



DATE PRESENTING CLINICAL SIGNS

4/21/26

Patient History: Mass left proximal caudal medial thigh, confirmed MCT with FNA. AUS recommended prior to surgery.

PATIENT

Riley Vincent

Current Medications: None. P will be on Trazodone prior to scan.
Labwork Results: Labwork attached, reported as: MCT seen on FNA
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.

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

11/13/12

WEIGHT

65 lbs

INTERPRETED BY

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MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

HOSPITAL NAME

Fallston Veterinary
Clinic

REFERRING VET

Dr. Harvey

INVOICE

74662

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 (7.24 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 (6.66 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 0.56 cm at the cranial pole and 0.59 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 0.87 cm at the cranial pole and 0.43 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 are numerous hyperechoic nodules visualized at the periphery of the spleen, most consistent with benign myelolipomas. Additionally, there is a moderate to large mixed echogenicity partially cavitated hyperechoic mass effect visualized associated with the spleen measuring 7.06 cm x 6.01 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 minimal luminal contents. It measures at a normal thickness of 0.21 cm 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 0.55 cm. Jejunum wall measures 0.46 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 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy. Occasional mesenteric lymph nodes are visualized, examples measure 0.33 cm and 0.32 cm. The omentum is slightly hyperechoic around the splenic mass lesions.

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. **Full evaluation of the heart is slightly limited due to a subcutaneous mass effect in the axillary region on the left side.*

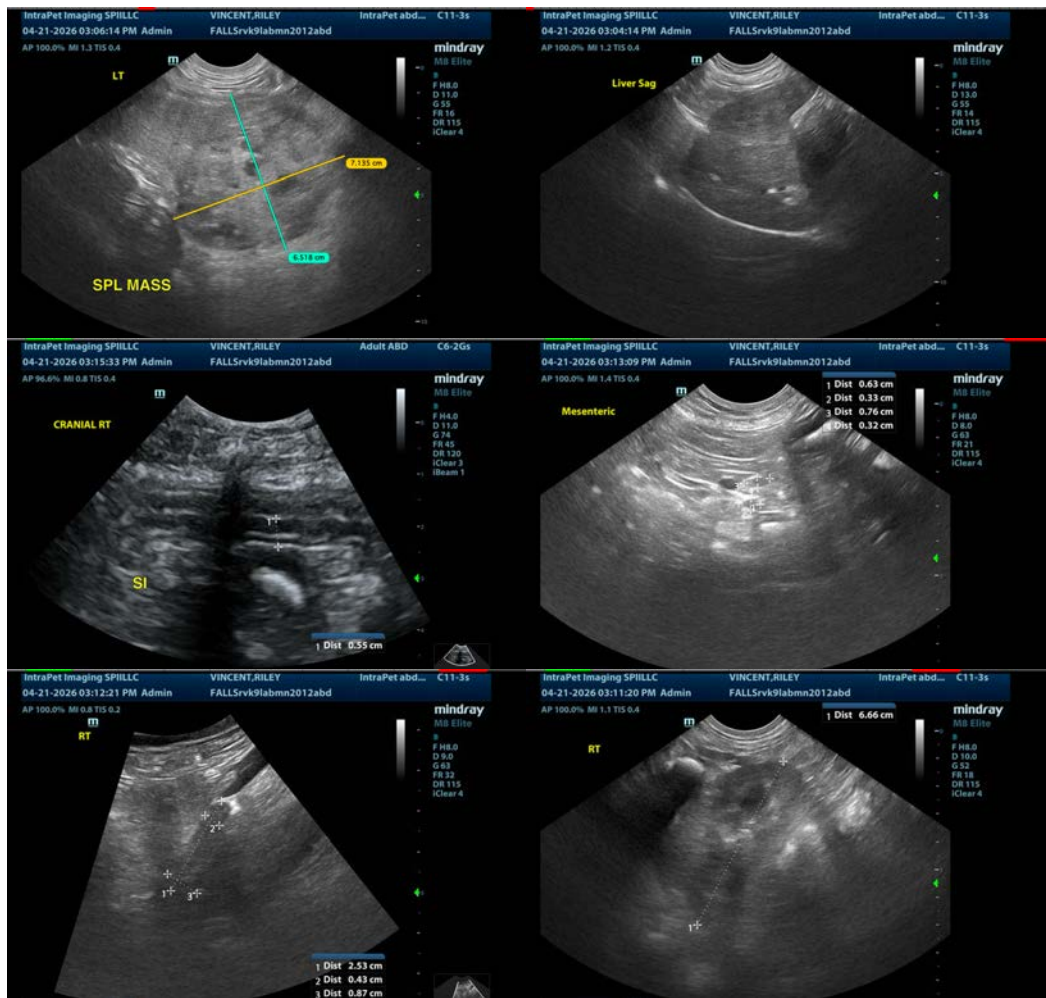
ULTRASONOGRAPHIC FINDINGS

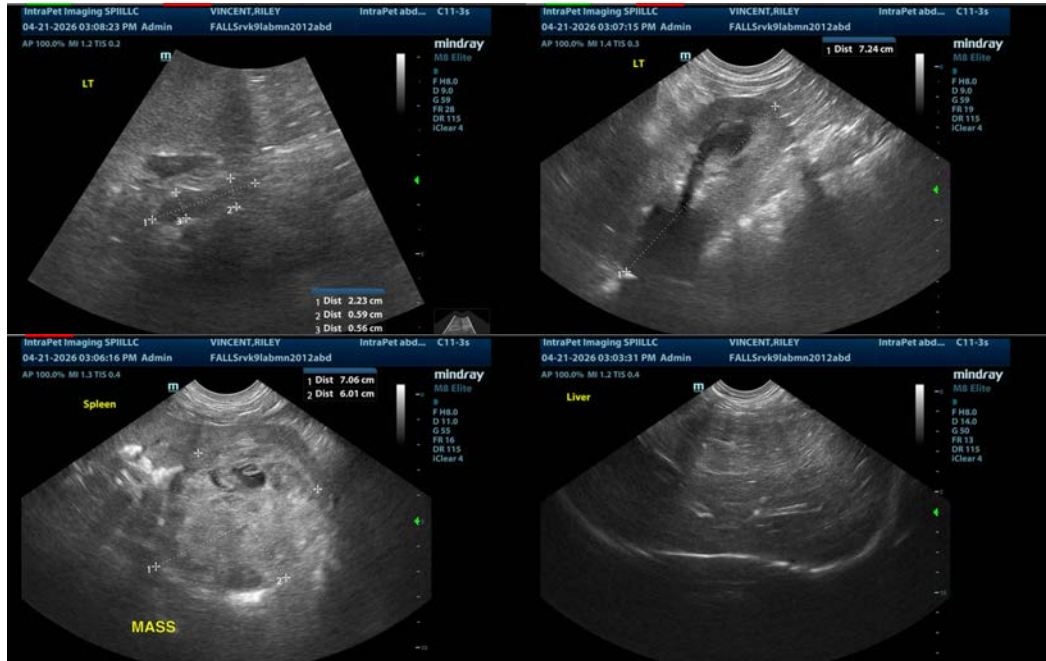
- Mixed echogenicity, slightly cavitated, hyperechoic splenic mass lesion – Findings could be consistent with benign or neoplastic lesion (hematoma, hemangioma, lymphoid nodule, hemangiosarcoma, round cell neoplasia, other).
- Heterogeneous liver – The diffuse hepatic changes are non-specific and could 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a focal mixed echogenicity hyperechoic mass effect visualized in the spleen. This could represent a benign or neoplastic lesion and could represent a metastatic lesion or more likely a primary splenic mass lesion. Consider a fine needle aspirate of the spleen and likely splenectomy for therapeutic purposes.

The liver is mildly heterogeneous. Findings are most consistent with age related remodeling, but an early neoplastic change cannot be definitively ruled out. If further evaluation is desired, you could consider a fine needle aspirate.





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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