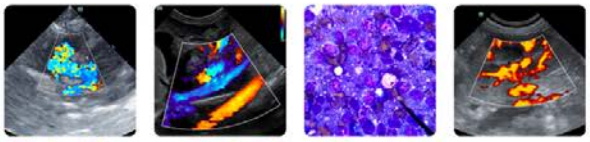


PATIENT

Tucker Smith

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

14 Years

WEIGHT

40 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Boudreaux-Milligan, DVM

HOSPITAL NAME

Dockside Veterinary Imaging

REFERRING VET

Regina Proutsos, DVM

INVOICE

72563

DATE

1/28/26

PRESENTING CLINICAL SIGNS

Patient presented for acute vomiting, abdominal radiographs taken and revealed possible enlarging splenic mass. Patient taking pimobendan 5mg q12hrs and Apoquel 8mg q24hrs.

Abnormal PE/Chem/CBC/UA Results: Splenic nodule noted in head of spleen on u/s March 2022 at 1.4cm dia poorly defined.

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 prostate is normal in size (1.03 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (5.71 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.55 cm at the cranial pole and 0.57 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.

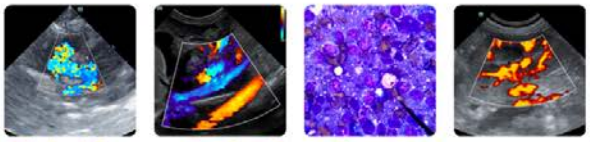
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is borderline large and appears somewhat folded upon itself, measuring 2.2 cm in width at the level of the hilus. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous hyperechoic foci visualized at the periphery of the spleen, most consistent with benign myelolipomas. Additionally, there is a hypoechoic cystic appearing mass lesion visualized measuring 3.61 cm x 4.95 cm, most consistent with a mass effect.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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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.

Gastrointestinal

The stomach contains mild fluid and shadowing ingesta. In some areas the gastric wall appears thickened and prominent with intact wall layering, measuring up to 0.89 cm. 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 0.37 cm. Jejunum wall measures 0.30 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 right limb of the pancreas is mildly prominent and mottled compared to the surrounding isoechoic 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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Hypoechoic/cystic/cavitated mass effect visualized in the spleen – A mass is visualized associate with the spleen. This mass distorts the splenic capsule. Differentials include : benign lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histiocytic sarcoma etc..)
- Pancreatic changes consistent with pancreatic remodeling or mild pancreatitis in the right limb.
- Small amount of intraluminal shadowing material and a prominent/thickened gastric wall – Findings are most consistent with gastritis, although an early neoplastic process cannot be ruled out. Shadowing ingesta has the appearance most consistent with a small amount of food, although ingested foreign material cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a hypoechoic, somewhat cystic/cavitated mass effect visualized in the spleen as well as numerous hyperechoic lesions most consistent with splenic myelolipomas. There is minimal surrounding inflammation or similar. I suspect this is an incidental finding. The next step would likely be splenectomy

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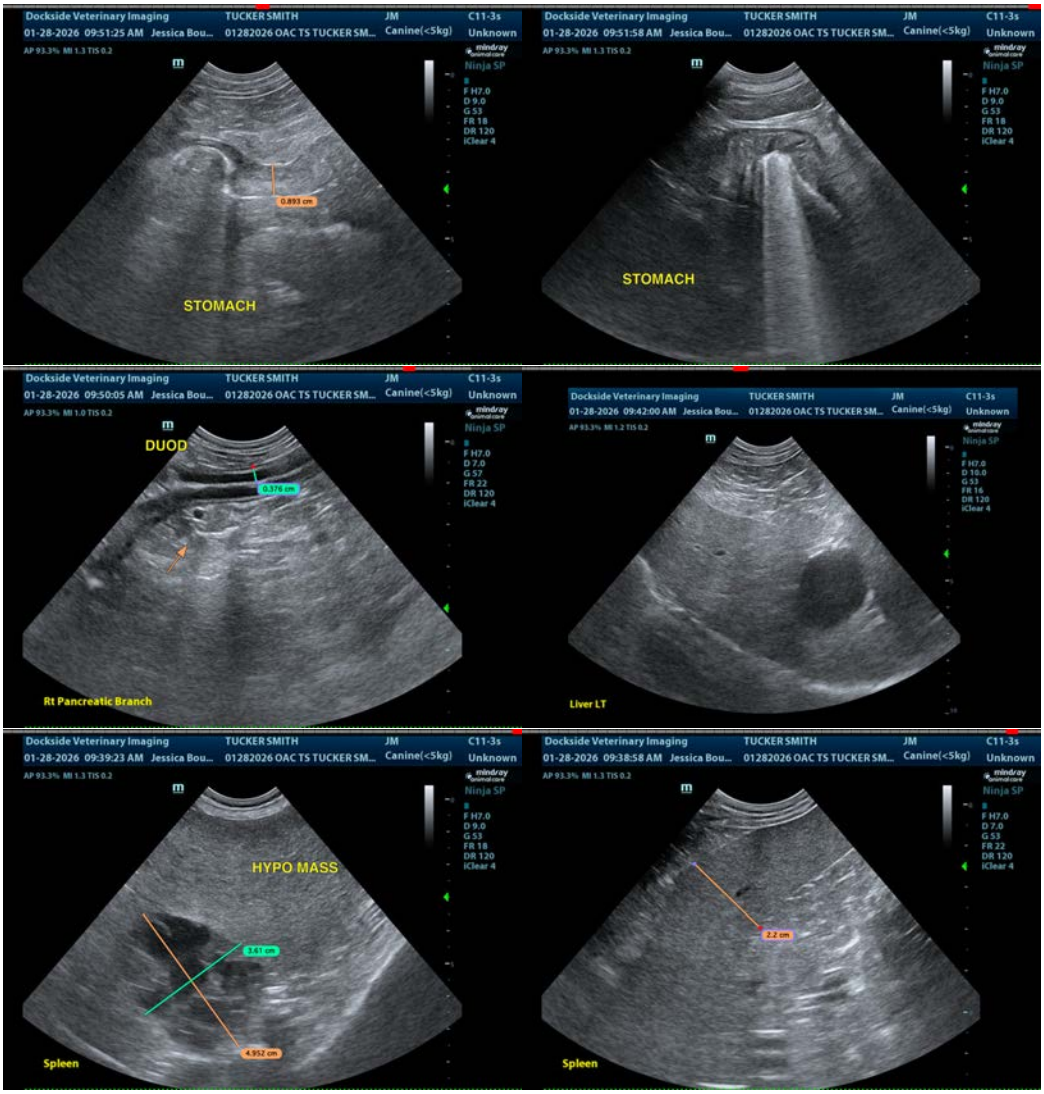
for histopathology if the patient is a good candidate for surgery.

A definitive cause for the vomiting is not visualized, although the gastric wall does appear somewhat thickened, and the right limb of the pancreas is somewhat prominent. If surgery is pursued, the stomach should be evaluated and biopsied if there are any concerns. Consider treatment for non-specific gastroenteritis if the patient needs to be stabilized for a few days prior to surgery.



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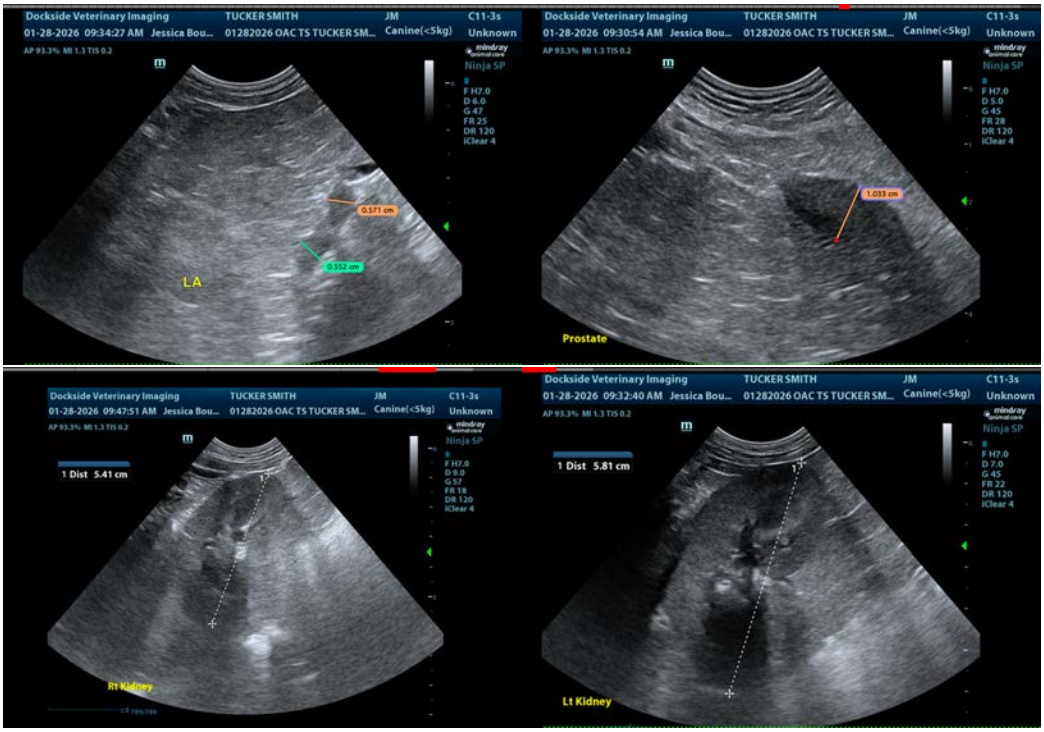

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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