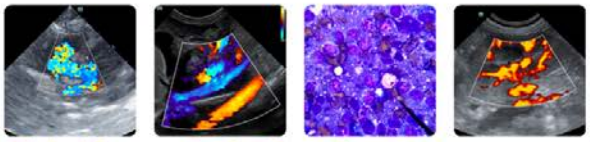

PATIENT

Lefty Stewart

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

11 Years

WEIGHT

32.1 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Iacovides

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Chartrand

INVOICE

73592

DATE

3/11/26

PRESENTING CLINICAL SIGNS

Was drinking more and wanting to go outside at night for urination. However, owner reports that has improved. Whining a bit more but otherwise ok. Ultrasound because concern is with the mild microcytic hypochromic anemia. We are just being cautious.

Abnormal PE/Chem/CBC/UA Results: Spine a bit more prominent than would like. He's also lost 1kg in a month, but owner has reduced his food to offset him eating things outside BCS 3-4/9 CBC: HCT 0.387 (0.373-0.617) MCV 58.3 fL (61.6-73.5) MCH 21.1 pg (21.1-25.9) RDW 22.3 % (13.6-21.7) ReticHgb 21.8 pg (22.3-29.6) Plt 459 (148-484) PDW 8.2 fL (9.1-19.4) CHEM: wnl UA:wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The right kidney presents normal size (6.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (6.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.2 mm and the caudal pole measures 5.9 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.1 mm and the caudal pole measures 6.8 mm.

Spleen

In the tail of the spleen there is a 3.0 cm x 2.7 cm hypoechoic capsule displacing mass present. The remainder of the spleen is normal in size and echogenicity with normal echotexture. There are two other hypoechoic lesions within the body of the spleen, the first and cranial most measures 4.7 mm in diameter, the second and caudal most measures 7.5 mm in width. The spleen has normal blood flow.

Liver

The visible liver appears normal with no evidence of metastatic disease seen on this exam.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach contains a marked amount of gas, most likely due to patient's aerophagia. The stomach wall diffusely appears normal in thickness and layering. The small bowel contains a moderate amount of fluid within the lumen. The small bowel wall appears to have normal layering and thickness. Colon contains normal contents with normal wall thickness.

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Pancreas

The pancreas is not clearly seen on this exam.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

An image of the heart was provided. No pericardial effusion seen.

ULTRASONOGRAPHIC FINDINGS

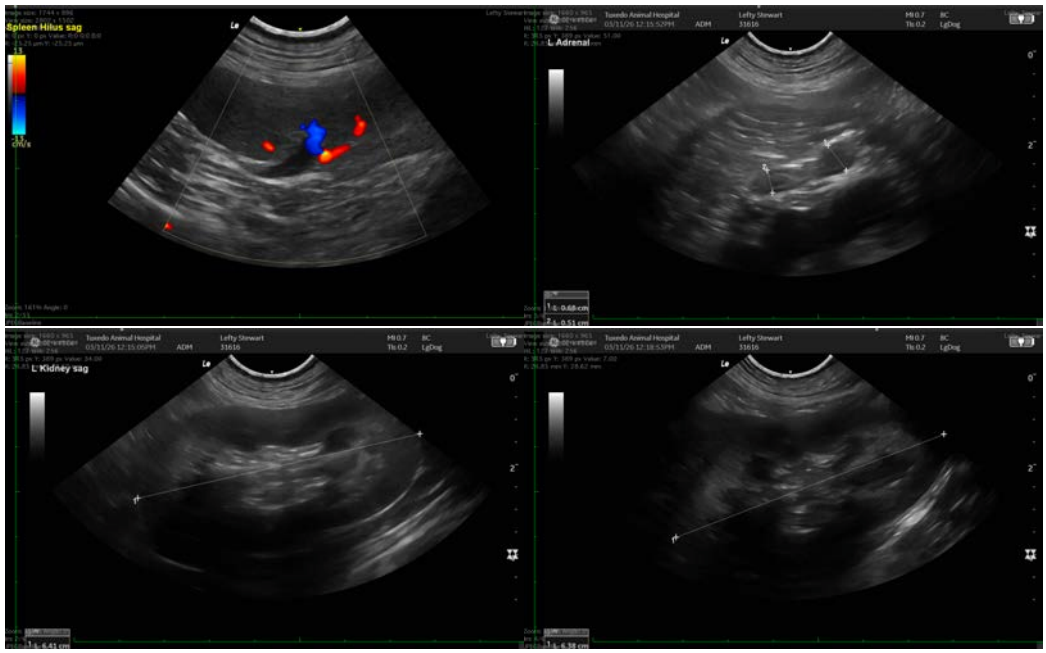
- Splenic mass - This mass is most likely malignant neoplasia such as hemangiosarcoma or other, possibly round cell neoplasia such as lymphoma or histiocytic sarcoma. Less likely this lesion is a benign hemangioma.
- Two hypoechoic lesions within the body of the spleen.
- Mild functional gastroenteritis – Most likely due to presence of splenic masses.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cause for the patient's microcytic, hypochromic anemia is most likely due to the splenic mass. If possible, recommend ultrasound guided fine needle aspirate of the mass for cytology. If cytology is non-diagnostic, then recommend surgery for splenectomy, submitting the spleen for histopathology. The differentials and plan for the two hypoechoic lesions in the body of the spleen are the same as the mass in the tail of the spleen.

Other recommendations would be to perform 3-view chest x-rays prior to surgery to rule out pulmonary metastatic disease.

Prognosis is open pending result of splenic mass histopathology.



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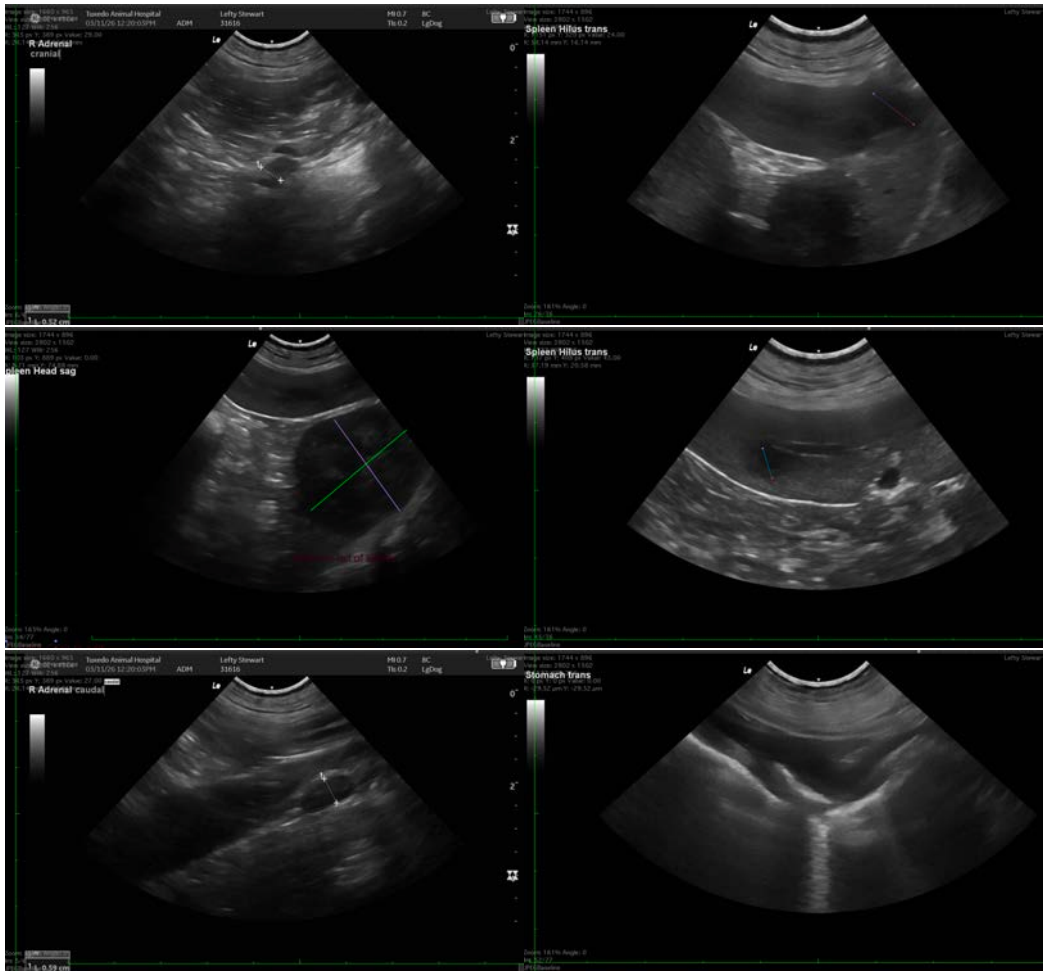

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com