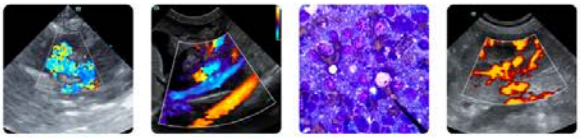


PATIENT

Addy Kastin

SPECIES

Canine

BREED

Wheaton

SEX

Spayed Female

AGE

13 Years

WEIGHT

29 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Wyckoff Veterinary Hospital

REFERRING VET

Dr. Eisenberg

INVOICE

72383

DATE

1/22/26

PRESENTING CLINICAL SIGNS

Echo gr 2/6 murmur and occasional run of UPCs ABD wt loss no known cause

Abnormal PE/Chem/CBC/UA Results: Glob-4 ALP-134

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.6 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.41 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.59 cm at the cranial pole and 0.67 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

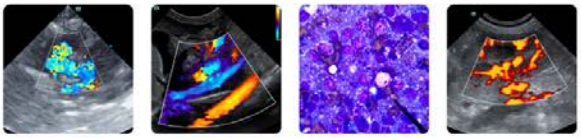
Spleen

The spleen is large, irregular in shape, and hypoechoic. The blood flow through the hilus and splenic parenchyma appears normal. There is a solid mass effect arising from the caudal aspect of the spleen measuring 2.87 cm x 2.81 cm. Additionally, in the crania abdomen there is a large, irregular, partially cavitated/cystic mass effect that appears to be arising from the spleen, measuring 4.2 cm x 5.03 cm. This lesion comes in contact with the liver. An association with the liver cannot be definitively ruled out.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a hypoechoic nodule visualized in the mid caudal liver measuring 0.74 cm in diameter. The cranial abdominal mass lesion is strongly suspected to be of splenic origin, but this overlaps the liver and an association cannot be ruled out.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach contains mild shadowing ingesta. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.35 cm. Jejunum wall measures 0.26 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a diffuse lymphadenopathy. There is a hypoechoic structure visualized intracostally in the right cranial abdomen, possibly consistent with a large lymph node, measuring 1.46 cm x 4.52 cm. The omentum is hyperechoic around the mass lesions.

ULTRASONOGRAPHIC FINDINGS

- Solid, hypoechoic mass effect involving the caudal aspect of the spleen, and a cranial irregular, cystic, cavitated mass effect associated with the head of the spleen – Differentials for the cavitated mass include neoplasia (e.g., hemangiosarcoma, hemangioma), hematoma, abscess, other. A neoplastic process is favored. A 2nd expansile, non-cavitated lesion is visualized, which could represent a benign or neoplastic lesion.
- Heterogeneous liver with a hypoechoic nodule – The hypoechoic nodule could represent a benign lesion such as vacuolar hepatopathy or an early metastatic lesion.
- Hypoechoic structure visualized intracostally in the right cranial abdomen – Findings are concerning for a possible enlarged lymph node (metastatic versus reactive).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a solid mass effect visualized arising from the caudal aspect of the spleen, and a cavitated, irregular cranial abdominal mass lesion that is associated with the head of the spleen. This lesion does come into direct contact with the liver, and an association cannot be definitively ruled out, but splenic origin is strongly suspected. Options include a contrast CT scan to further delineate the mass lesions and assess for metastatic lesions. Alternately, you could consider explore with the intention of splenectomy and biopsy of any abnormal tissue.

There is a hypoechoic structure visualized intracostally in the cranial abdomen, which could represent an enlarged lymph node.

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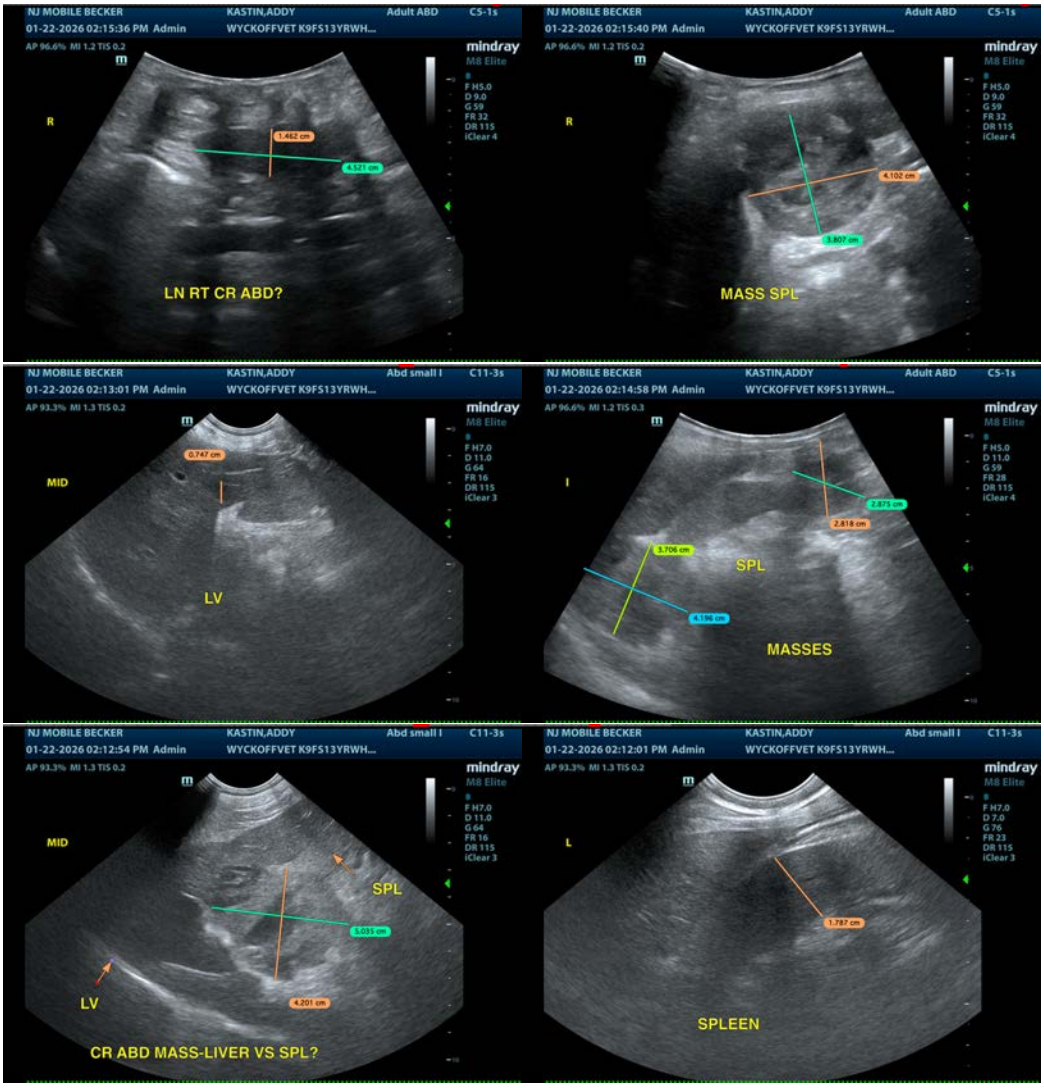
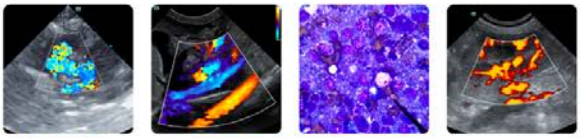
Panting artifact interferes with color doppler evaluation. Recommend sedation for future imaging.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com