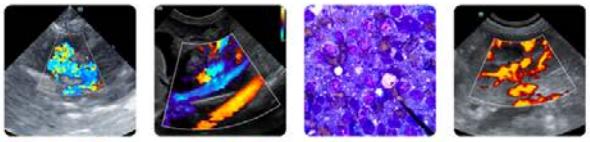


PATIENT

Ziggy Shaw

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered Male

AGE

9 Years 1 Month

WEIGHT

54.5 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

Alpine 24/7 ER

INVOICE

72153

DATE

11/27/25

PRESENTING CLINICAL SIGNS

Not eating for 4 days, Diarrhea, Lethargy

Abnormal PE/Chem/CBC/UA Results: Vital Signs: Temperature [Celsius]:39.1, Heart Rate/min (HR):144, HR: Pulse Ratio: 1:1, Respiratory Rate/ min: 32, Respiratory Effort: 0, Mucus Membranes/ CRT: pale pink, tacky/ CRT< 2 sec ,Mentation: QAR ,Hydration: ~8% DeH2O , BCS (scale 1 to 5): 3.5/5, Hematology – Low RBC: 5.13, Low Hematocrit: 0.326, Low Hemoglobin: 117, Markedly high WBC: 34.37, High neutrophils: 20.41, High lymphocytes: 4.73, Very high monocytes: 9.15, Bands suspected, Anemia with no reticulocyte response → non-regenerative/early regenerative Chemistry – Albumin low: 28, ALP very high: 421 Cholesterol high: 8.92, Amylase slightly high: 1,521. All other chemistry values are within normal limits.

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (9.34 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 (5.97 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.

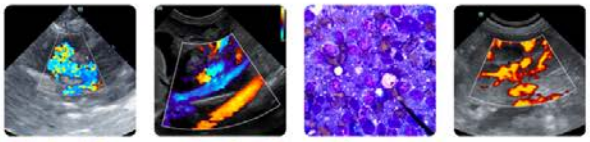
Adrenal Glands

The left adrenal gland is normal in size measuring 0.60 cm at the cranial pole and 0.66 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 0.49 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 and irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a large, solid, mixed echogenicity mass effect visualized associated with the head of the spleen measuring 7.25 cm x 4.29 cm.



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Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is mildly 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.

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. 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 0.59 cm. Jejunum wall measures 0.41 cm. 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 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

There is scant free abdominal fluid. There is a significant cranial abdominal lymphadenopathy in the pancreaticoduodenal/portal region, with a lymph node measuring 2.31 cm x 2.49 cm and 1.65 cm x 1.17 cm. A lymph node near the ileocecal junction measures 0.58 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large, solid splenic mass lesion – 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. Mild chronic pancreatitis is possible.

- Large, mildly heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

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- Cranial abdominal lymphadenopathy – Findings could be consistent with highly reactive or metastatic lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

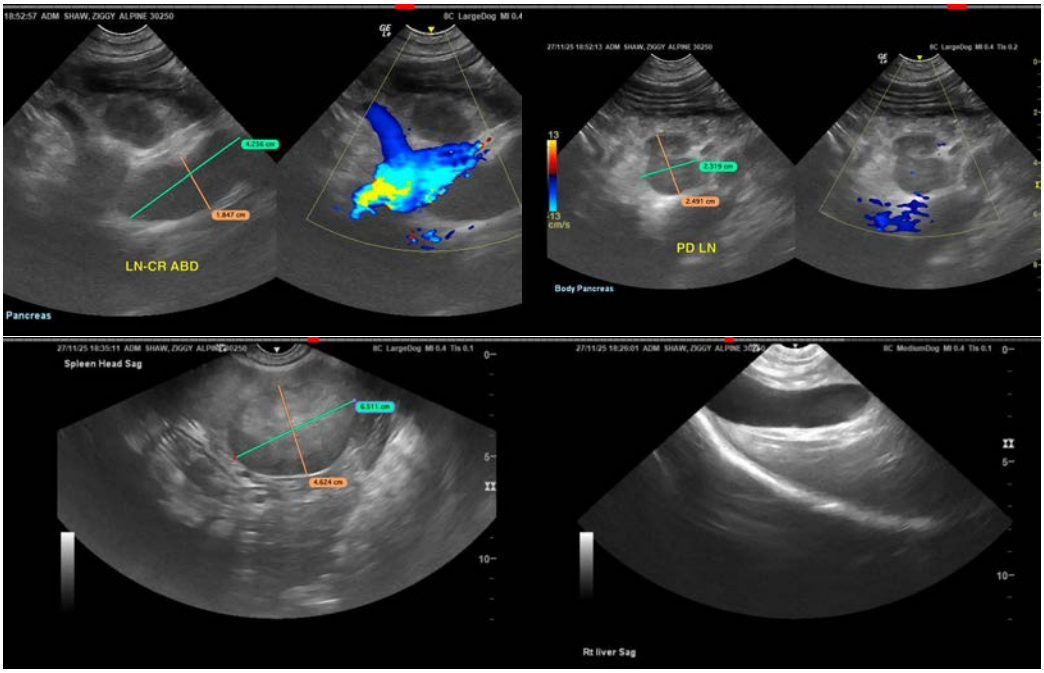
There is a large mass effect visualized associated with the spleen. This could represent a benign or neoplastic lesion. Typically, I would recommend a splenectomy for both diagnostic and therapeutic purposes. In this situation, correlate with current clinical signs to try to determine if the symptoms observed are secondary to the splenic mass lesion or if this is an incidental finding. Fine needle aspirate of the spleen and liver may be warranted.

Additionally, if there is readily available free fluid for sampling, you could consider fluid analysis and cytology.

The majority of the significantly enlarged cranial abdominal lymph nodes are likely too deep to easily sample. If a safe window for sampling is available, consider a lymph node aspirate.

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

If surgical evaluation is pursued, consider biopsy of the liver and lymph nodes at the time of surgery.



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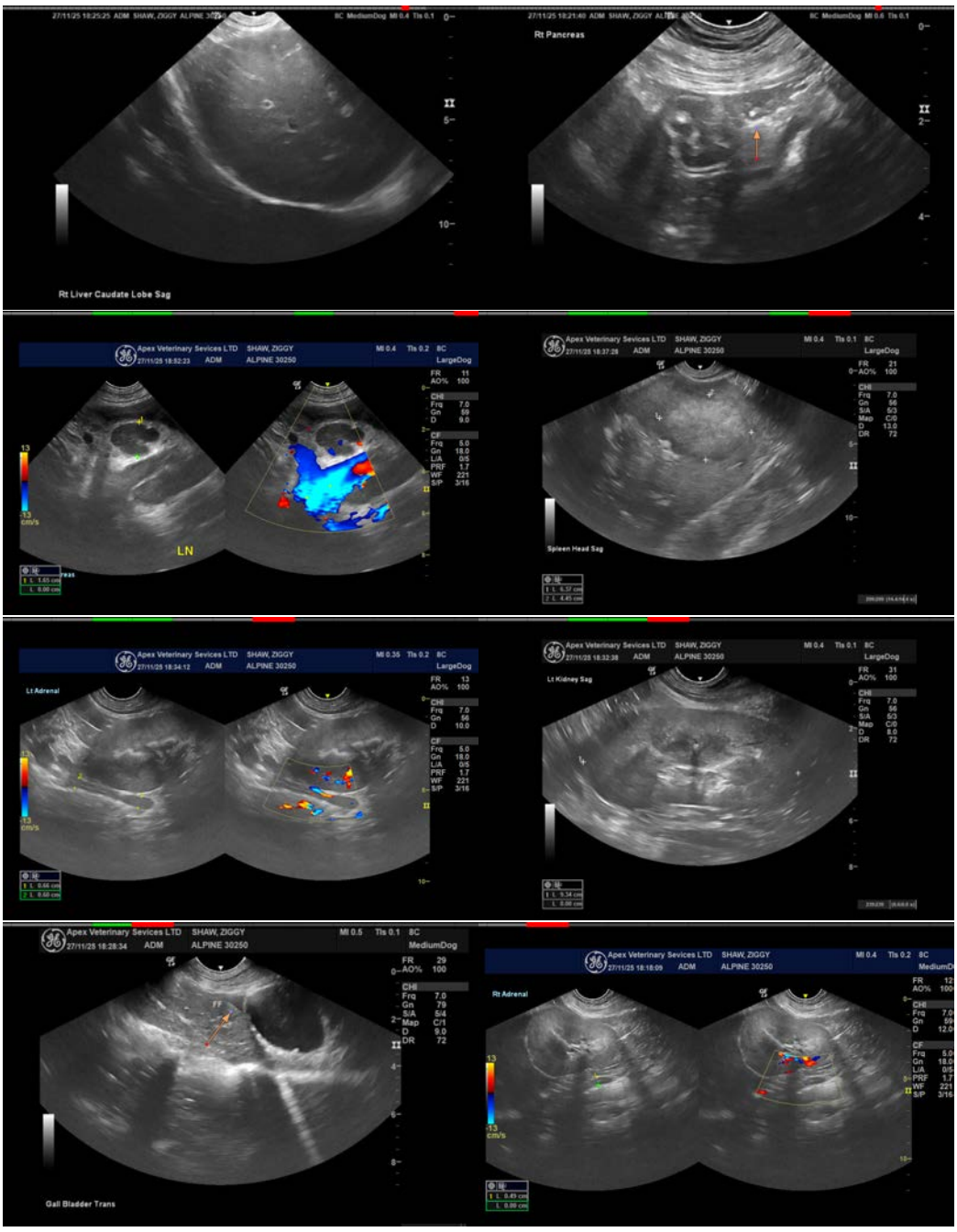

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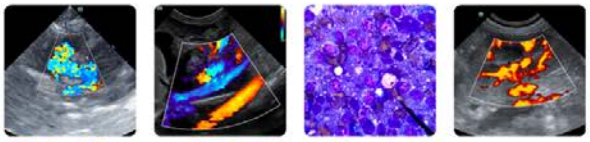

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Educational Teleconsultation Services™

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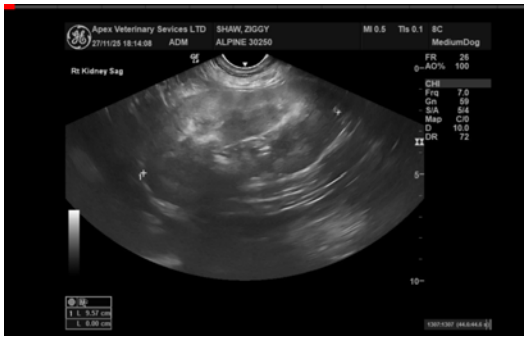

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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