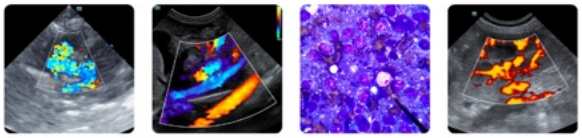

PATIENT

Sheldon Voytus

SPECIES

Canine

BREED

Beagle Mix

SEX

Neutered male

AGE

8 years

WEIGHT

-

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Ringwood AH

REFERRING VET

Dr. Endy

INVOICE

69339

DATE

12/4/25

PRESENTING CLINICAL SIGNS

History: Splenic tumor found on rads 11/29/25 @VEG Doing well.
Abnormal PE/Chem/CBC/UA Results: ALP-467 Glob-4.9 TP-8.5

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. The left kidney measured 5.63 cm. The right kidney measured 5.71 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 right adrenal gland measured 2.09 x 0.88 cm at the cranial pole and 0.47 cm at the caudal pole. The left adrenal gland measured 2.88 x 0.58 cm at the cranial pole and 0.61 cm at the caudal pole.

Spleen

The cranial body of the **spleen** was unremarkable. The caudal body revealed an 8.5 cm parenchymal splenic mass. There was no evidence of rupture at the time of the sonogram. Vascularity was evident within the mass itself.

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 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.

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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

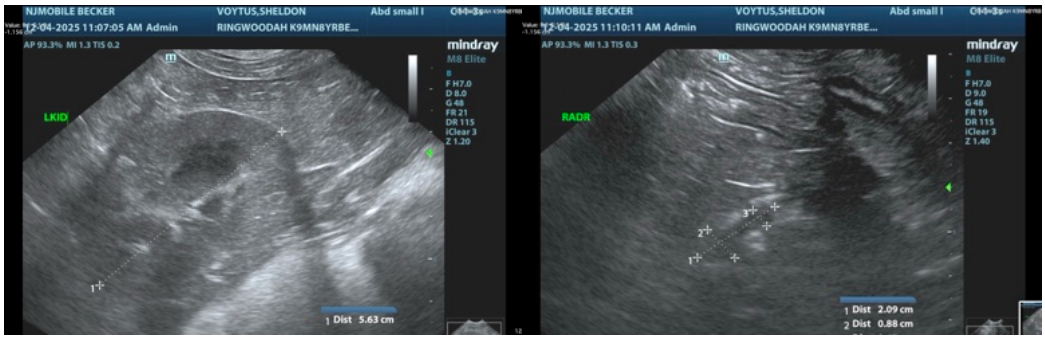
Rapid view of the heart revealed no evidence of pathology in the right auricle or pericardium. Normal contractility and volumes.

ULTRASONOGRAPHIC FINDINGS

Parenchymal splenic mass, no evidence of rupture at the time of the sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of metastatic disease. Differentials of the splenic mass include benign hyperplasia, hemangiosarcoma, round cell neoplasia and stromal tumor are both possible, yet less likely. I recommend liver biopsy at the time of splenectomy to ensure micrometastasis is not an issue despite the normal sonographic findings of the liver. There is no contraindication to anesthetic procedure.



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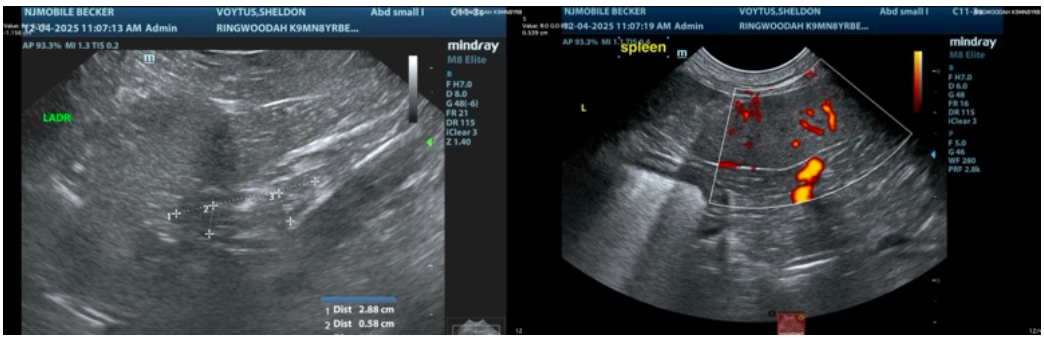

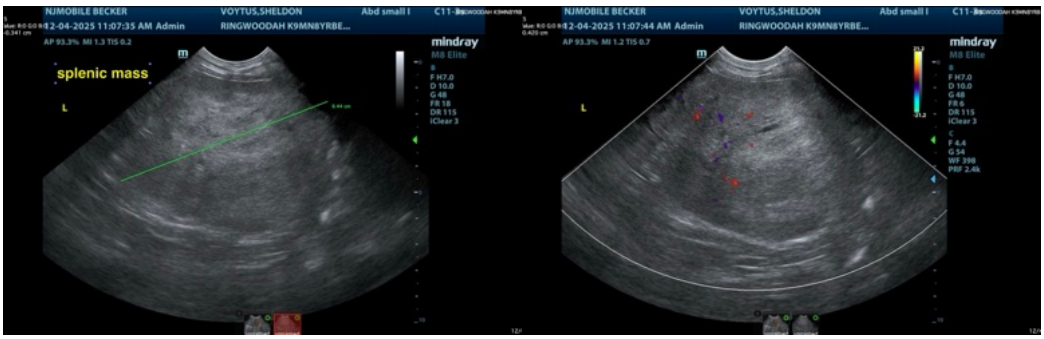

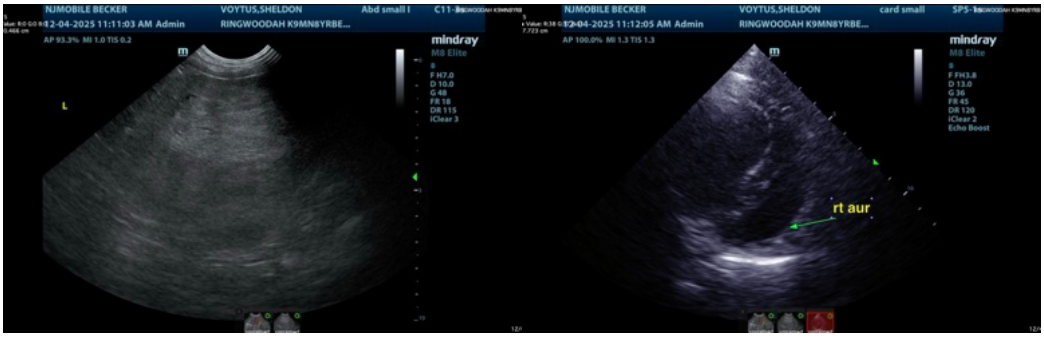

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I

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can be of any further assistance please contact me.

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Info@SonoPath.com