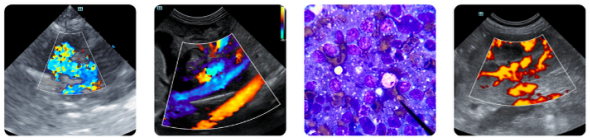


PATIENT

Skagit Sleipness

SPECIES

Canine

BREED

Goldendoodle

SEX

Female Spayed

AGE

2014

WEIGHT

70 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook SDEP – Certified Clinical Sonographer

HOSPITAL NAME

Rivers Edge Pet Medical Center

REFERRING VET

Dr. David Gray

INVOICE

13061

DATE

1/14/26

PRESENTING CLINICAL SIGNS

History: Lethargic for the last day acute collapse tonight week in the rear end knuckling pale mucous membranes

Current Medications: Carprofen and alprazolam as needed for nail trims

Abnormal PE/Chem/CBC/UA Results: 22% Pcv, 43K PLAT, 4.7 TP, COAGS NORMAL Current Radiographs: Chest okay spine okay ventral abdomen cranial aspect loss of detail no good visualization of the spleen

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.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

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 5.8 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

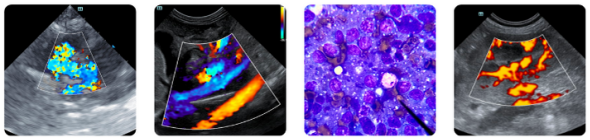
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.66 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

An indistinctly marginated mass involving the spleen was present measuring ~7-8 cm in diameter with associated capsule distortion was present. The parenchyma of the mass was heterogeneous to mixed echogenic without areas of cavitation. The remainder of the visualized spleen exhibited symmetrical contour and primarily homogeneous parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver

The liver was subjectively normal in size, structure, and contour with normal vascular volume. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, non-shadowing ingesta without signs of obstruction or foreign material.

The visualized segments of 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

Moderate to significant volume mildly echogenic peritoneal effusion, no definitive visualized significant omental lymphadenopathy and mild heterogeneous parenchyma.

Heart

No overt pericardial effusion or visualized masses. The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, non-shadowing ingesta without signs of obstruction or foreign material. Volume contraction was present.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass
- Unremarkable normal volume liver
- Non-organized gallbladder debris
- Peritoneal effusion
- Subjective volume contracted heart

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible yet considered less likely. Definitive evidence of intraabdominal major organ or cardiac macrometastasis was not sonographically obvious. Potential for non-sonographically evident metastasis or micrometastasis cannot be definitively excluded. Assuming no pathology on 3-view chest radiographs and with replenished intravascular volume, laparotomy with splenectomy and gross inspection of the peritoneal cavity is warranted. Guarded prognosis pending splenic histopathology.

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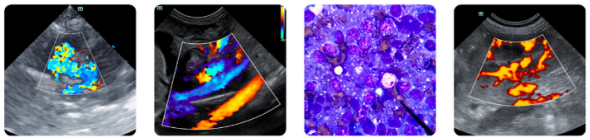

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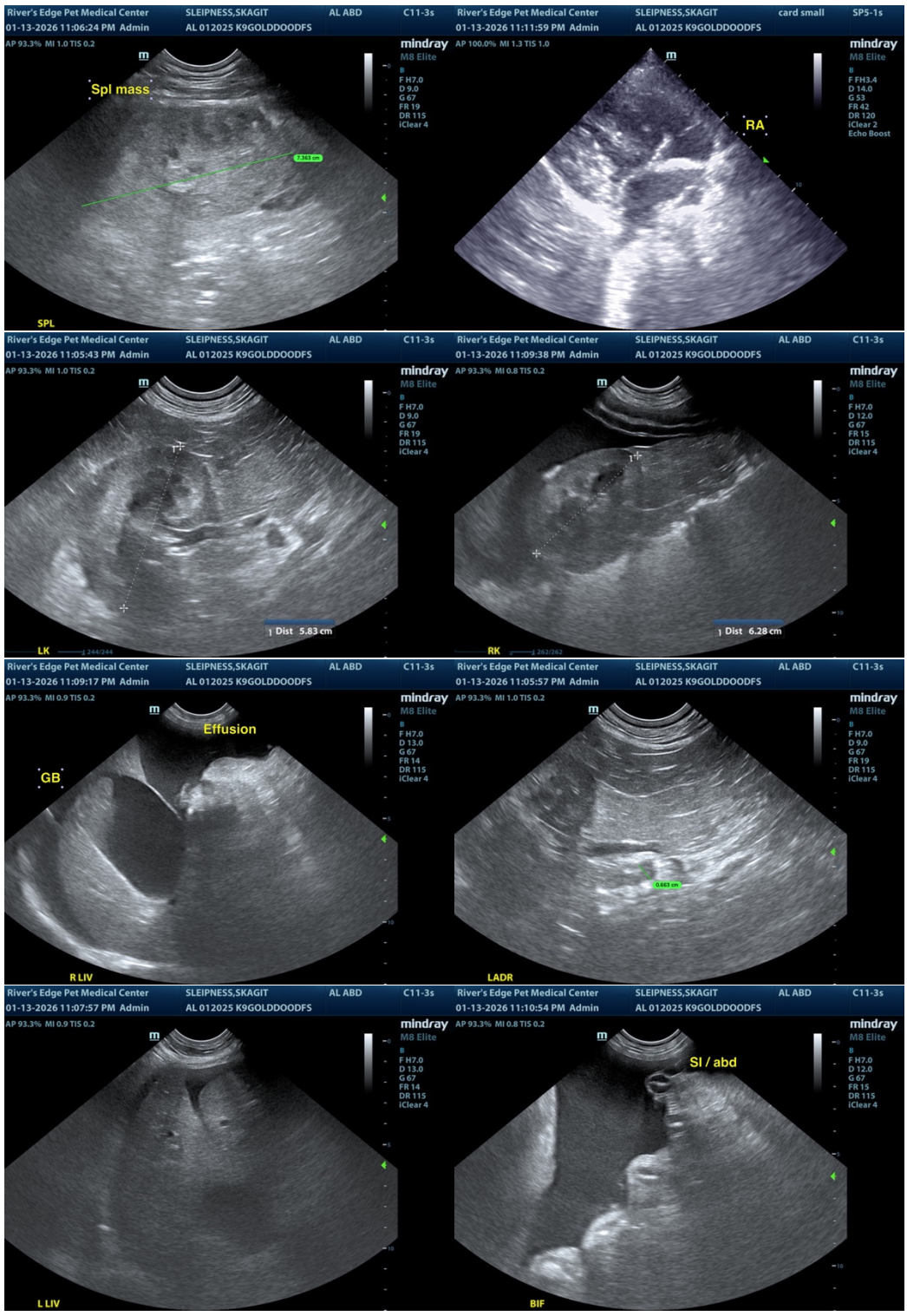

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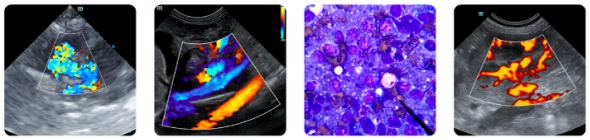

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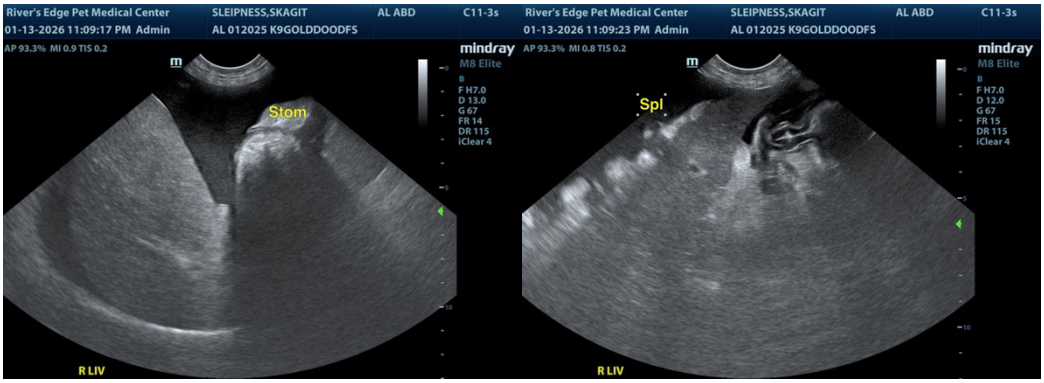

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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