



PATIENT

Jax Courtney

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered
Male

AGE

8 Years

WEIGHT

68 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu Veterinary Clinic

REFERRING VET

Dr. Marissa Weaver

INVOICE

12254

DATE

11/14/25

PRESENTING CLINICAL SIGNS

Decreased appetite started 2 weeks ago, not eating for the past week, lethargic. 104.4F fever. CBC shows significant anemia, increased WBC, and thrombocytopenia (65 k/uL). Blood smear shows moderate numbers of spherocytes and echinocytes, occasional target cell, mild polychromasia.

Abnormal PE/Chem/CBC/UA Results: 11/14/25 CBC- hct 19.5%, neuts 20.9, monocytes 1.48 k/uL, and platelets 65 k/uL Chem- amylase 2251 U/L, otherwise WNL 4dx neg x 4 UA - USG 1.012 and bld (250 Ery/uL) on dipstick but not on sediment

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 change were noted.

No obvious pathology in the area of the residual prostate.

Normal size and contour was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild indistinct corticomedullary border demarcation. No evidence of pelvic dilation was present. The left kidney measured 7.3 cm in length. The right kidney measured 7.4 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was folded upon itself with expansive indistinctly marginated cavitated mass appearing to derive from the lateral spleen.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was indistinctly visualized with no evidence of gallbladder overdistention or posthepatic stasis.

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.

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.



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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

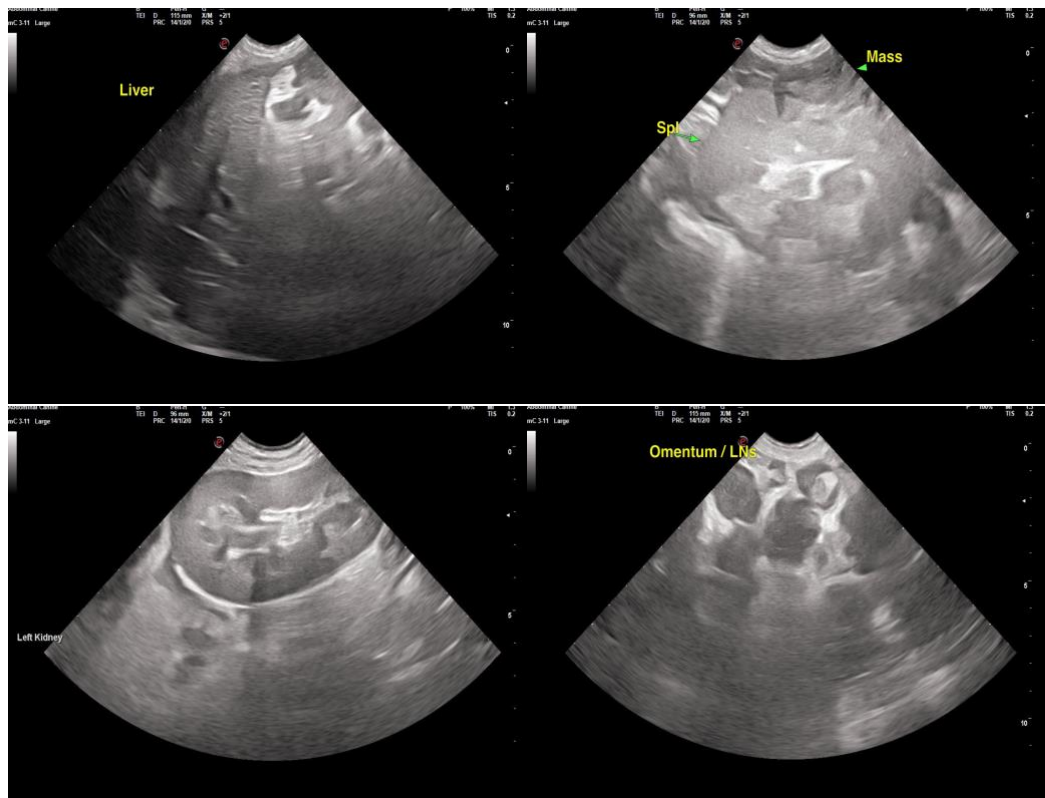
Diffuse nonuniform nodular omentum with ill-defined mesenteric mass and multifocal hypoechoic to swollen mesenteric lymph nodes to omental nodules were visualized. Mild volume of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Multicentric neoplasia pattern involving the spleen and diffuse omentum including ill-defined infiltrative mesenteric mass and multifocal hypoechoic to swollen lymphadenopathy.
- Associated peritoneal effusion.
- Hepatic parenchymal remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, sonographic findings are consistent with multicentric to diffuse neoplasia involving the spleen and omentum consistent with sarcomatosis or similar. Curative surgical options are precluded. A poor prognosis is indicated.





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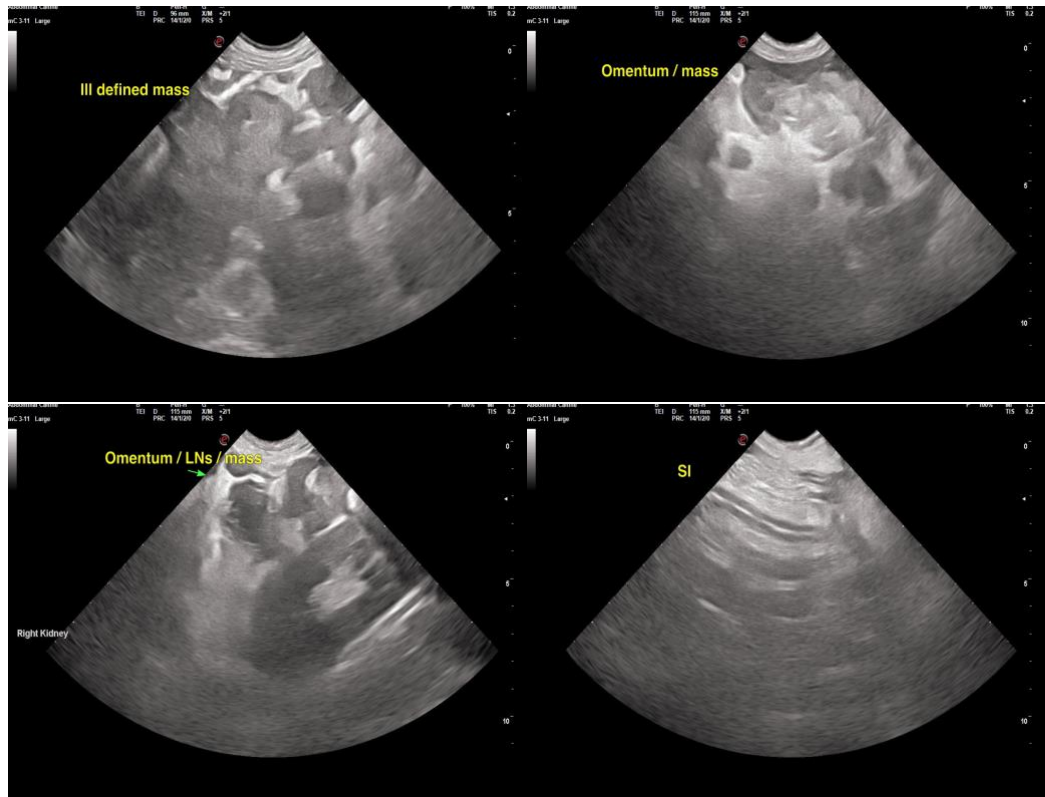
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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