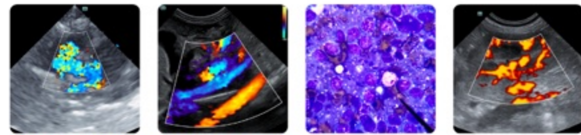


PATIENT

Princess Chavez

SPECIES

Canine

BREED

Mix

SEX

Female

AGE

10 years

WEIGHT

9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe

HOSPITAL NAME

All Creatures Great and Small Denville

REFERRING VET

Dr. Silas

INVOICE

71756

DATE

2/19/26

PRESENTING CLINICAL SIGNS

- Abdomen Distended
- radiographs cranial abdominal mass

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.58 cm. The left kidney measured 3.79 cm.

Adrenal Glands

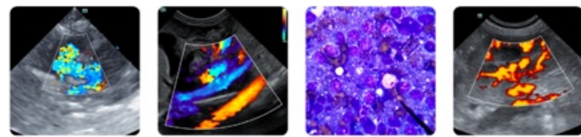
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 1.32 x 0.91 cm at the cranial pole and 0.41 cm at the caudal pole. The left adrenal gland measured 1.7 x 0.46 cm at the cranial pole and 0.46 cm at the caudal pole.

Spleen

The **spleen** revealed multiple, mixed hypoechoic, disruptive masses and free fluid. Enhanced surrounding mesentery was noted along with coalescing target lesions.

Liver

The **liver** was uniformly swollen with hypoechoic nodular changes. The changes in the liver were subtle. However, given the aggressive splenic presentation micrometastasis is a strong potential especially with the pleural effusion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. Pleural effusion was noted through the diaphragm.



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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.

ULTRASONOGRAPHIC FINDINGS

Multiple splenic masses. Round cell neoplasia pattern, possibility of hemangiosarcoma, less likely.

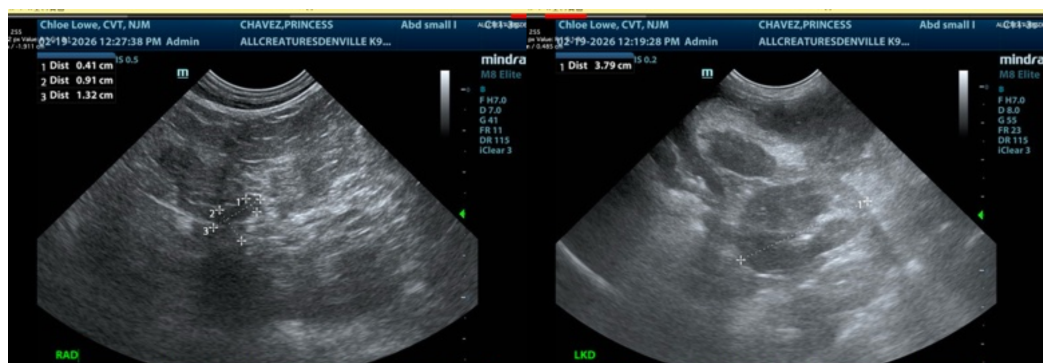
Potential omental involvement.

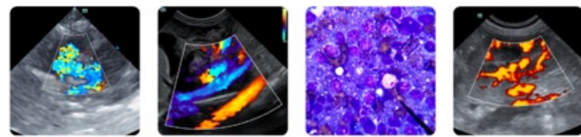
Suspect hepatic involvement. ‘

Pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs +/- pleurocentesis and cytospin is indicated for further definition. 25-gauge FNA of the spleen is indicated. Splenectomy can be considered; however, I do not believe that this is a localized process. Prognosis is guarded to poor long term.





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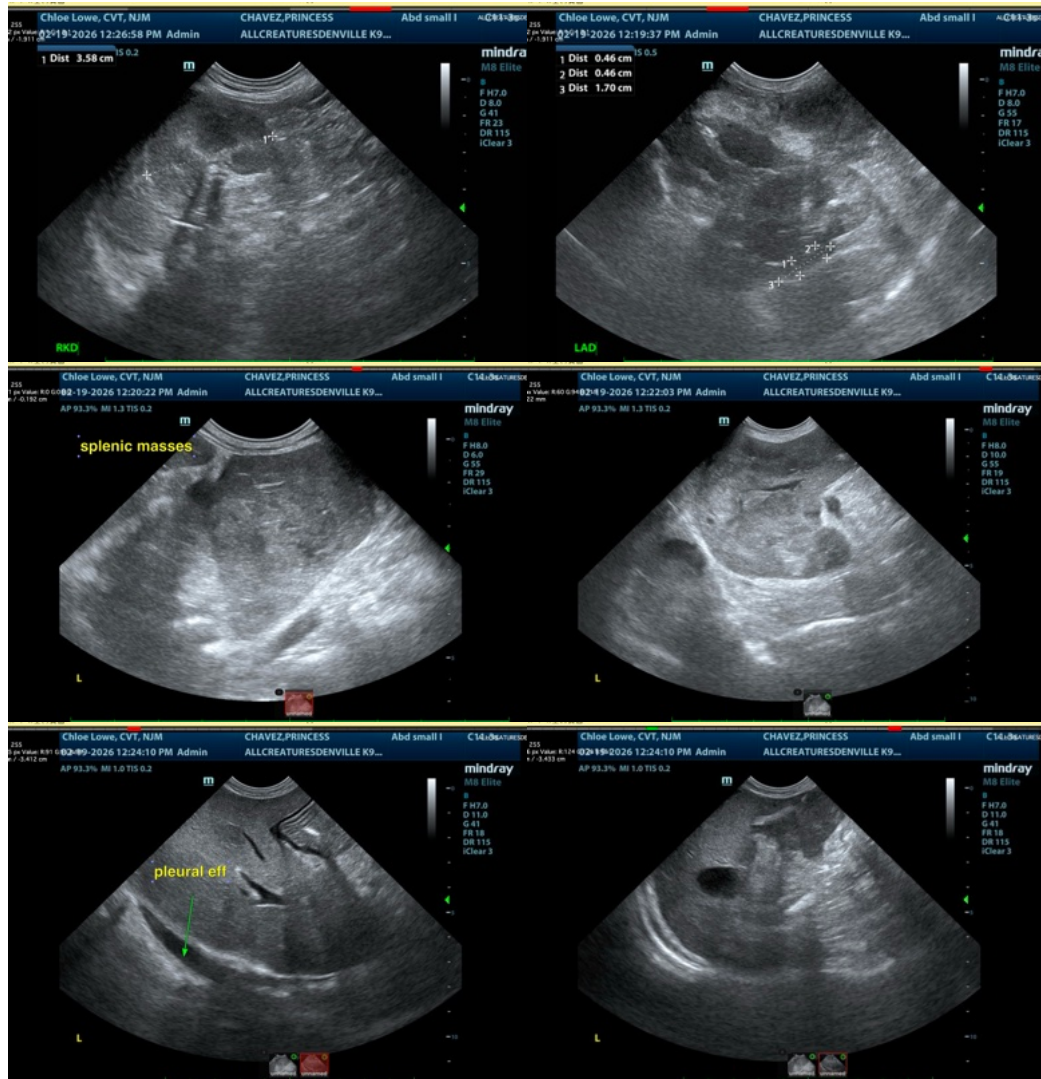

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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