PATIENT

Cotto Klein

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

10 yearas

WEIGHT

26.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Grass Valley Veterinary Hospital

REFERRING VET

Dr. Kristi Cortright

INVOICE

10852

DATE

12/3/2025

PRESENTING CLINICAL SIGNS

P has been losing weight over the last few months and is not eating great. O says P always has been a finnicky eater but even more so lately. P vomits bile on the days he does not eat well. P otherwise acts normal and has normal energy per O. O would like labwork today and TNT. O wants vaccines done as well but need to decide that after DVM exam. -JC 3V thoracic rads sent out for telemed: cardiac silhouette is rounded with some calcified end on bronchioles, cranial abdominal organs difficult to visualize due to lack of fat. Urine was a bit dark. weight loss possible PU/PD heart murmur (new finding) r/o cardiac neoplasia, renal disease, other neoplasia, heartworm.

Abnormal PE/Chem/CBC/UA Results: Urine/Protein Creatinine Ratio 5.5 HIGH Total Protein 9.2 HIGH Albumin 2.3 LOW A/G Ratio 0.3 LOW Glucose 64 LOW WBC 18.3 HIGH Absolute Neutrophils 12810 HIGH T4 0.7 LOW Occult Blood 3+ HIGH Bilirubin 2+ HIGH Microalbuminuria >30 HIGH.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears mildly thickened and irregular measuring at 0.61 cm. The 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 (0.96 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 (8.23 cm in length). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is an irregular cystic lesion visualized in the cortex measuring 1.09 cm x 0.87 cm. 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 (7.47 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.65 cm at the cranial pole and 0.68 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 0.68 cm at the cranial pole and 0.74 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

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The spleen is large in size, and irregular in shape/appearance. The blood flow through the hilus and splenic parenchyma appears normal. There is a very large, irregular, mixed echogenicity, hypoechoic vascular mass effect visualized in the head of the spleen, measuring 6.9 cm x 6.19 cm (labeled as mass #2.) Additionally, there is a more rounded, mixed echogenicity, hypoechoic mass effect more caudal in the spleen (mass #1 measuring 2.89 cm x 2.14 cm) and a small hypoechoic nodule visualized measuring 0.48 cm x 0.63 cm.

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.

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. The duodenum measured as normal (0.39 cm in wall thickness) and the jejunum measured as normal (0.32 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 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

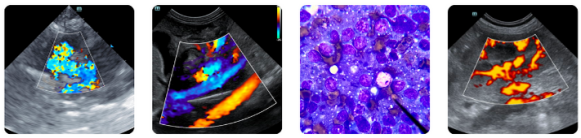
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy noted. The iliac lymph nodes are prominent. The right measures 0.75 cm 2.1 cm. The left measures 0.65 cm in width. A prominent jejunal lymph node is visualized measuring 0.67 cm x 2.21 cm. 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.

Imaging performed by

pawsonography@gmail.com
530-786-8340



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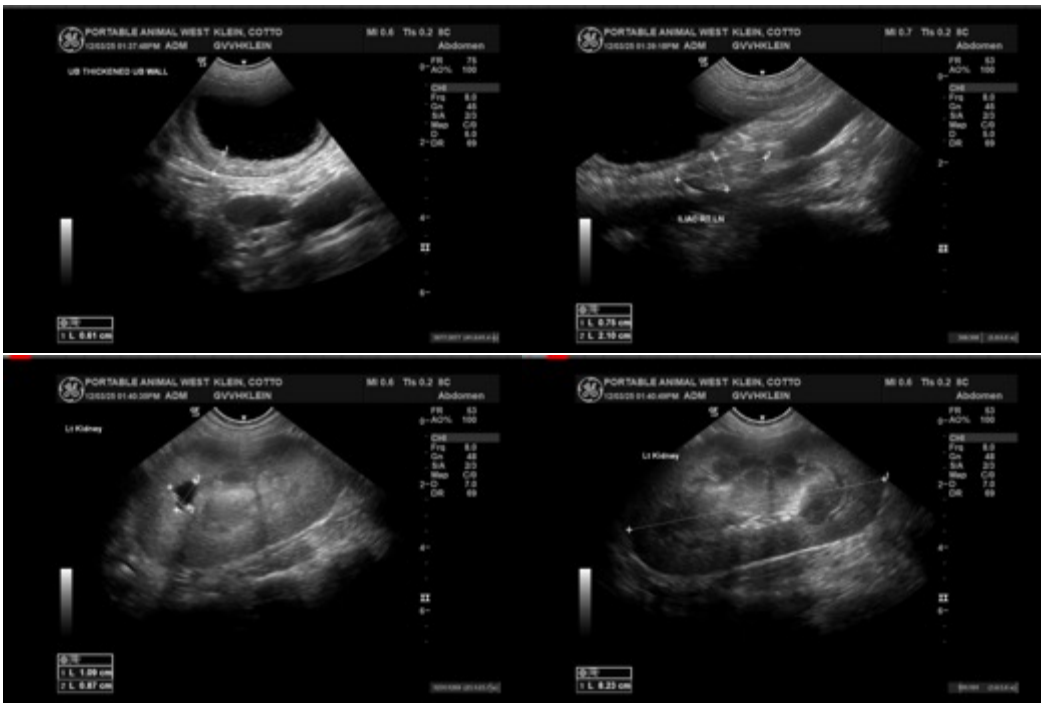
ULTRASONOGRAPHIC FINDINGS

- Large, irregular, hypoechoic, mixed echogenicty mass effect in the head of the spleen, a smaller hypoechoic nodule, and a smaller hypoechoic mass effect visualized in the tail of the spleen. Findings are highly concerning for neoplastic process (hemangiosarcoma, round cell neoplasia, histiocytic sarcoma, etc.) Although, benign lesions such as regenerative nodules, hematomas, hemangiomas, etc., are possible.
- Pancreatic changes most consistent with pancreatic remodeling.
- Suspect reactive iliac lymphadenopathy. Recommend continued monitoring for progression, as an early neoplastic lesion cannot be ruled out. Correlate with a digital rectal exam.
- Mildly thickened, irregular urinary bladder wall. 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

There is a large, irregular, mixed echogenicity, hypoechoic mass effect visualized in the head of the spleen. Additionally, there's a smaller lesion and a smaller mass effect. Recommend a splenectomy for both diagnostic and therapeutic purposes. If there is a reason to avoid surgery at this time, you could consider a fine needle aspirate for cytologic evaluation.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



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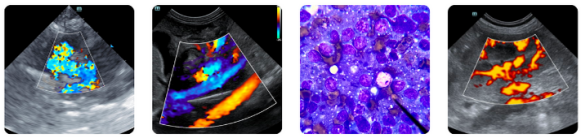

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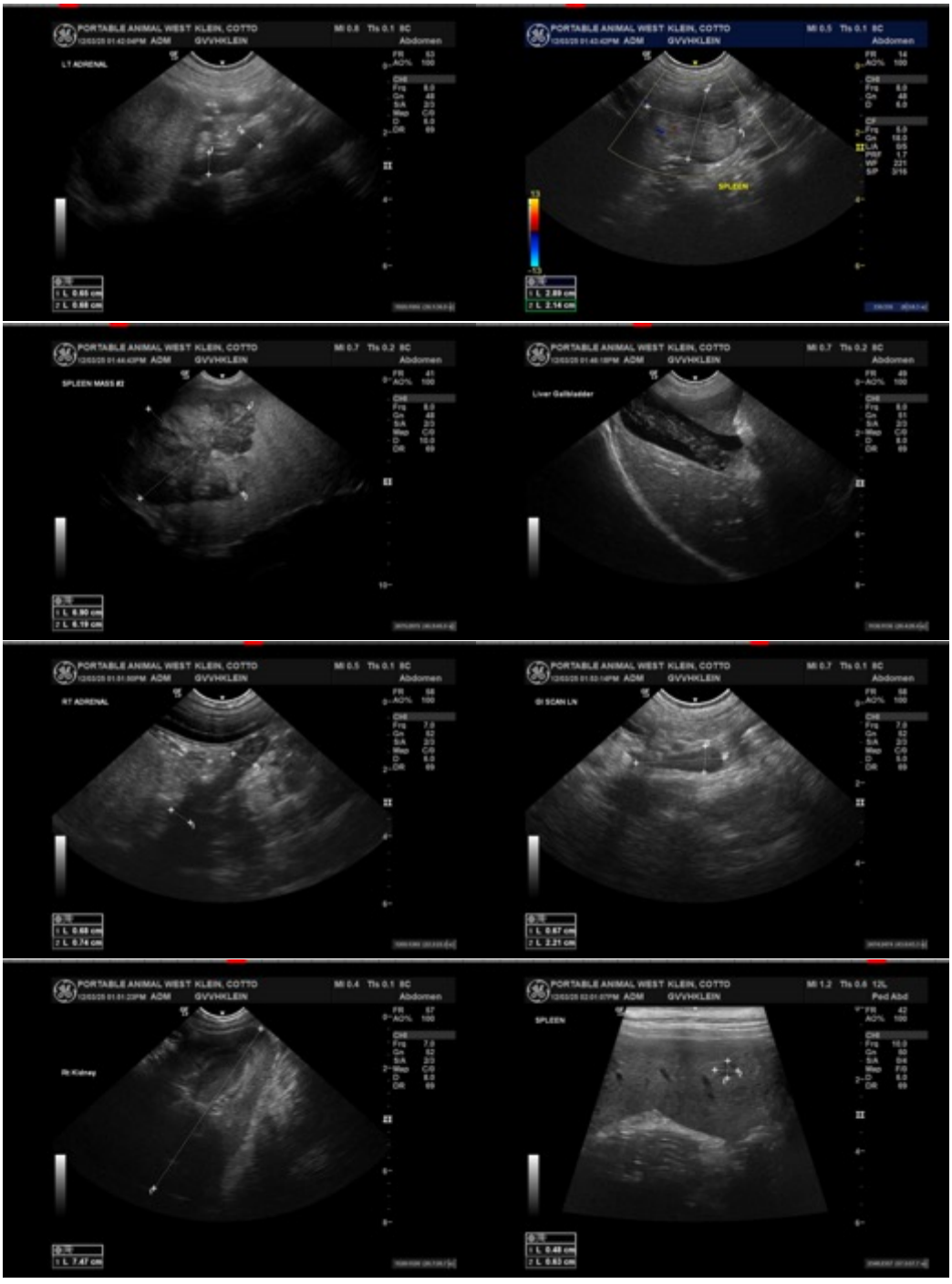

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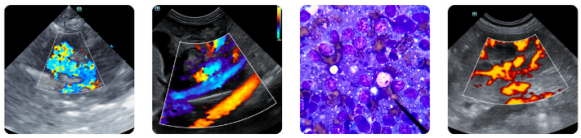

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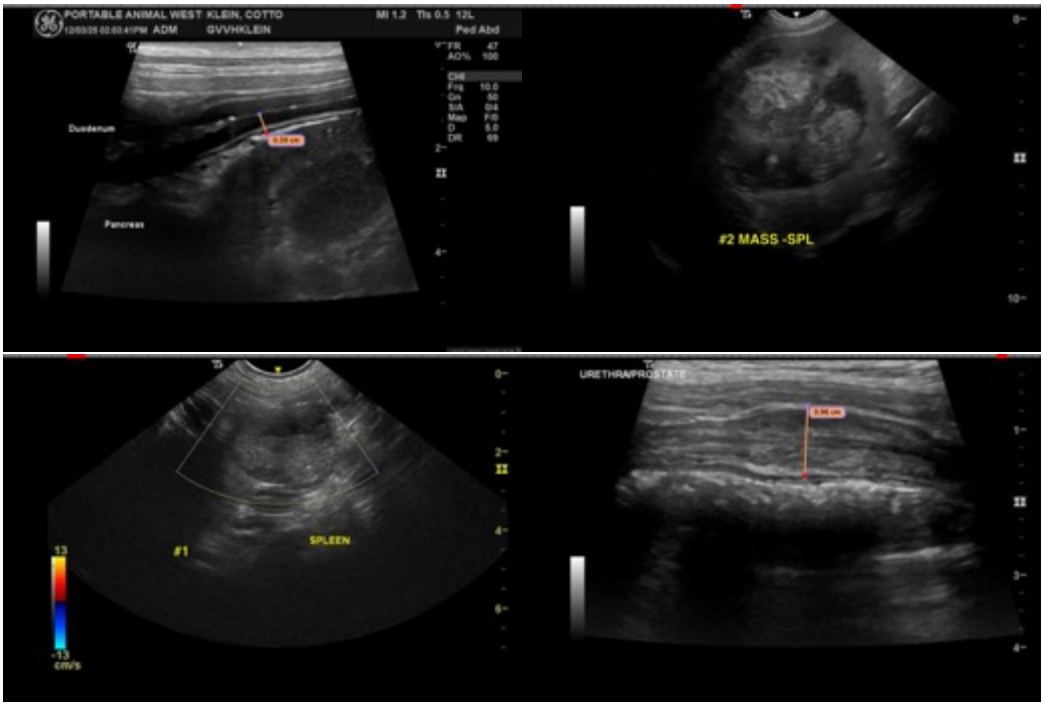

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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