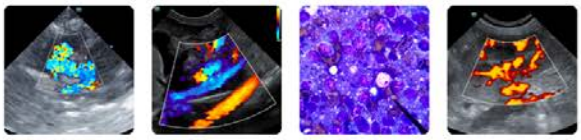


DATE

4/21/26

PATIENT

Bella Nolan

SPECIES

Canine

BREED

Pit Bull x

SEX

Spayed Female

AGE

9/24/14

WEIGHT

54 lbs

INTERPRETED BY

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

HOSPITAL NAME

Fallston Veterinary Clinic

REFERRING VET

Dr. Gates

INVOICE

74661

PRESENTING CLINICAL SIGNS

Patient History: Acute lethargy and inappetence. Polydipsia (6 months duration) - r/o neoplasia (lymphoma) vs early CKD vs endocrine disease vs other. Decreased vision - r/o age-related changes, neurologic disease. Scant free abdominal fluid seen on FAST scan along with heterogenous spleen and liver. History of seizures - r/o brain tumor (most likely due to age of onset).

Current Medications: Rx: Cerenia 60mg: 1 tablet PO once daily for nausea
Labwork Results: Labwork attached, reported as: CBC and chemistry panel: Mild mature neutrophilia, all other parameters within normal limits. Chest radiographs (2 views): Mild increased lung opacity consistent with aging, possible enlarged lymph node in cranial mediastinum. Lateral abdominal radiograph: Normal organ size, increased haziness suggestive of abdominal fluid. Brief abdominal ultrasound: Free fluid noted around tail of spleen; liver and spleen appear irregular and heterogeneous
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 left kidney has a normal shape and size (6.68 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 (6.33 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 0.92 cm at the cranial pole and 0.65 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 0.55 cm at the cranial pole and 0.62 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 normal in size but irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is an irregular hypoechoic vascular mass effect visualized associated with the spleen, best visualized in the left cranial abdomen in the intracostal view, measuring 5.11 cm x 4.9 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. 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 mild gas. 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 0.41 cm. Jejunum wall measures 0.36 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 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 amount of free fluid adjacent to the splenic mass effect. There is no lymphadenopathy. The omentum is generally of normal 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.

ULTRASONOGRAPHIC FINDINGS

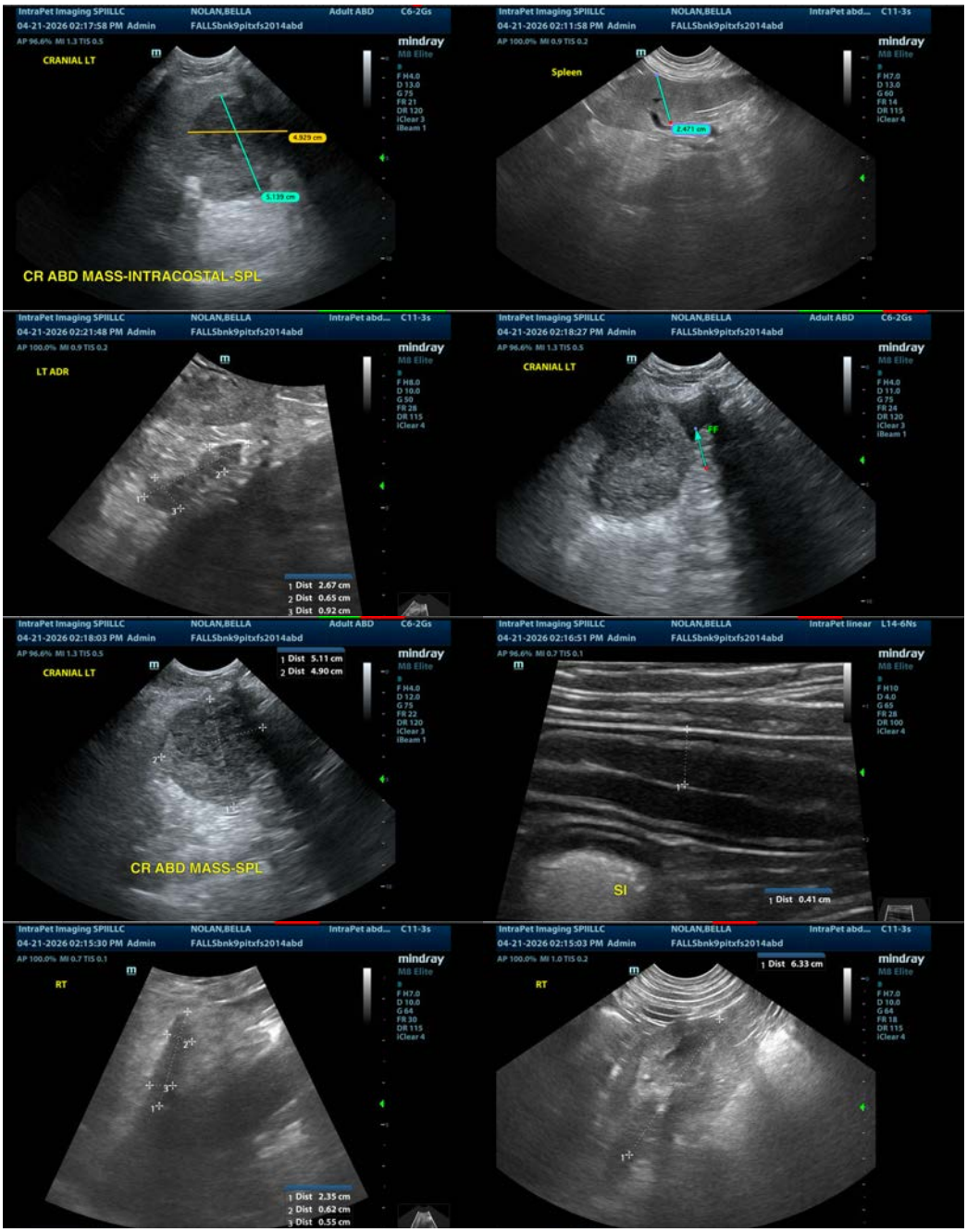
- Irregular hypoechoic splenic mass lesion – A focal solid mixed echogenicity mass is visualized associate with the spleen. This mass distorts the splenic capsule. Differentials include : benign lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histiocytic sarcoma etc..)

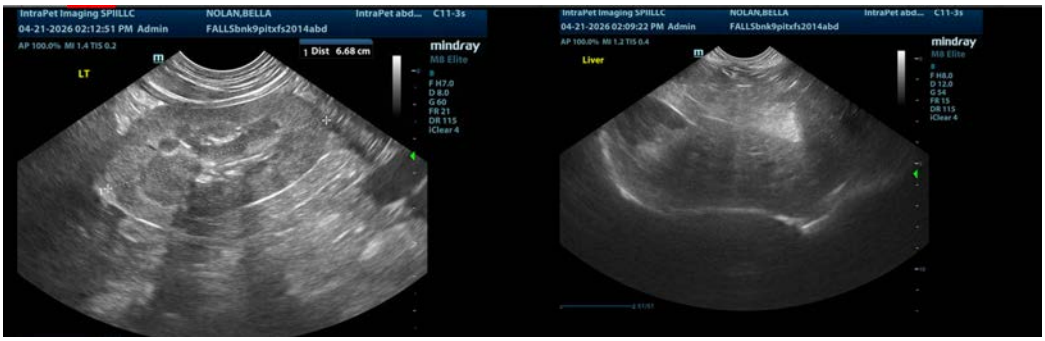
- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

- Free abdominal fluid – This could represent a small amount of hemorrhage or fluid secondary to inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a mass effect in the left cranial abdomen that appears to be associated with the spleen. There is some free fluid adjacent to the mass lesion, concerning for focal hemorrhage or inflammation. Consider splenectomy for both diagnostic and therapeutic purposes. Alternately, you could consider a contrast CT scan for surgical planning and a fine needle aspirate of the mass effect.





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