



## PATIENT

Angus Wingfield

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

MN

## AGE

14 years

## WEIGHT

52 lbs

## INTERPRETED BY

Kim Radway, DVM,  
DABVP (Canine/  
Feline)

## IMAGING PERFORMED BY

Dr. Lexi Naylor

## HOSPITAL NAME

Malletts Bay  
Veterinary Hospital

## REFERRING VET

Dr. Lexi Naylor

## INVOICE

11778

## DATE

4/23/2026

## PRESENTING CLINICAL SIGNS

SQ mass biopsy from between FLs came back as STS grade 2. Os electing met check before pursuing specialist sx removal of mass.

Abnormal PE/Chem/CBC/UA Results: BW: mildly inc globulins, mildly inc ALP CXR: no mets noted Hx anaplasma positive.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **prostate** is identified and found to be homogeneous in echogenicity with the width of 1.27 cm.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. Left kidney measures 6.85 cm, and the right kidney measures 6.3 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 acceptable. Left adrenal measures 2.56 cm x 0.66 cm x 0.63. Right adrenal measures 1.64 cm x 0.72 cm x 0.62 cm.

### Spleen

The **spleen** was found to have an abnormal appearance with a large, mixed echogenicity slightly hyperechoic in appearance mass originating from the tail of the spleen. This mass measured 3.79 cm x 2.6 cm in size. In the head of the spleen there was a single, small hypoechoic nodule measuring 0.62 cm x 0.5 cm.

### Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The background appearance of the gallbladder contents were anechoic but contained approximately 16% of the gallbladder lumen being hyperechoic non-shadowing debris. Cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

### Gastrointestinal

There was a moderate amount of hyperechoic food and luminal contents within the stomach. The small intestines were free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or



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overt infiltrative disease was noted. No abnormal lymphatic activity was noted, and the abdomen was free of gastrointestinal masses and pathological fluid.

## Pancreas

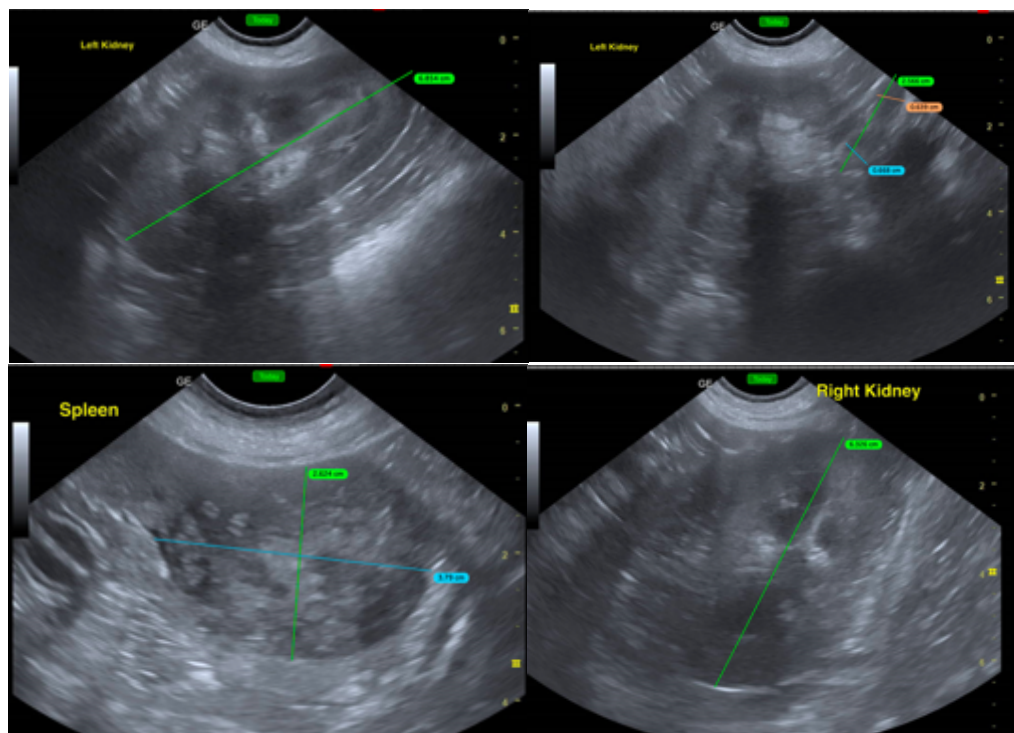
The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour was acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Hyperechoic and mixed echogenicity discrete splenic mass, and small discrete hypoechoic splenic nodule.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based upon the history of this being a metastasis check for a grade 2 soft tissue sarcoma, it is recommended to consider a fine needle aspirate of the splenic mass, and splenic nodule for cytologic characterization. It is important to note that fine needle aspirate of splenic masses is not always 100% diagnostic, however, it can serve as an initial screening tool. A more aggressive approach would be to perform a splenectomy, allowing a more definitive diagnosis with histopathology. Depending on the size and location of the soft tissue sarcoma, the soft tissue sarcoma could also be surgically excised at the same time, or it could be a staged procedure following the results from the splenectomy. If a surgical approach is declined and sampling is not pursued, then careful monitoring of this splenic mass for a future hemorrhagic event whether it is benign or malignant would be recommended.





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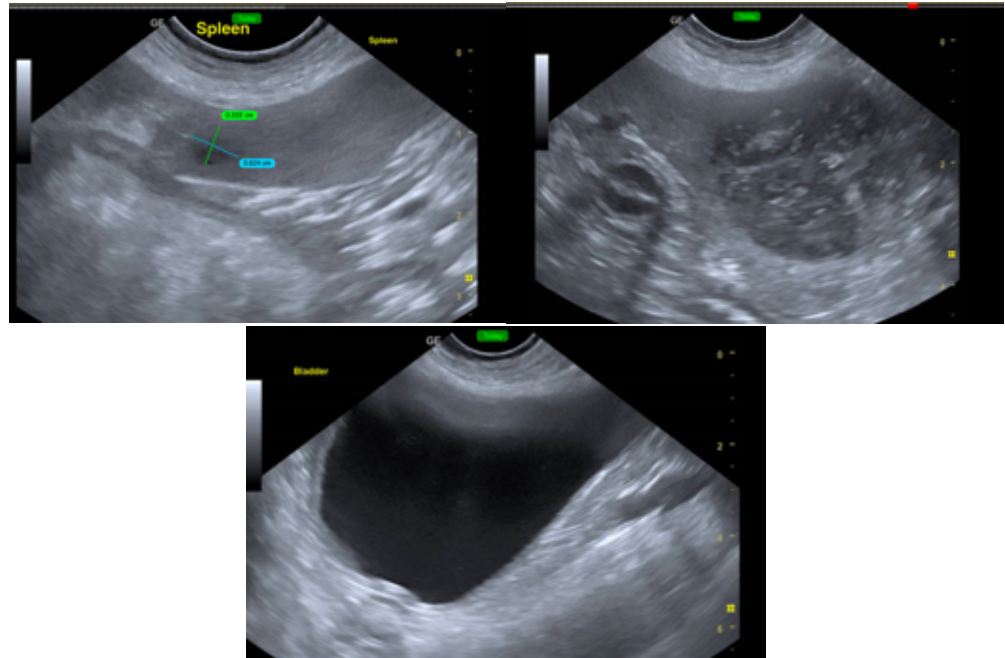
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

[info@SonoPath.com](mailto:info@SonoPath.com)