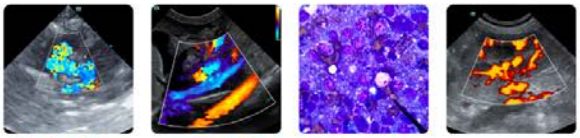

PATIENT

Wilson Spagnola

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

10 Years

WEIGHT

78 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

All Hearts Animal Hospital

REFERRING VET

Dr. Moe

INVOICE

75001

DATE

5/6/26

PRESENTING CLINICAL SIGNS

P presented for US due to mass in spleen seen on rads- Pulmonary nodule on right side. HCT 29.3, SDMA 16, TP 8.5, Glob 5.5

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 prostate is normal in size (1.41 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney is normal in size and shape, measuring 6.85 cm in length. There is an ill-defined hypoechoic nodule visualized towards the caudal pole measuring approximately 2.12 cm x 1.72 cm. This does not deform the renal capsule. 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 (5.96 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 0.61 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 normal in size measuring 0.58 cm at the cranial pole and 0.55 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, mixed echogenicity, hypoechoic, cavitated mass effect arising from the tail of the spleen measuring 2.49 cm x 10.8 cm. Additionally there is a solid hyperechoic nodule visualized at the hilus measuring 1.76 cm x 1.7 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

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portions of the vasculature and biliary tract appear normal. There is an ill-defined hypoechoic nodule visualized in the cranial aspect of the liver measuring 1.85 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.

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 to mild fluid and gas distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.31 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

There is scant free fluid. No significant lymphadenopathy. The omentum is mildly hyperechoic.

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.

A hypoechoic, solid mass effect is visualized in the right side of the thorax measuring 3.41 cm x 2.89 cm.

ULTRASONOGRAPHIC FINDINGS

- Suspect ill-defined hypoechoic renal nodule – This could be concerning for an early metastatic lesion, a benign lesion such as an adenoma, granuloma, etc.
- Large, mixed echogenicity cavitated splenic mass lesion – A large, heterogenous mass with cavitations is present within the splenic parenchyma. The mass distorts the splenic capsule. Differentials for the mass include neoplasia (e.g., hemangiosarcoma, hemangioma), hematoma, abscess, other. A neoplastic process is favored.
- Smaller hyperechoic splenic nodule – This has an appearance most consistent with a benign myelolipoma but other differentials are possible.

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- Heterogeneous liver with ill-defined hypoechoic nodule – The mild hepatic changes are most consistent with age related remodeling. Primary hepatopathy is possible. The hypoechoic nodule could represent a regenerative nodule, a subtle metastatic lesion, etc.

- Hypoechoic, solid pulmonary mass (large nodule) – Findings are suspicious for a primary mass lesion, although a metastatic lesion is possible.

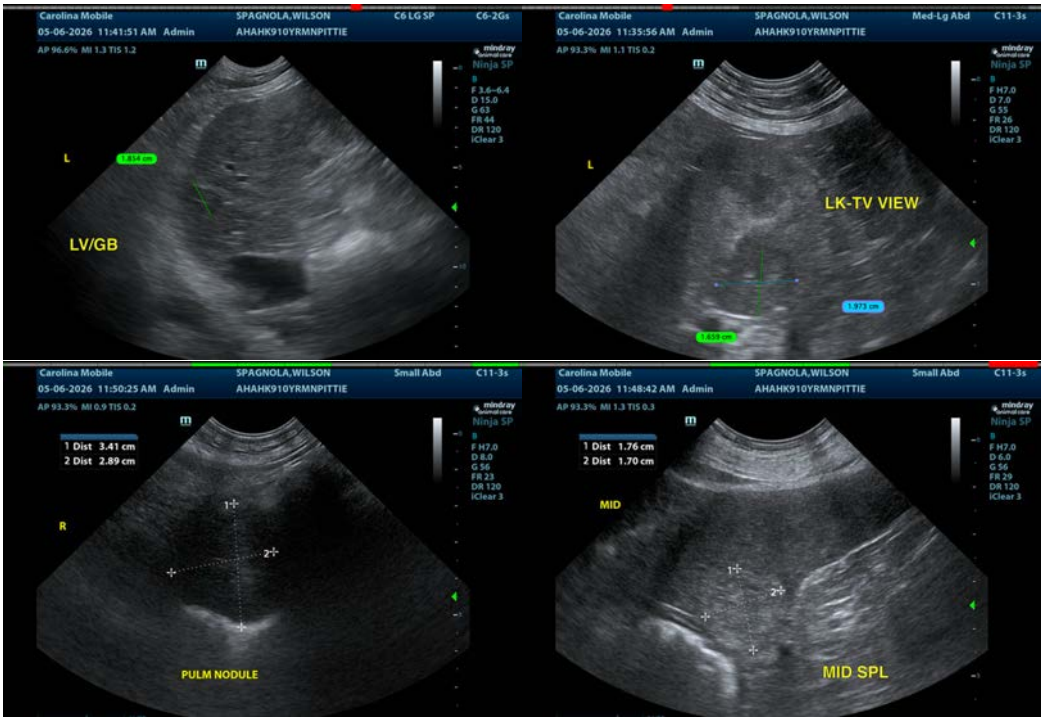
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a very large, mixed echogenicity cavitated mass effect visualized associated with the spleen. Splenectomy would be recommended for both diagnostic and therapeutic purposes.

There is a poorly defined hypoechoic nodule in the left kidney. This could be concerning for a subtle metastatic lesion, although other differentials are possible. Based on the location, I suspect a fine needle aspirate would be challenging.

Additionally, there is a hypoechoic small mass/large pulmonary nodule on the right side. The size of this is concerning for a primary pulmonary lesion, although a metastatic lesion is possible. Correlate with radiographs, looking for other lesions. Ideally a contrast CT scan would be performed to further evaluate and try to differentiate this from a metastatic lesion. A fine needle aspirate could potentially be performed while under anesthesia. Additionally, the left kidney nodule could be further evaluated to try to determine how likely a metastatic lesion is.

There is a subtle hypoechoic nodule in the liver. This could represent a benign regenerative nodule. An early metastatic lesion cannot be ruled out.



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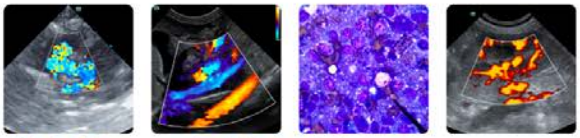

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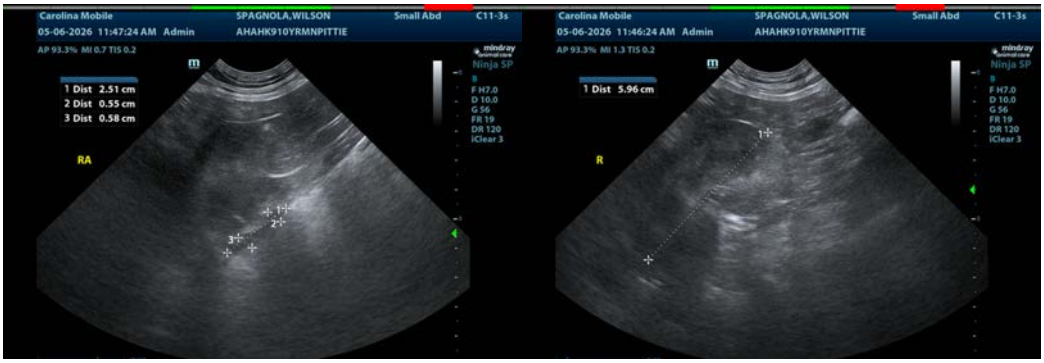

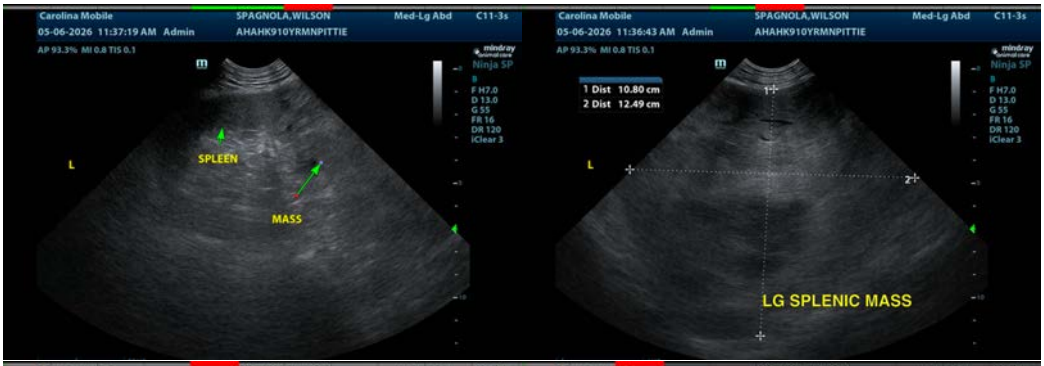

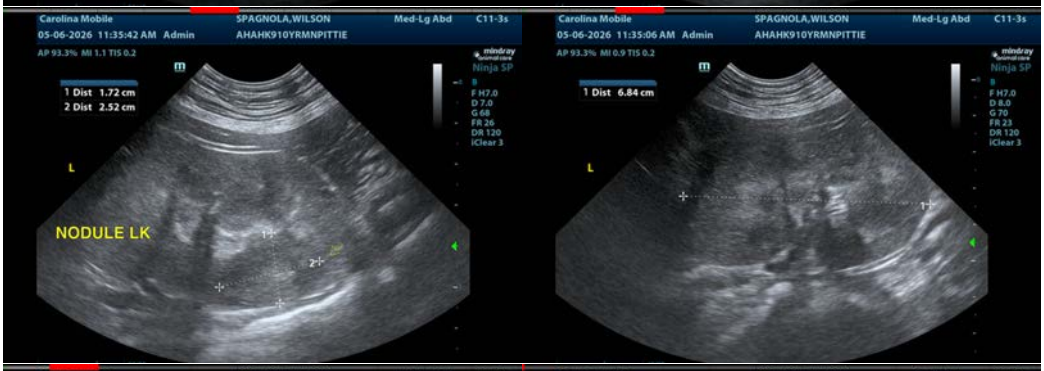

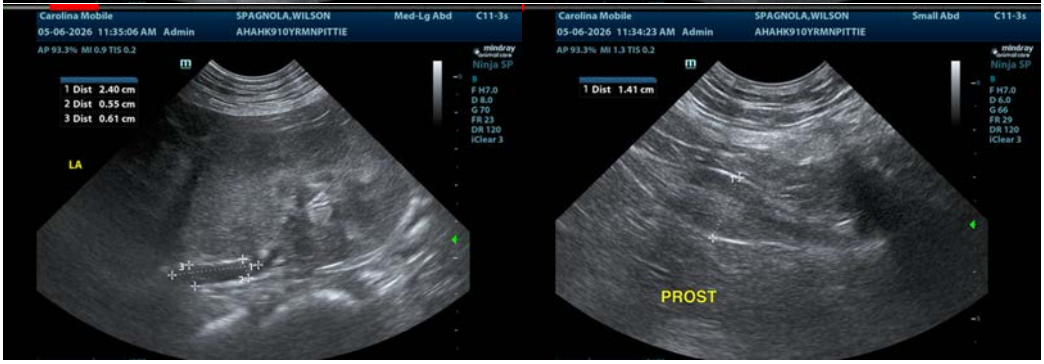

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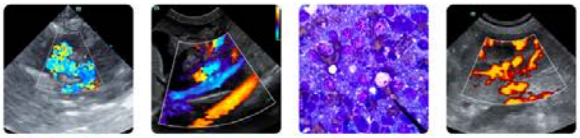

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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