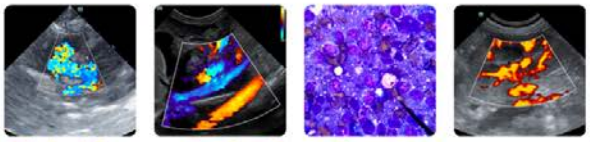

PATIENT

Desmond Davis

SPECIES

Canine

BREED

Glen of Imaal Terrier

SEX

Neutered Male

AGE

11 Years 7 months

WEIGHT

23.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Mariusz Chmielinski, DVM

HOSPITAL NAME

Apex Veterinary Services, Ltd.

REFERRING VET

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INVOICE

71805

DATE

11/13/25

PRESENTING CLINICAL SIGNS

Abdominal ultrasound (AUS) for incidental splenic mass detected on POCUS on November 7.

Abnormal PE/Chem/CBC/UA Results: Temp: 38.3°C | HR: 120 bpm | RR: panting, Mucous Membranes: pink | CRT < 2 sec, BCS: 8/9 (obese) Hydration: normal, General: BAR November 7 2025 CBC: Reticulocytes 145.6 K/µL, Neutrophils 12.72 x10^9/L, Monocytes 1.14 x10^9/L Chemistry: Amylase 2109 U/L, Lipase 2524 U/L, Potassium 3.2 mmol/L Urinalysis: USG 1.030, Protein 500 mg/dL, Bilirubin 6 µmol/L, Blood 250 /µL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with urine. There is some irregular thickening/dependent material visualized associated with the dorsal wall of the urinary bladder measuring 0.69 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The prostate is normal in size (0.98 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 (6.47 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 (6.14 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.

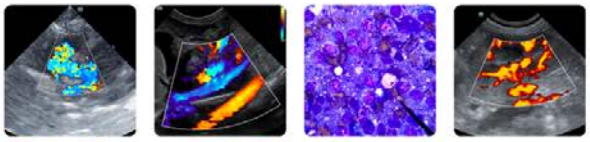
Adrenal Glands

The left adrenal gland is large and irregular, measuring 0.95 cm at the cranial pole and 0.75 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is somewhat abnormal in appearance in that there is a hyperechoic nodule associated with the cranial pole measuring 0.60 cm x 0.53 cm. No evidence of vascular invasion is visualized.

The right adrenal gland is large and abnormal in appearance measuring 1.12 cm at the cranial pole and 0.81 cm at the cauda pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is abnormal in appearance in that there is a hyperechoic nodule in the cranial pole measuring 1.24 cm x 1.16 cm. No evidence of vascular invasion is visualized.

Spleen

The spleen is large and irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a very large, mixed echogenicity, cavitated mass effect involving the hilus of the spleen, measuring 4.76 cm x 4.84 cm. Additionally, medial to the hilus there is some abnormal hypoechoic tissue measuring 0.59 cm x 1.14 cm. This could be an extension of the mass effect, omental nodule, etc.



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Liver

The liver is large 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. There are numerous, irregular, hypoechoic nodules visualized associated with the parenchyma. Some of these deviate the hepatic margins. Examples measure 1.1 cm and 1.08 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate fluid and gas/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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.45 cm. Jejunum wall measures 0.36 cm. There is mild mucosal speckling visualized associated with the duodenum. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 visible/mildly mottled in the right limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

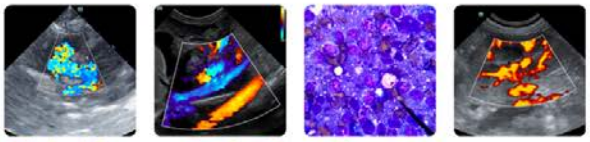
Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a significant lymphadenopathy. The omentum is mildly diffusely hyperechoic.

PRIMARY FINDINGS

- Thickened, irregular dorsal wall of the urinary bladder – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.

- Bilateral adrenomegaly with a hyperechoic nodule in the cranial pole of the right and left adrenal – The left adrenal lesion has a benign appearance most consistent with focal hyperplasia, an early adenoma, etc. The right sided lesion is more irregular and alters the shape of the adrenal. Possible differentials include an adenoma, carcinoma, pheochromocytoma, other.



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- Large, mixed echogenicity cavitated splenic mass lesion – Differentials for the mass include neoplasia (e.g., hemangiosarcoma, hemangioma), hematoma, abscess, other. A neoplastic process is favored.
- Large, heterogenous liver with irregular well defined hypoechoic nodules that slightly deviate the hepatic margins – These lesions could represent benign lymphoid nodules, etc. Metastatic disease cannot be ruled out.
- Mildly thickened small intestine with mucosal speckling – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

SECONDARY FINDINGS

- Pancreatic changes most consistent with chronic pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, mixed echogenicity cavitated mass effect visualized associated with the hilus of the spleen. The general appearance is concerning for a neoplastic lesion, although a benign lesion is possible. Recommend splenectomy for both diagnostic and therapeutic purposes. There is some abnormal appearing tissue visualized adjacent to the hilus, possibly consistent with an omental nodule or similar.

There are hypoechoic nodules visualized associated with the liver. These could represent benign or metastatic lesions. I suspect these would be challenging to easily sample. If a good window for an aspirate is available, you could consider a fine needle aspirate. Otherwise, consider a biopsy at the time of surgery.

The bladder wall appears thickened and slightly irregular. Correlate with a urinalysis and culture.

Both adrenals have hyperechoic nodules. The right adrenal nodule is more concerning in appearance but could represent a benign or neoplastic lesion. Correlate with clinical findings. If symptoms consistent with Cushing's are present, you could consider adrenal function testing once the splenic lesion has been removed and the patient has healed. Additionally consider a blood pressure evaluation. If hypertension is present, you could consider measuring catecholamine levels, looking for possible pheochromocytoma.

Subjectively, the small intestine appears mildly thickened with mild mucosal speckling. Correlate with current symptoms. In the absence of GI symptoms (vomiting or diarrhea) the significance of this is uncertain.

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

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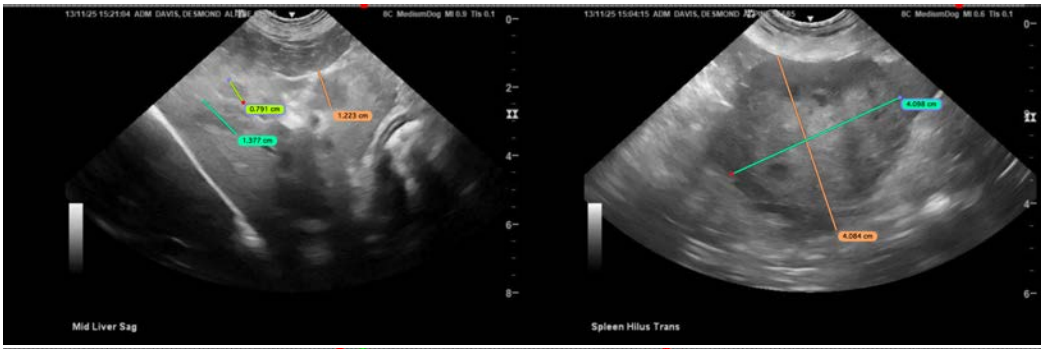

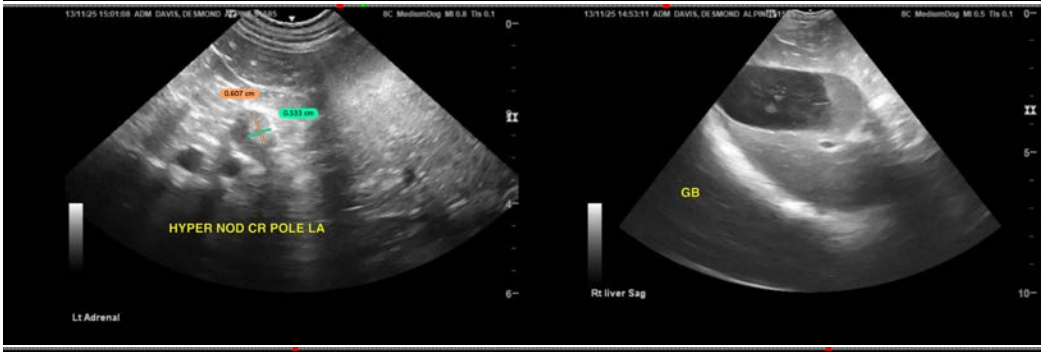

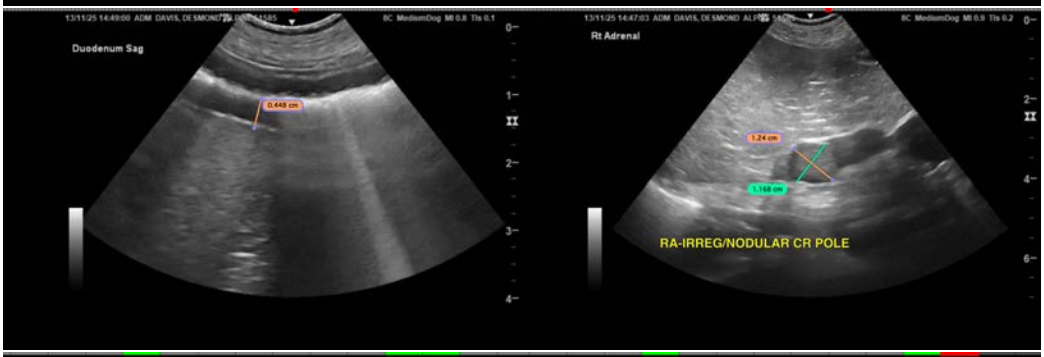

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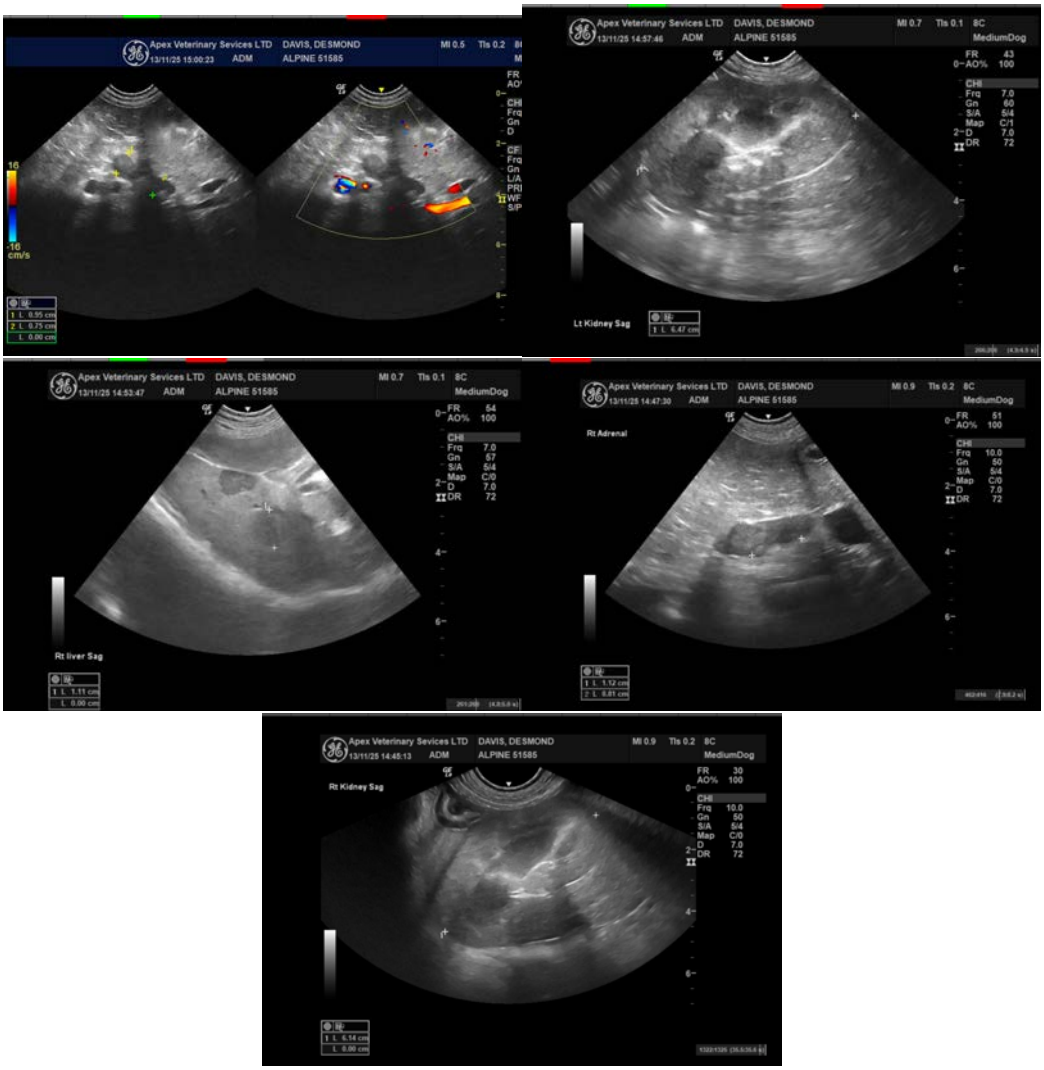

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com