



PATIENT

Chloe Hamilton

SPECIES

Canine

BREED

American Staffordshire Terrier

SEX

Spayed female

AGE

8 years

WEIGHT

53.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

American AH

REFERRING VET

Dr. Arculli

INVOICE

72300

DATE

3/6/26

PRESENTING CLINICAL SIGNS

- FNA/Cytology of SQ mass shows Mast cells- owner concerned of splenic mass
- Meds: Frontline and Heartgard
- Abnormal PE/Chem/CBC/UA Results: NSF, USG 1.009

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 5.7 cm and the right kidney measured 5.02 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 2.06 x 0.42 cm at the cranial pole and 0.61 cm at the caudal pole. The right adrenal gland measured 2.1 x 0.94 cm at the cranial pole and 0.54 cm at the caudal pole.

Spleen

The **spleen** revealed a focal, hypoechoic nodule that measured 1.0 x 0.8 cm. There was mild disruption of architecture.

Liver

The **liver** was coarse in architecture with increased portal markings. Subnormal hepatic size was noted with hepatic remodeling. Mild microhepatica was noted. There was no evidence of portosystemic shunting. 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

Splenic nodule. Differentials include emerging round cell neoplasia, hemangiosarcoma and most likely nodular hyperplasia. Mast cell disease is also a potential.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the splenic nodule or direct splenectomy can be considered proactively.





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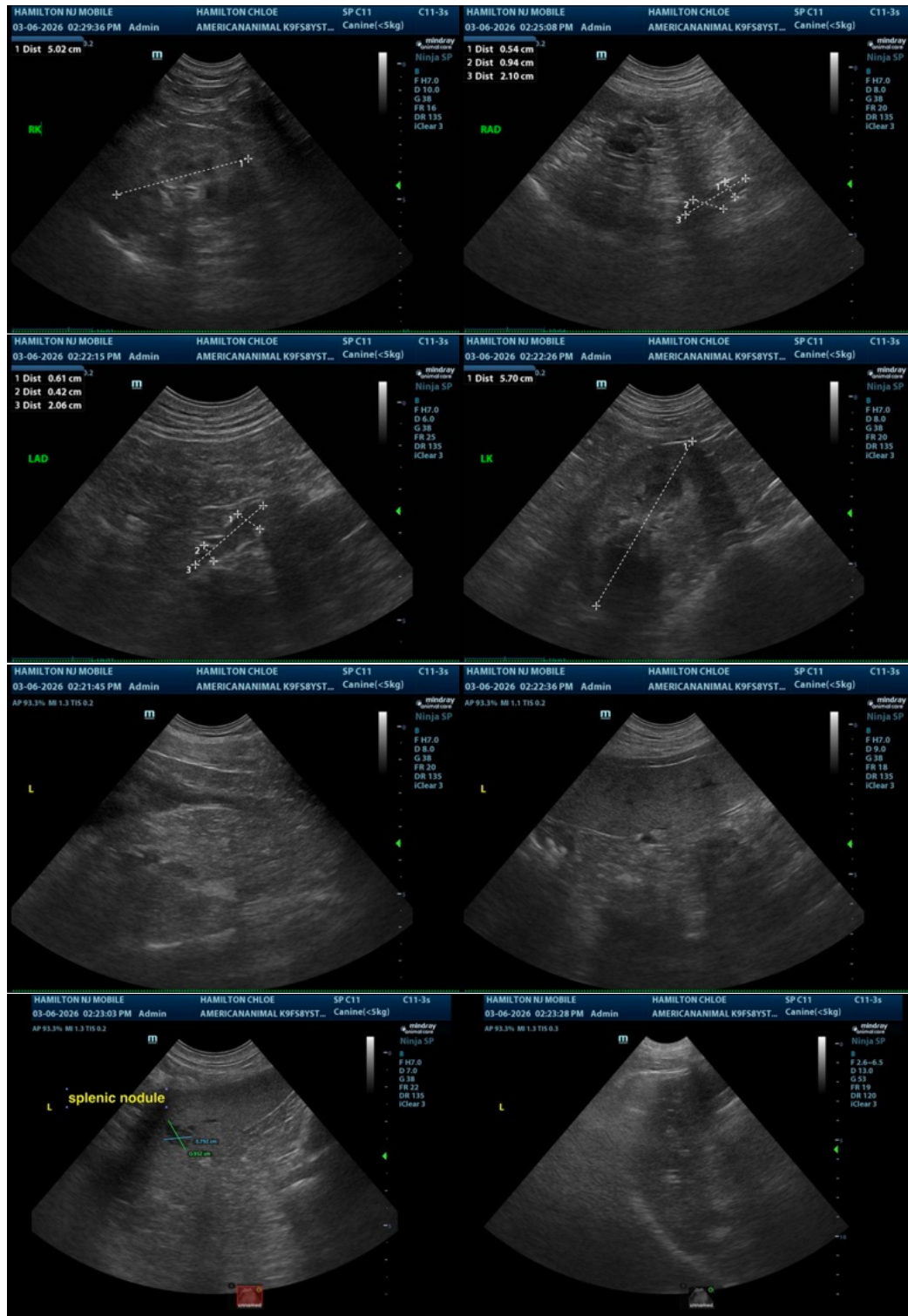
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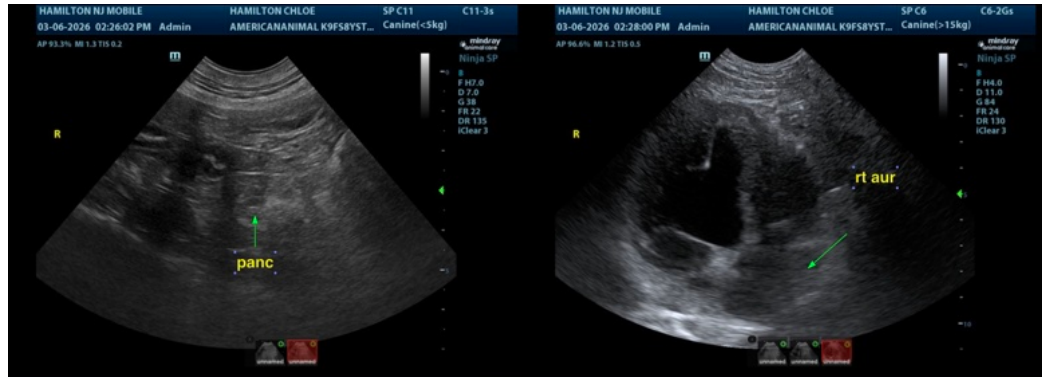
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com