



PATIENT

Angus Maxwell

SPECIES

Canine

BREED

Golden Retriever
Labrador X

SEX

Male Neutered

AGE

7y 9m

WEIGHT

39.5 kgs

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Ark AH

INVOICE

13079

DATE

1/14/26

PRESENTING CLINICAL SIGNS

History: AUS to further evaluate intermittent vomiting, decreased appetite, mild ALT elevation. Vomiting sometimes contains undigested food. Duration of signs has been about 1 1/2 months.

Abnormal PE/Chem/CBC/UA Results: Jan 2026: - Chem: Alb 3.1-n, ALT 222 H, remainder NSF - CBC: Hct 53%, Plts 356, remainder NSF - T4: 1.4-n

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Area of the prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.2 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.63 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole.

Spleen

Enlarged mid to caudal spleen with asymmetrical contour and non-homogeneous, hypoechoic parenchyma. Indistinctly marginated yet expansive splenic mass measuring ~4.0 cm in diameter. Overall, caudal splenomegaly measured ~ 8.0 cm x 4.5 cm. Normal homogeneous parenchyma and symmetrical contour cranial spleen.

Liver

The liver exhibited multiple to diffuse, variably sized to echogenic hepatic nodules to masses and associated asymmetrical hepatic capsule contour. Example of liver nodule measured 2.6 cm in diameter and example of liver mass measured 5.5 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Perisplenic non-homogeneous hyperechoic omentum, scant perisplenic free fluid and no obvious visualized significant omental lymphadenopathy noted.

Heart

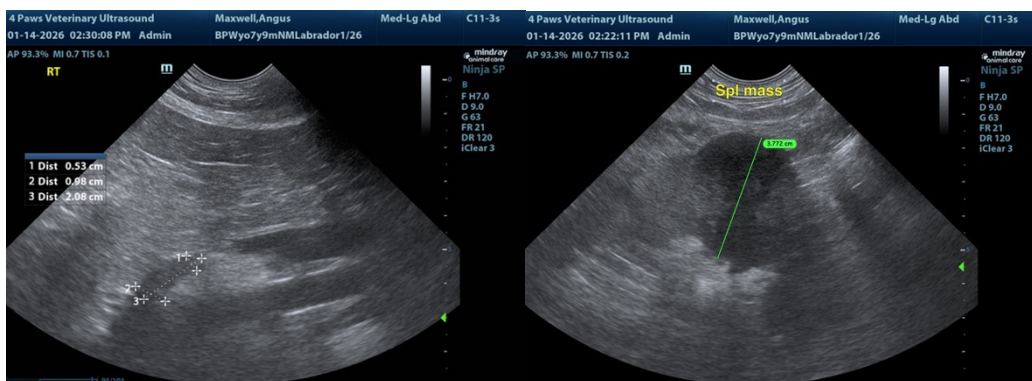
Rapid view of the heart revealed no obvious cardiac tumors or pericardial effusion in the visible window. Subjective normal left and right chamber dimension and adequate LV systolic function.

ULTRASONOGRAPHIC FINDINGS

- Multicentric hepatosplenic neoplasia
- Subjective normal cardiac structure/function

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, multicentric hepatosplenic neoplastic criteria is met with considerations including multicentric sarcoma, round cell neoplasia or other. Curative surgical options are precluded. Hepatosplenic FNA cytology could be considered for further clarification and potential oncology consult.





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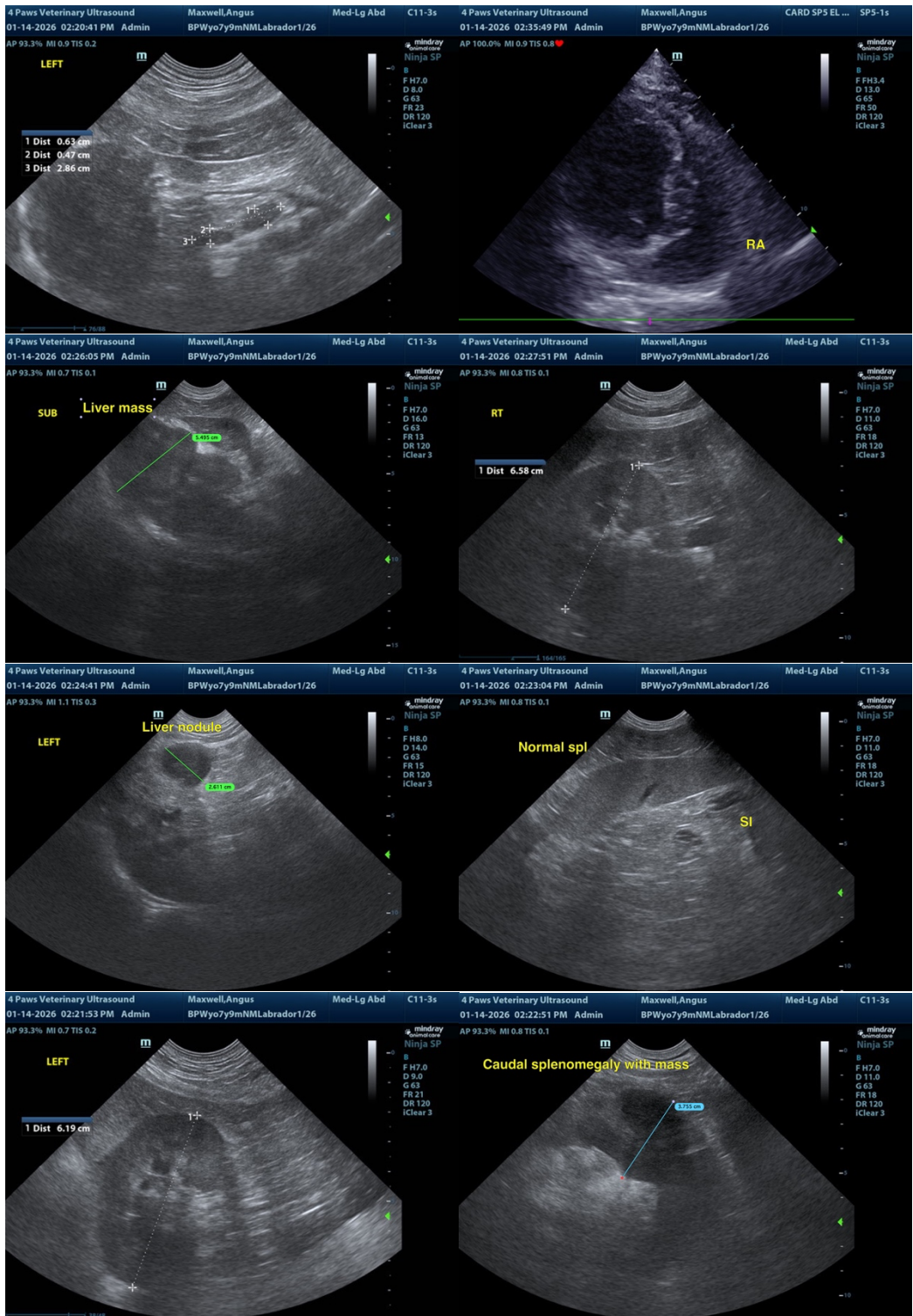
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@sonopath.com