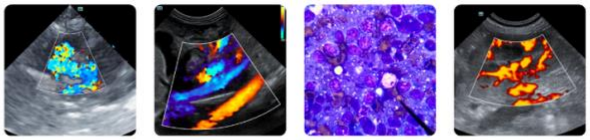


PATIENT

Harlo Pritt

SPECIES

Canine

BREED

Rottweiler Mix

SEX

Spayed Female

AGE

8 Years

WEIGHT

91 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Amanda Crook SDEP Clinical Sonographer

HOSPITAL NAME

River's Edge Pet Medical Center

REFERRING VET

Dr. Anne Todd

INVOICE

12302

DATE

11/17/25

PRESENTING CLINICAL SIGNS

Acute ADR with increased RR and seems uncomfortable Hospitalized, vitamin K, cerenia, buprenorphine given, IVF

Abnormal PE/Chem/CBC/UA Results: See attached - anemia, ALP 243, no UA See attached rads - splenic mass

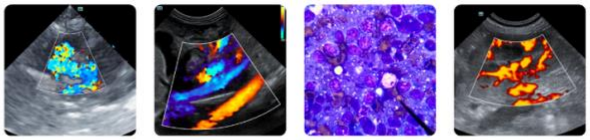
ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	--	NM	1.3	42	74	0.5
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (kg)	**LAD** LA MAX 4 Chamber	**LVIDd** Avg; 2D and m-mode short axis (cm)	**LVIDs** Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	NM	--	1.2	--	3.7	4.2	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** dimension based on 2 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. Minor centralized MR on doppler. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.

Urinary System



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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 change 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 7.1 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.56 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

Spleen

The spleen presented markedly to asymmetrically enlarged in size exhibiting variable nonhomogenous parenchyma and capsule asymmetry. An indistinctly marginated yet expansive to large mixed echogenic splenic mass was visualized measuring approximately 12.0 cm in diameter. Additional cranial splenic nonhomogenous mass was visualized measuring approximately 4.0 cm in diameter.

Liver

The liver presented subjective borderline to mild enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with 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.

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.

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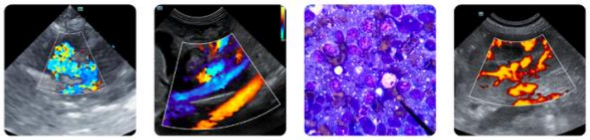

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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Free Abdomen

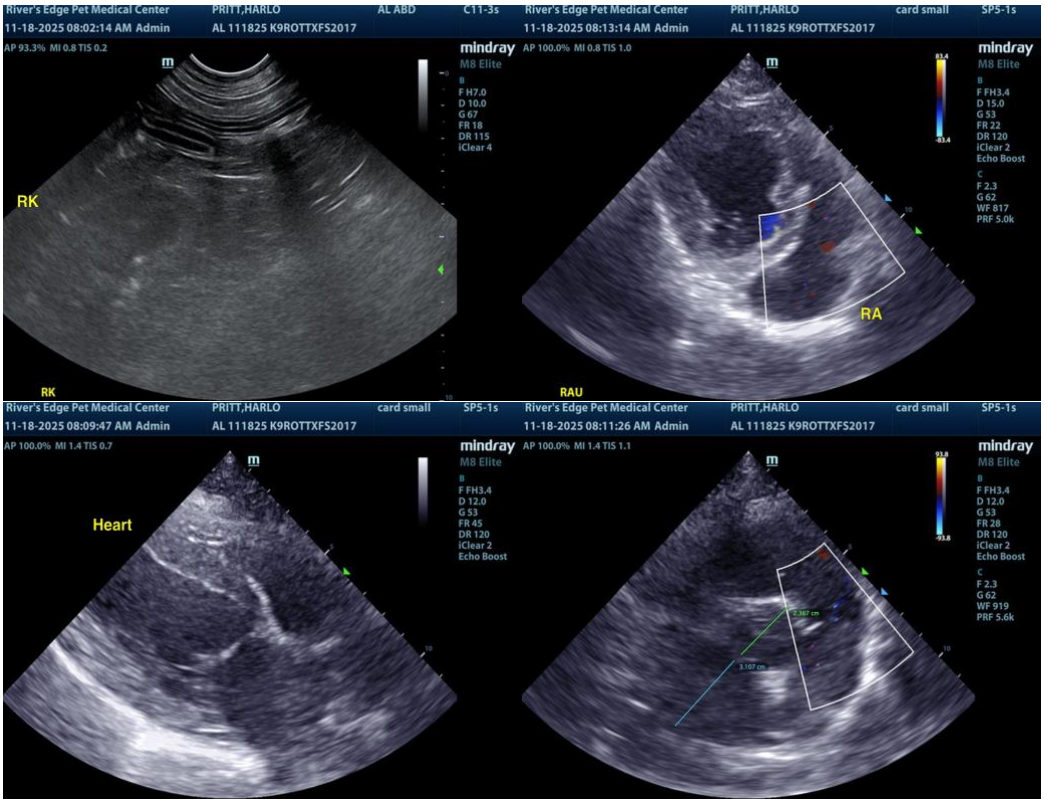
No definitive visualized significant omental lymphadenopathy was present. Mild volume perisplenic to peritoneal effusion and mild increased perisplenic to mid/cranial abdomen omentum. An ill-defined mild nonhomogenous nodular appearing lesion was present ventrocranial abdomen in the area of the cranial spleen as well as ventrocaudal liver measuring approximately 4.2 cm x 1.7 cm.

ULTRASONOGRAPHIC FINDINGS

- Infiltrative splenomegaly with ill-defined splenic mass/masses.
- Mild noncongested hepatomegaly.
- Perisplenic nonuniform omentum and ill-defined nodular lesion between cranial spleen and ventrocaudal liver- perisplenic omental reactivity or inflammation, potential blood clot, perisplenic omental neoplastic infiltration not excluded.
- Normal cardiac structure/function.
- Minor compensated centralized MR.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The generalized spleen including masses are consistent with neoplastic criteria i.e. sarcoma or other. Definitive evidence of intrahepatic metastasis was not obvious yet micro metastasis, perisplenic omental seeding or early perisplenic omental metastatic lesions are not excluded. Assuming no pathology on three view chest radiographs and normal clotting status, laparotomy with splenectomy and gross inspection of the perisplenic and liver with as needed biopsies could be considered. Extremely guarded prognosis is suspected.



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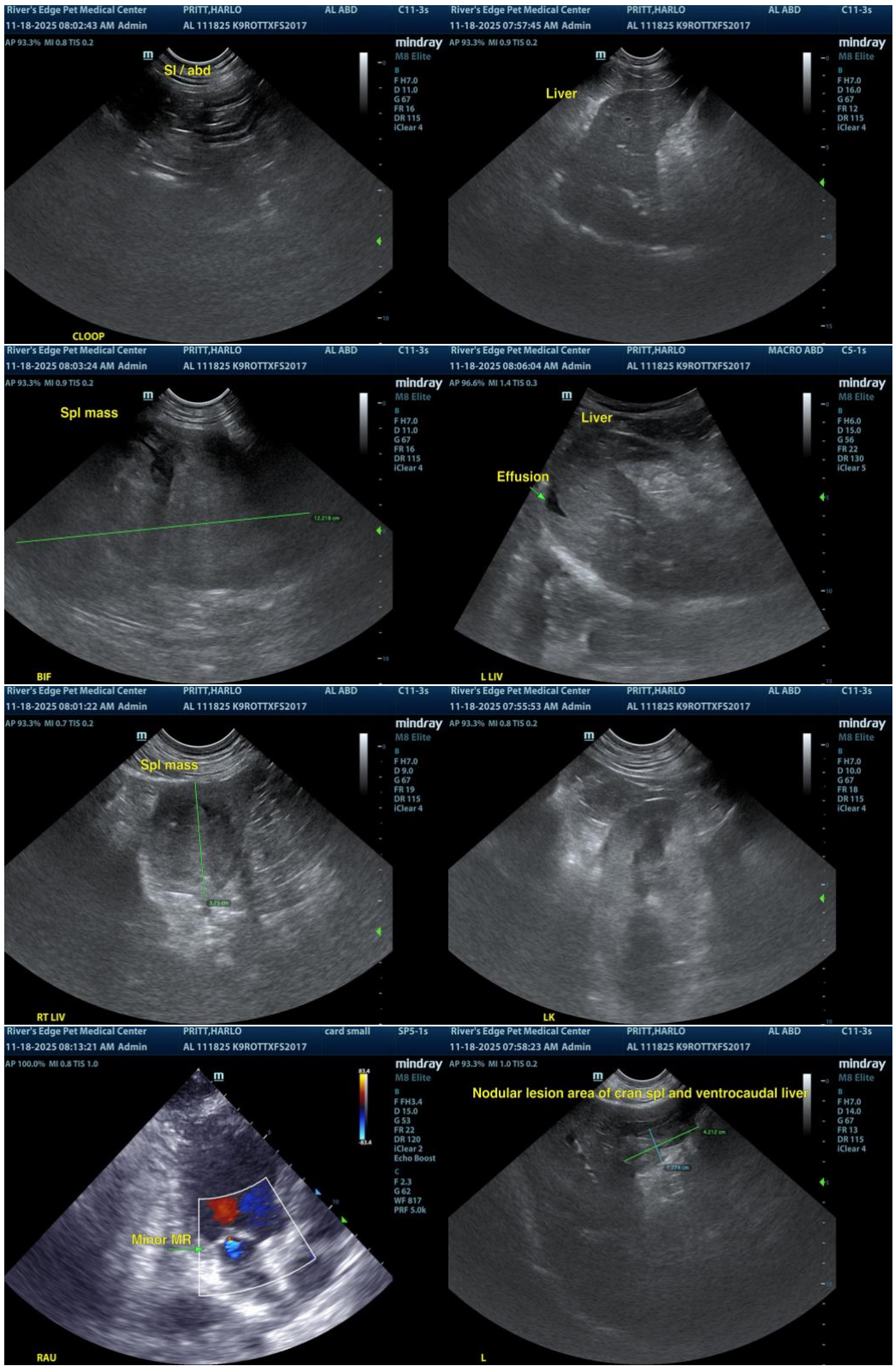

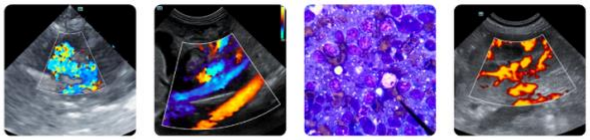

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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