatous lesion, hemangiosarcoma and less likely abscessation, round cell neoplasia although a potential is unlikely. Chest radiographs are warranted prior to surgery.

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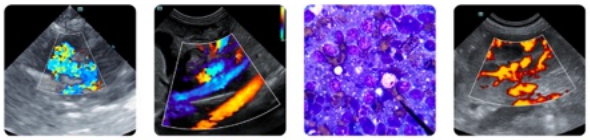

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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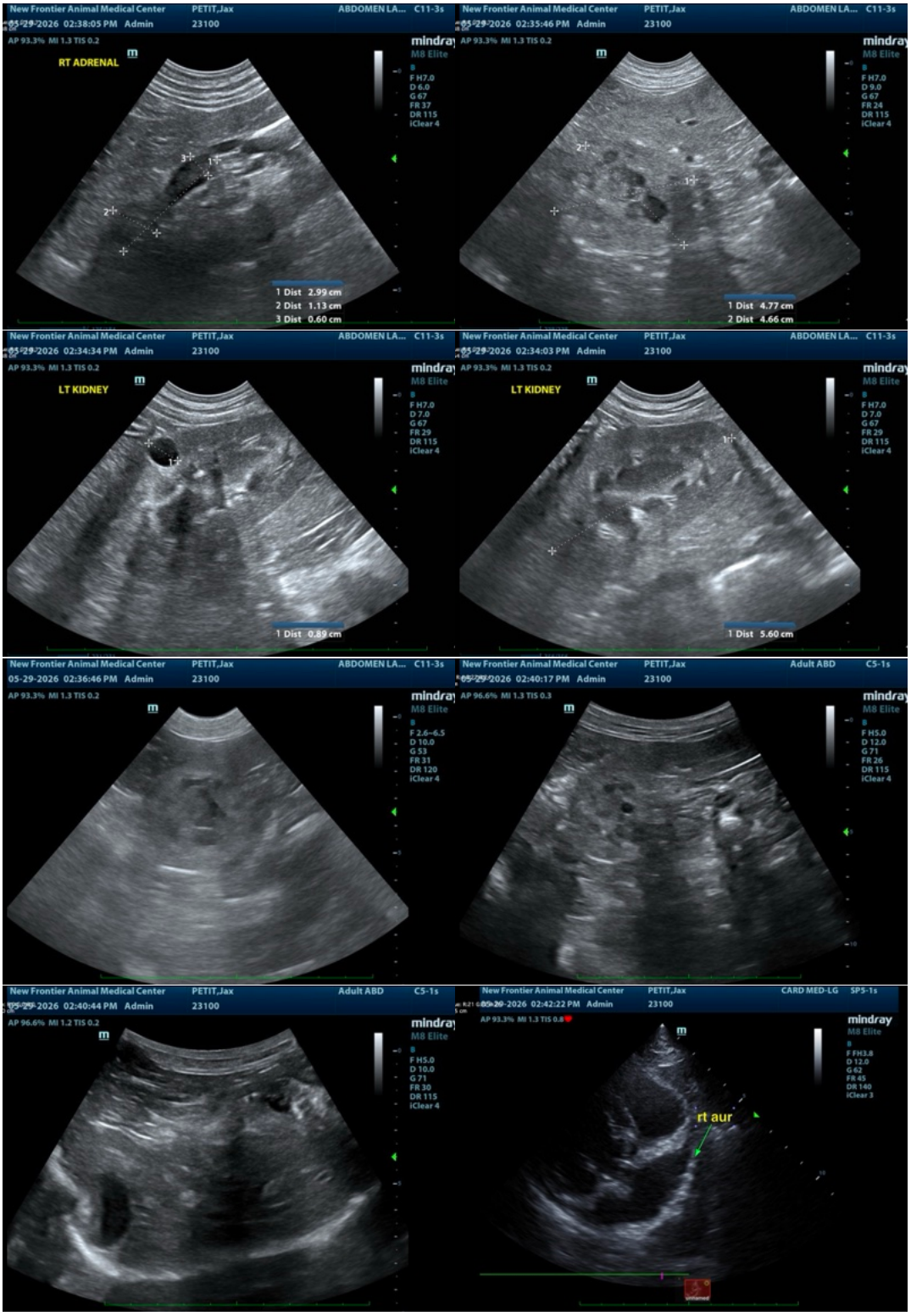

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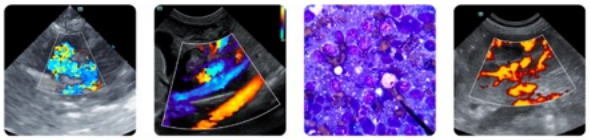

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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