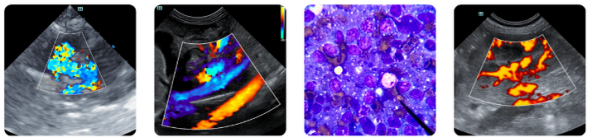


PATIENT

Zoey Davis

SPECIES

Canine

BREED

Border Collie Mix

SEX

SF

AGE

12 years 4 months

WEIGHT

16 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski

HOSPITAL NAME

Apex Veterinary Services Ltd.

REFERRING VET

Alpine 24/7 – ER Doctor

INVOICE

11600

DATE

3/31/2026

PRESENTING CLINICAL SIGNS

Decreased appetite. Progressive weight loss over 2–4 weeks. Abdominal discomfort.

Abnormal PE/Chem/CBC/UA Results: Vital Parameters: Temperature: 38.0°C, Heart Rate: ~130 bpm , Respiratory Rate: panting, Mentation: QAR, BCS: 2.5/5 (underweight) Abdominal discomfort on palpation Suspicion of intra-abdominal mass Marked leukocytosis (58.9 $\times 10^9$/L) with neutrophilia and monocytosis Non-regenerative anemia Marked ALP elevation (755 U/L) Other parameters largely within reference range Patient sedated with Butorphanol 0.2 mg/kg IV and Alfaxan - titrated IV.

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 (6.46 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 0.68 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.

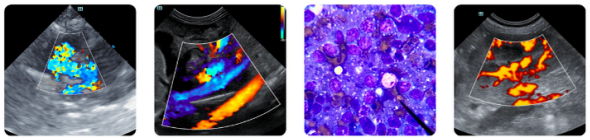
The right adrenal gland is normal in size measuring 0.51 cm at the cranial pole and 0.41 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is large in size and irregular in shape. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a very large solid mixed echogencity hypoechoic irregular mass effect visualized in the mid abdomen, suspected to be arising from the spleen measuring greater than 10.36 cm x 9.7 cm.

Liver

The liver is large in size, and irregular in shape. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are too numerous to count large expansile, hypoechoic nodules and masses arising from the



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liver. Examples measure 3.62 cm, 2.99 cm in diameter, 3.74 cm x 4.04 cm, and numerous smaller nodules with examples measuring 0.81 cm, 0.96 cm, and 0.75 cm.

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 non-organized echogenic debris. 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 (0.32 cm in wall thickness) and the jejunum measured as normal (0.26 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 pancreas is prominent and mottled in both limbs. 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 revealed scant free fluid. There is no significant lymphadenopathy. The The omentum is diffusely hyperechoic, particularly in the cranial abdomen.

PRIMARY FINDINGS

- Suspect large, heterogenous, hypoechoic irregular splenic mass. 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..) *A definitive vascular connection cannot be confirmed but splenic origin is strongly suspected*

- Large, irregular heterogenous liver with too numerous to count expansile, hypoechoic masses and nodules. Findings are highly suggestive of a metastatic neoplasia.

SECONDARY FINDINGS

- Pancreatic changes consistent with mild pancreatic remodeling.

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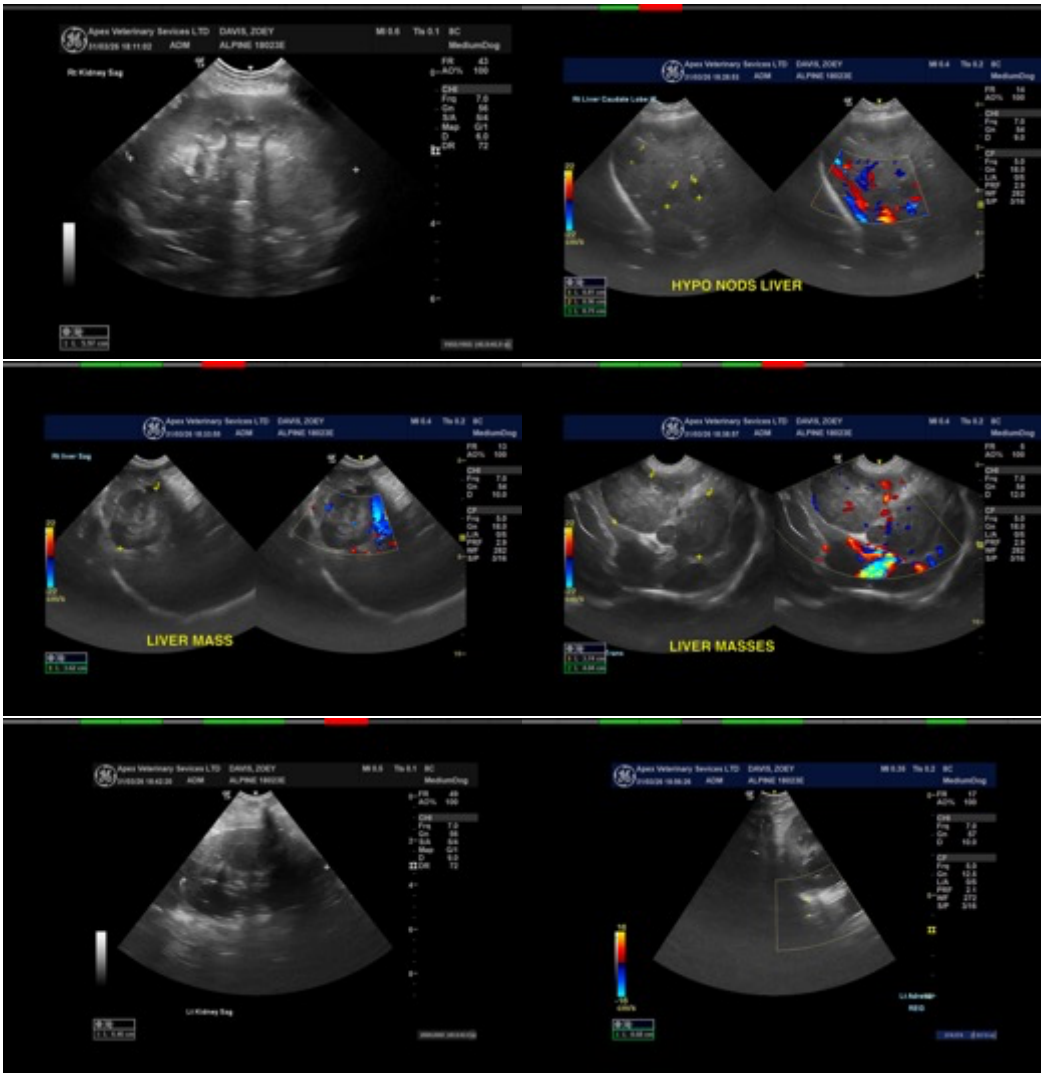
- Moderate gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a very large, solid, mixed echogenicity, irregular mass effect in the mid cranial abdomen. This contacts the spleen and is suspected to be of splenic origin. A benign or neoplastic lesion is possible, but there are also too numerous to count large, expansile hepatic mass lesions with a similar appearance to the splenic mass strongly suggestive of metastatic lesions. Recommend a fine needle aspirate of the hepatic mass lesion and the primary splenic mass lesion. If a cytologic diagnosis can be obtained, recommend consultation with veterinary oncologist regarding treatment options. Surgical options may be limited based on the extent of disease present. A contrast CT scan could be considered to confirm if desired.

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



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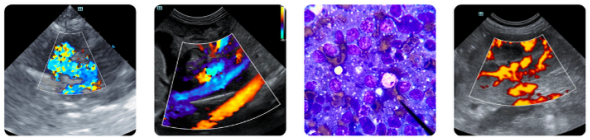

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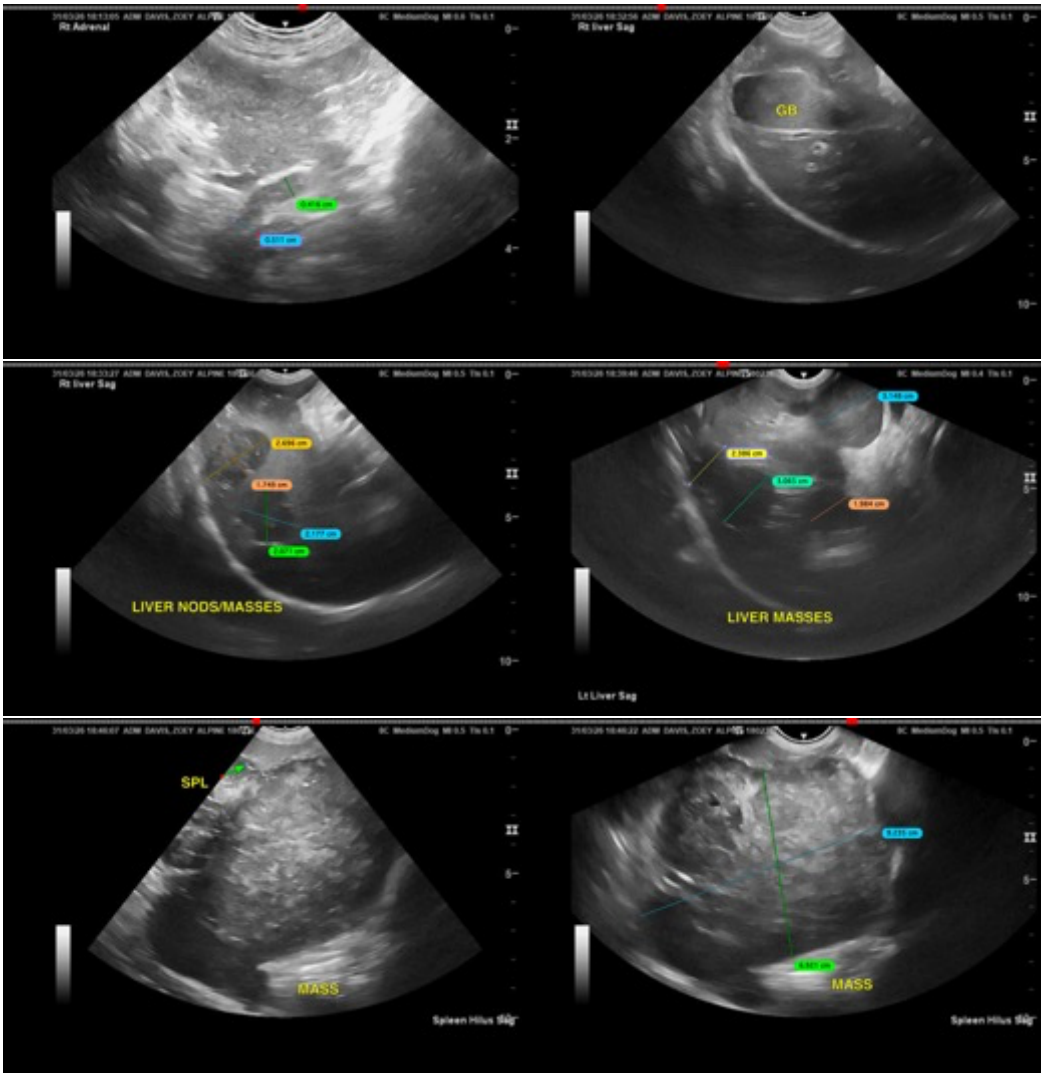

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com