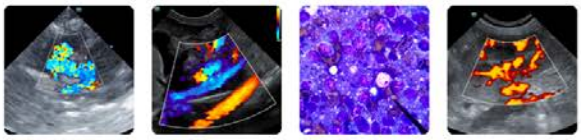




**DATE**

2/20/26

**PATIENT**

Dozer Chapman

**SPECIES**

Canine

**BREED**

Unknown

**SEX**

Neutered Male

**AGE**

3/10/15

**WEIGHT**

46.2 lbs

**INTERPRETED BY**

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

**HOSPITAL NAME**

Rock Spring

**REFERRING VET**

Dr. Gibson

**INVOICE**

73131

## PRESENTING CLINICAL SIGNS

**Patient History:** Dozer has a history of chronic lip smacking and burping for several years. Not responsive to famotidine or diet change. He also has a history of a splenic nodule since 2023. He is on Fluoxetine due to generalized anxiety and Gabapentin for pain.

**Current Medications:** Gabapentin (300 mg) 1 capsule bid, Fluoxetine (20 mg) 1 capsule sid
**Labwork Results:** Labwork attached, reported as: CBC and chemistry-wnl. Lyme positive on 4dx since 2021.
**Date of Previous IntraPet Ultrasound:** No previous.
**Sedation:** Not required to complete full diagnostic ultrasound.
**Stat Report:** Not requested.
**Imaging Performed by:** Stephanie Warga RDCS, RVT.

## 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 (5.65 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 (5.38 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 0.35 cm at the cranial pole and 0.55 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 borderline large and slightly irregular in shape, measuring 1.16 cm at the cranial pole and 0.59 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 somewhat abnormal in appearance in that the cranial pole is slightly irregular and enlarged measuring 1.24 cm x 0.90 cm. No evidence of vascular invasion visualized.

### *Spleen*

The spleen is normal in size but irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a large, hypoechoic vascular mass effect in the mid body of the spleen measuring 3.35 cm x 2.8 cm, which deviates the splenic margins.

### *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. There is a moderate amount of echogenic debris. The visualized debris has formed a focal hyperechoic "sludge ball". 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 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 0.39 cm. Jejunum wall measures 0.39 cm. Visualized peristalsis appears appropriate. There is mild mucosal fogging and speckling noted with some areas of the small intestine.

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 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*
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.

## PRIMARY FINDINGS

- Focal hypoechoic vascular mass effect in the mid body of the spleen – 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..)

- Slightly irregular, large cranial pole of the right adrenal – The significance of this is unclear. At this time this could represent irregular hyperplasia, anatomic variation, an early adenoma, carcinoma, etc.

- Mild areas of mucosal fogging and speckling of the small intestine – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

## SECONDARY FINDINGS

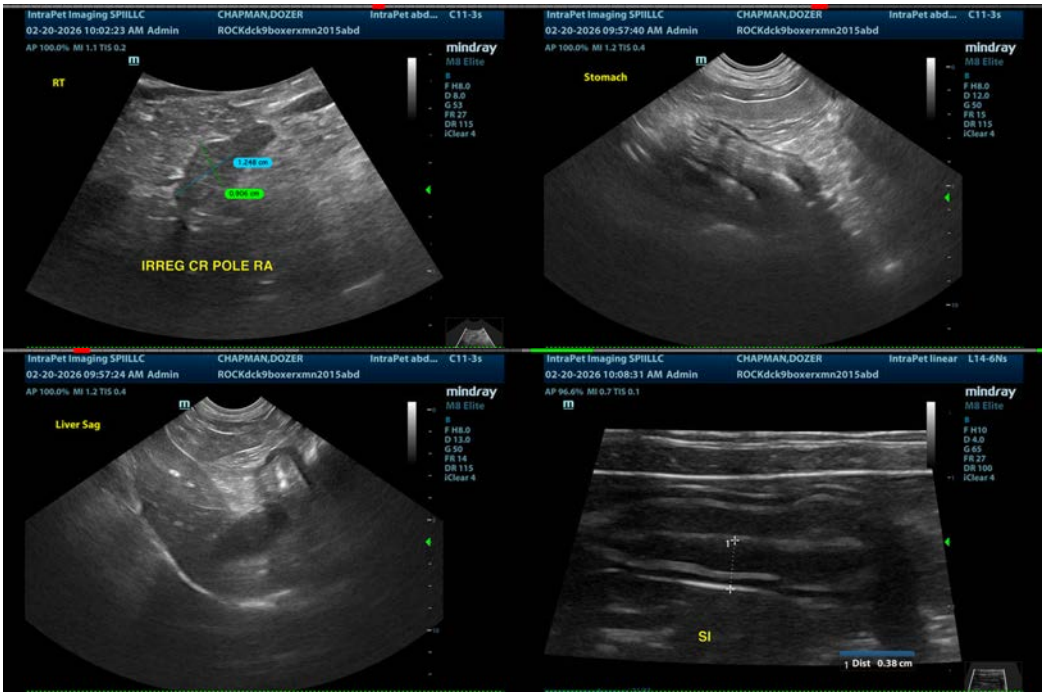
- Hyperechoic "sludge ball" in the gallbladder – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a discrete vascular hypoechoic mid body splenic mass lesion that deviates the splenic margins. This could represent a benign or neoplastic lesion, but given the appearance, ideally splenectomy for both diagnostic and therapeutic purposes would be recommended (histopathology submitted). If this is not an option, you could consider a fine needle aspirate with the knowledge that there still could be risk that a benign lesion could rupture.

The cranial pole of the right adrenal gland is somewhat irregular, but a discrete mass effect is not visualized. Recommend close continued monitoring with ultrasound (recheck in 2-4 months). If signs of Cushing's are present, you could consider adrenal function testing when this patient has fully recovered.

There are mild changes visualized associated with the small intestine. Given the history of nausea, etc., biopsies of the GI tract could be considered at the same time as surgery.




**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.

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info@sonopath.com