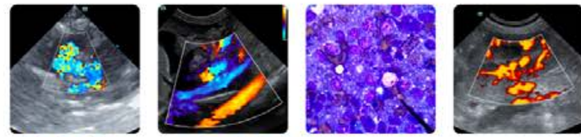

PATIENT

Bale Duggan

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

12 Years 10 Months

WEIGHT

37 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Flanders Veterinary Clinic

REFERRING VET

Dr. Cheng

INVOICE

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11/5/25

PRESENTING CLINICAL SIGNS

Elevated liver enzymes, thrombocytopenia, anemia- would like to investigate bleeding source if possible. Meds: Carpeovet 75 mg 1/2 tablets BID, GABA 100 mg TID

Abnormal PE/Chem/CBC/UA Results: Inc. ALT 343, Inc. AlkP 295, BUN/Creat ratio 32, Inc prec. pSL 198, RBC 3.9 L, HGB 9.6, HCT 30, NRBC 6, PLT 61, Lympho 456, Protein 3+, urine port Creat ratio 0.9 high

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended with anechoic urine. The apical region of the bladder wall appears mildly thickened, measuring at 0.53 cm. The remainder of the urinary bladder including the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The prostate is normal in size (0.65 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 (6.06 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 (6.73 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.

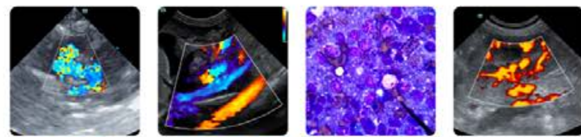
Adrenal Glands

The left adrenal gland is normal in size measuring 0.52 cm at the cranial pole and 0.64 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 1.26 cm at the cranial pole and 0.90 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, mottled, and irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There are at least three lesions visualized in the spleen. The first lesion is visualized caudal to the hilus and is a hyperechoic mottled mass effect measuring 2.03 cm x 2.96 cm. The second lesion appears somewhat similarly (hyperechoic and mottled) cranial to the hilus, adjacent to a myelolipoma, measuring 2.13 cm x 3.02 cm. The third larger, more expansile, mixed echogenicity/partially cavitated mass lesion is visualized in the cranial aspect of the spleen measuring 3.06 cm x 3.39 cm.



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Liver

The liver appears irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. The parenchyma has too numerous to count poorly defined nodules. These cause an irregular nodular margin to the liver.

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 0.40 cm. Jejunum wall measures 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 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

There is a large amount of echogenic free fluid. No significant lymphadenopathy is noted. The omentum is diffusely hyperechoic, particularly around the cavitated splenic lesion.

Other

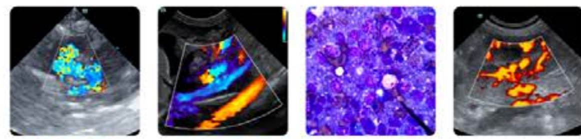
The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

PRIMARY FINDINGS

- Three splenic mass lesions including a mixed echogenicity/cavitated mass lesion towards the head of the spleen – These masses distort the splenic capsule. Differentials include neoplasia (hemangiosarcoma, hemangioma), hematoma, abscess, other. A neoplastic process is favored.

- Heterogeneous, irregular, nodular liver – Findings are concerning for possible metastatic disease, although concurrent nodular hepatopathy is possible. Consider a fine needle aspirate of the liver.

- Large volume echogenic free fluid and mesenteric inflammation – Findings are most consistent with a hemoabdomen (confirmed with sampling).



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SECONDARY FINDINGS

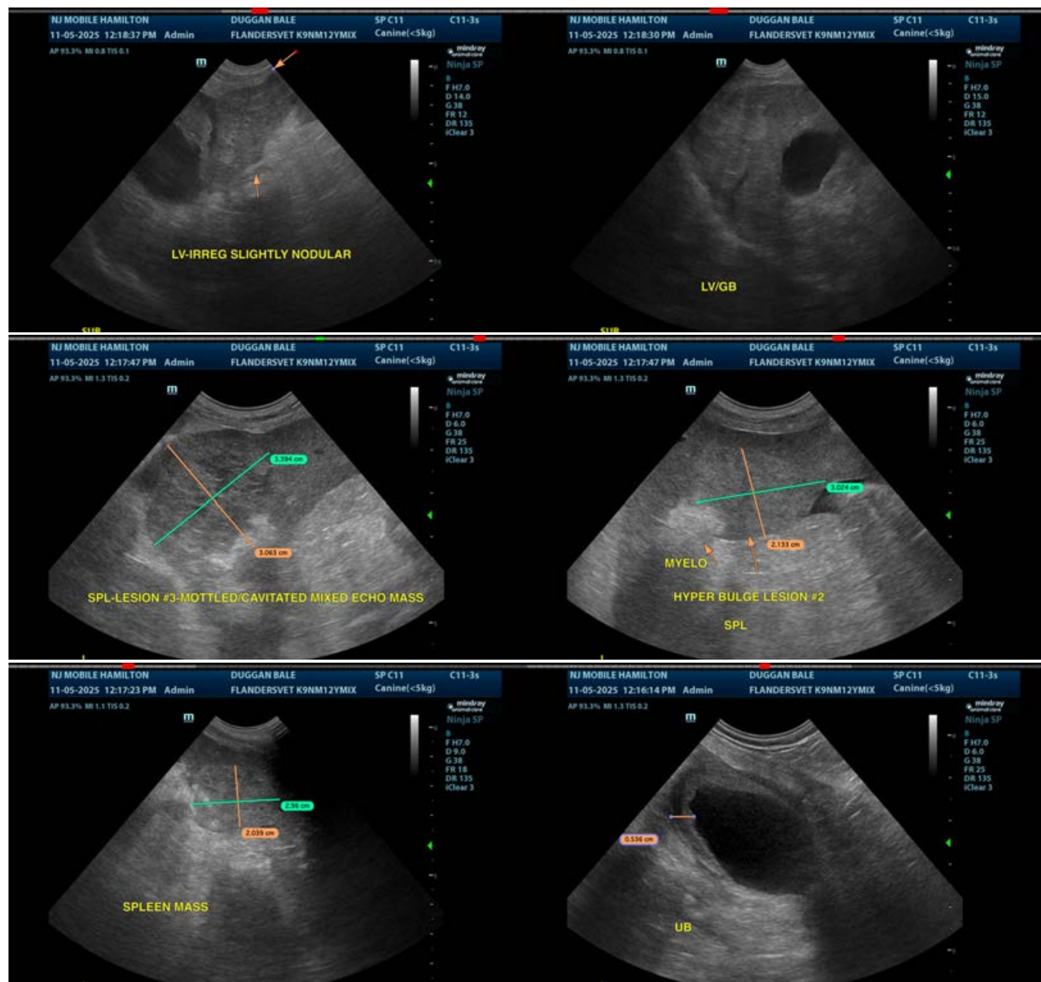
- Mildly thickened apical wall of the urinary bladder – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.

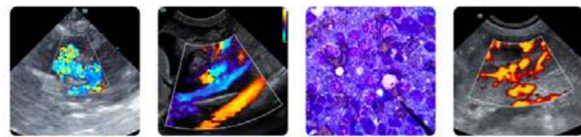
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on today's appearance, it is suspected that the cavitated splenic mass has ruptured, causing the hemoabdomen observed. Recommend splenectomy for both diagnostic and therapeutic purposes.

The liver appears diffusely nodular with irregular, nodular margins. This is concerning for a possible metastatic disease, although a concurrent nodular hepatopathy is possible. Options would include biopsy at the time of surgery, or a fine needle aspirate to try to further assess prior to surgery. Definitive cavitations are not clearly observed.

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





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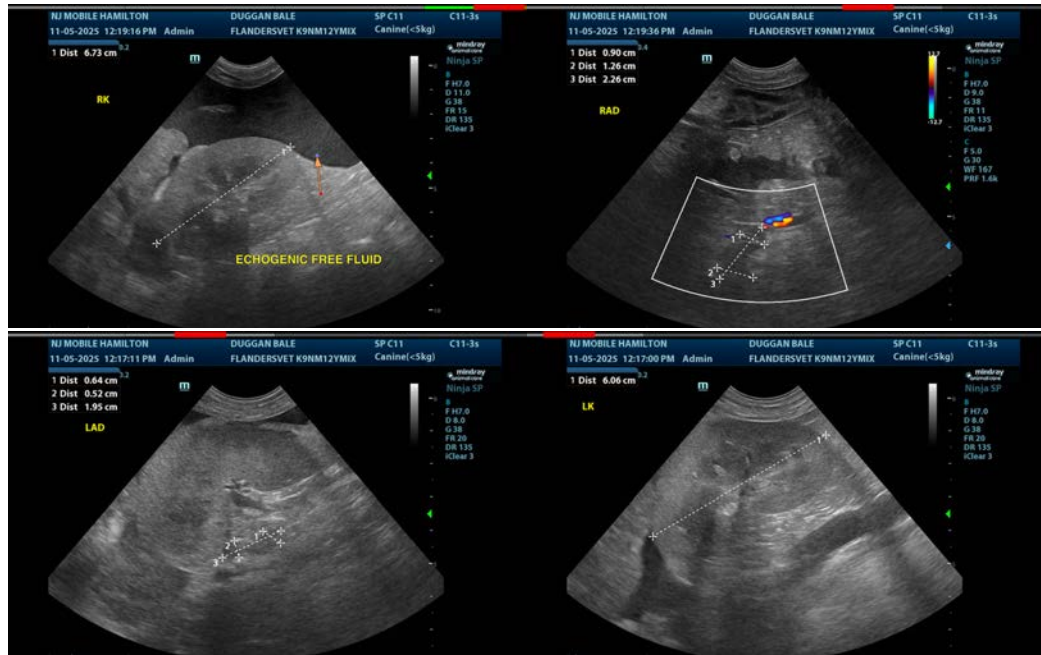

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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