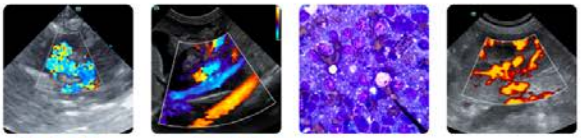


PATIENT

Patricia Arias

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

9 Years 3 Months

WEIGHT

99.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Black River Veterinary Hospital

REFERRING VET

Dr. Hewitt

INVOICE

72670

DATE

2/3/26

PRESENTING CLINICAL SIGNS

Mid abd. Mass.

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 left kidney has a normal shape and size (5.31 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 (7.3 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 0.51 cm at the cranial pole and 0.45 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 0.78 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 normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

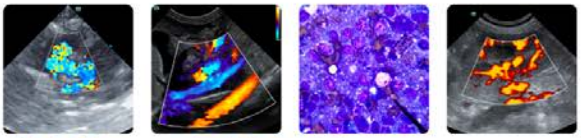
Spleen

The spleen is large and irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a very large, irregular, complex, cavitated mass effect arising from the spleen measuring 12.32 cm x 13.9 cm.

Liver

The liver is subjectively normal in size, and 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. There are numerous, slightly cavitated, hypoechoic nodules in the liver. An example measures 2.36 cm x 3.07 cm in the caudal left aspect of the liver, and 1.09 cm and 1.8 cm in diameter.

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.



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Gastrointestinal

The stomach contains moderate 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 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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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 small to moderate amount of free abdominal fluid. There are numerous, irregular hypoechoic, sometimes cavitated mass effects in the cranial abdomen. Many of these are likely cranial abdominal lymph nodes. An example measures 5.9 cm x 3.3 cm. Additionally, omental nodules are possible. Additional examples measure 2.5 cm x 2.34 cm and 1.9 cm x 2.11 cm. The omentum is diffusely hyperechoic.

Other

Brief view of the heart is submitted, revealing a moderate to large volume of pericardial effusion. There is abnormal tissue in the region of the right auricle, concerning for a right atrial mass lesion. Recommend full cardiac ultrasound.

ULTRASONOGRAPHIC FINDINGS

- Large, complex, irregular, cavitated splenic mass – The mass distorts the splenic capsule. Differentials for the mass include neoplasia (e.g., hemangiosarcoma, hemangioma), hematoma, abscess, other. A neoplastic process is favored.
- Numerous, hypoechoic, irregular hepatic nodules – Findings are concerning for metastatic lesions. Benign nodules are possible.
- Numerous, large, irregular, hypoechoic, sometimes cavitated nodules/mass effects in the cranial abdomen – Many of these likely represent abnormal lymph nodes. Omental nodules are also possible.
- Pericardial effusion and suspected right atrial mass lesion.

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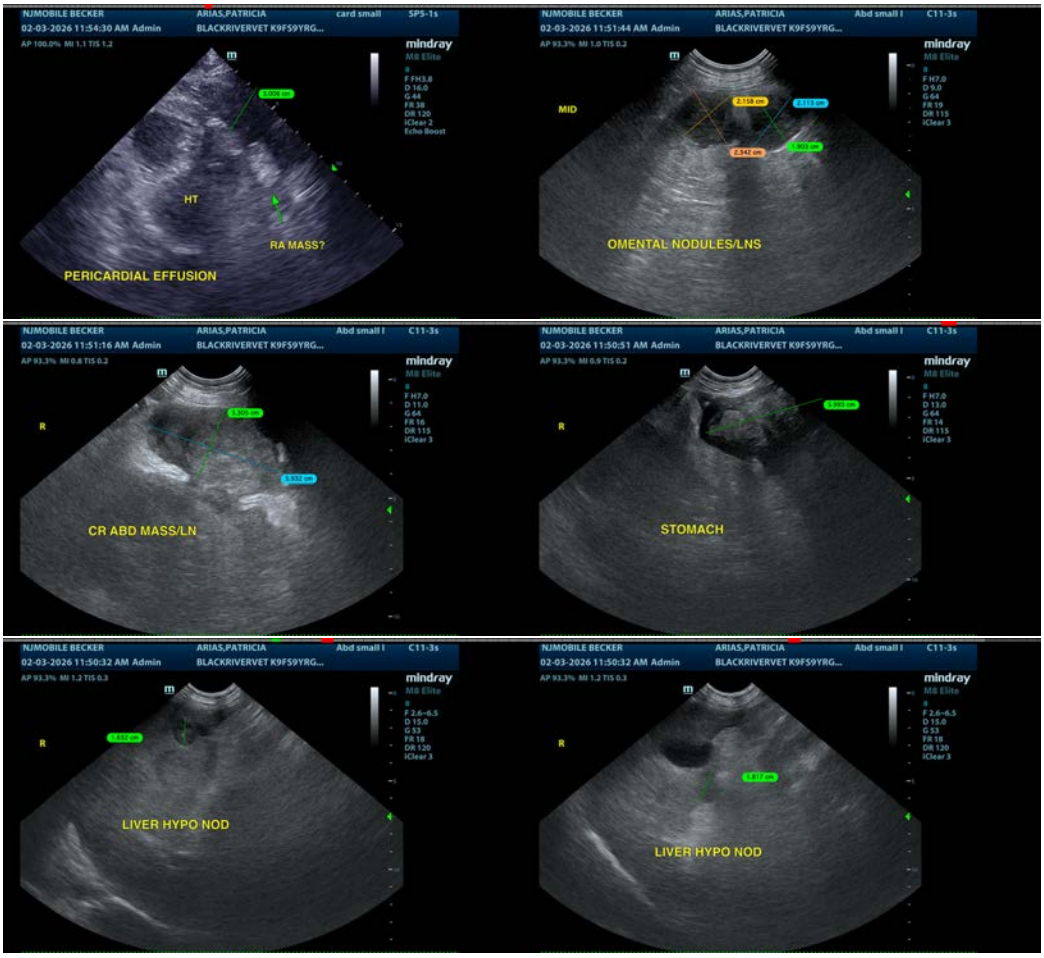
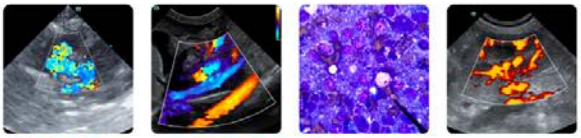
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, complex, cavitated splenic mass lesion, numerous hypoechoic, sometimes cavitated liver nodules, numerous expansile irregular, hypoechoic, sometimes cavitated cranial abdominal masses/nodules, and significant pericardial effusion with a suspected right atrial. This collection of findings is highly concerning for metastatic neoplasia. Hemangiosarcoma would be the primary differential. Other differentials are possible. Initial stabilization with pericardiocentesis could be considered, and consultation with a veterinary oncologist, as surgical treatment options will likely be limited.

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



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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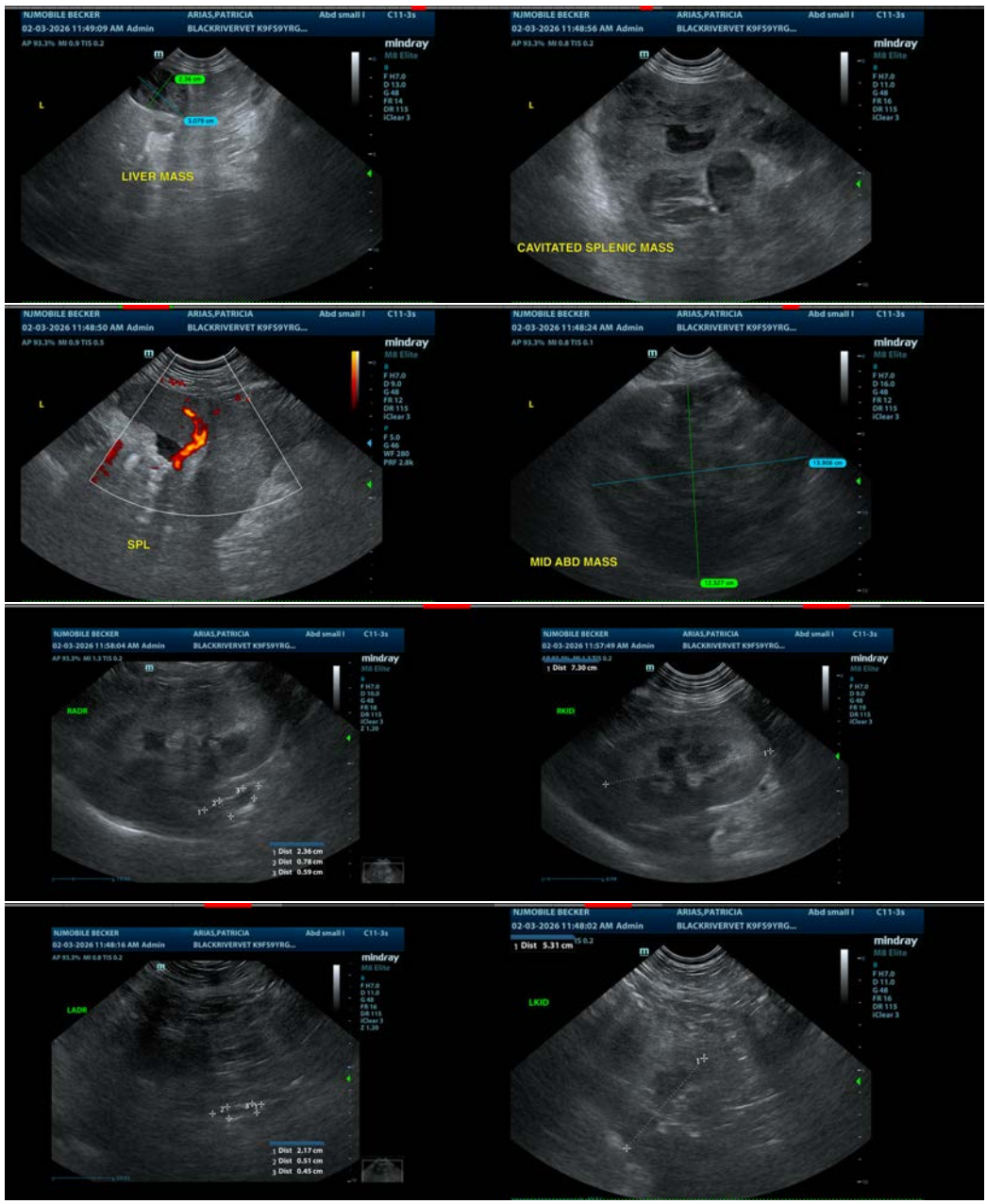

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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