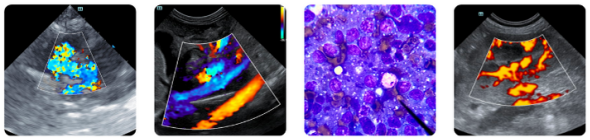

PATIENT

Ellie Haehlen

SPECIES

Canine

BREED

Basset Hound

SEX

FS

AGE

8.5 years

WEIGHT

24 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Caroline Tan

HOSPITAL NAME

Glamorgan Animal Clinic

REFERRING VET

Dr. Heather Murphy

INVOICE

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1/7/2026

PRESENTING CLINICAL SIGNS

Incidental finding on rads during scheduled lumpectomy of pigmented growth in LH Hacking cough, slower over last 6 m. No current meds

Abnormal PE/Chem/CBC/UA Results: Labs unremarkable Rads chest :Diffuse bronchointerstitial pulmonary pattern, as with age-related variant and chronic bronchitis, as with allergies, chronic irritants, and infectious eticiogies, given the patient's history of coughing. Abd rads : irregular splenic mass noted.

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 (6.56 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 (6.67 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 0.6 cm at the cranial pole and 0.73 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.

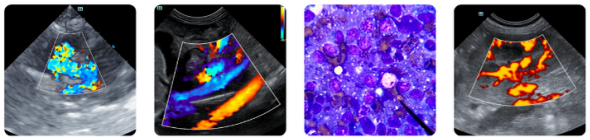
The right adrenal gland is normal in size measuring 0.67 cm at the cranial pole and 0.76 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is large in size, and irregular in shape. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a very large, irregular, expansile, hypoechoic, mixed echogenicity mass effect arising from the spleen measuring greater than 8.72 cm x 9.53 cm.

Liver

The liver is normal in size, and normal in 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. No focal nodules or cystic lesions are observed. There are pinpoint hyperechoic foci most consistent with dystrophic mineralization.



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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 minimal luminal contents. 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. The pylorus appears prominent/mildly thickened measuring at 0.75 cm.

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. The duodenum measured as normal (0.49 cm in wall thickness) and the jejunum measured as normal (0.31 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 pancreas is mottled in the left limb. 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.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular, expansile, hypoechoic/heterogenous solid splenic mass. A focal solid mixed echogenicity 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 most consistent with chronic pancreatic remodeling.
- Heterogenous liver with suspected dystrophic mineralization. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, infiltrative neoplasia (less likely) or other hepatopathy.
- Prominent, mildly thickened pylorus. Possible differentials include image artifact, inflammation or less likely early neoplastic change.

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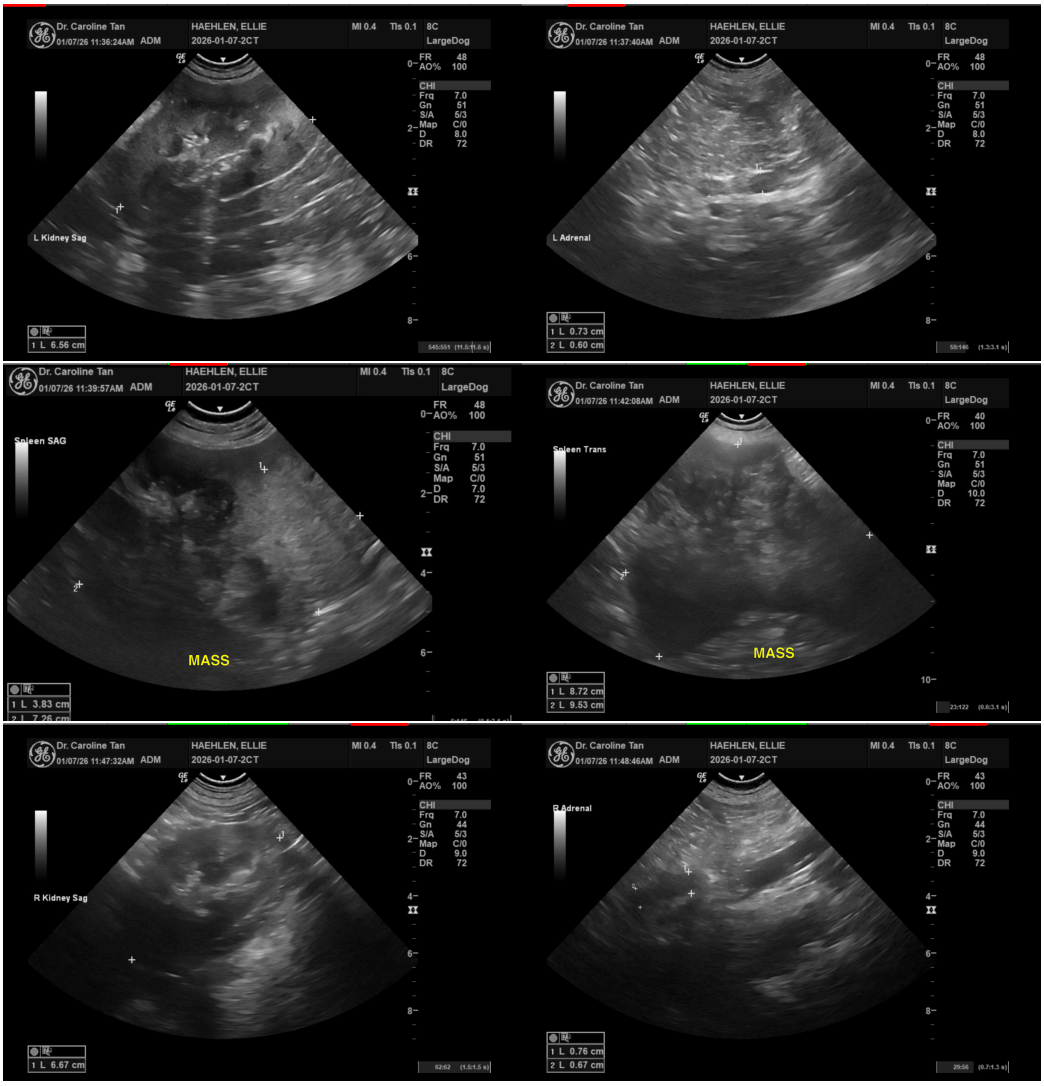
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, expansile, hypoechoic mixed echogenicity mass effect arising from the spleen. This could represent a benign or a neoplastic lesion. The expansile nature is somewhat concerning for a neoplastic lesion. Consider splenectomy for both diagnostic and therapeutic purposes.

If there's concern for a concurrent hepatopathy or any gross changes visualized associated with the liver, recommend a liver biopsy at the time of surgery. Additionally, recommend palpation and evaluation of the pylorus for any significant thickening or irregularity which would need to be biopsied.

Correlate today's findings with the thoracic radiographs. If there is concern for a metastatic pattern, a contrast CT scan could be considered to further evaluate.



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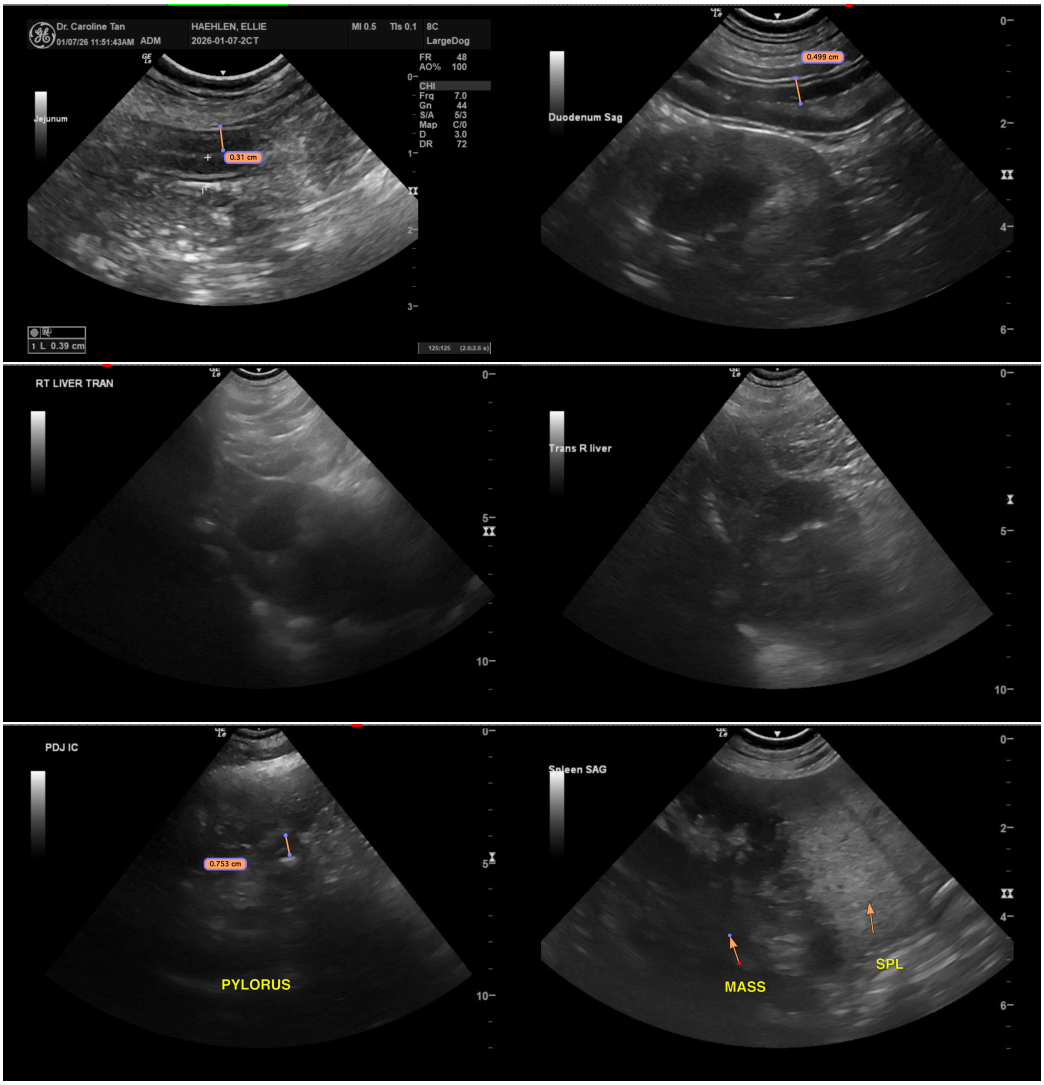

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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