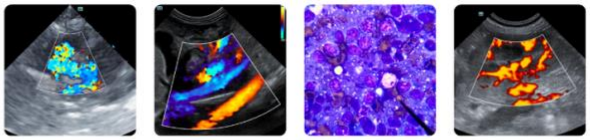

PATIENT

Bailey Smith

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

13 Years

WEIGHT

85 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Danielle Shemanski DVM, MA

HOSPITAL NAME

Western New York Veterinary Services

REFERRING VET

Dr. Andrea Blitz DVM

INVOICE

12385

DATE

11/20/25

PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL: Lung mass in left caudal lung field on xray Abd ultrasound to rule out other masses CLINICAL SIGNS: No weight loss Occasionally more lethargic Belly appears bloated MEDICATIONS: none

Abnormal PE/Chem/CBC/UA Results: Not anemic at this time Bloodwork NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.2 cm in length. The right kidney measured 7.8 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 0.69 cm width at the caudal pole.

The right adrenal gland was overtly normal in size, position and shape. The right adrenal gland subjectively measured 0.81 cm width at the caudal pole.

Spleen

A mildly expansive nonhomogenous hypoechoic to cavitated mid to caudal splenic mass was visualized measuring approximately 3.5 cm in diameter. No evidence of associated splenic capsule distortion or rupture. The remainder of the spleen exhibited homogenous parenchyma, symmetrical contour and subjective mild generalized splenomegaly.

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 non distended in size with mild to moderate congealed to nondependent primarily caudal lumen and gallbladder neck biliary sludge. The common bile duct was not visualized.

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

No evidence of overt mesenteric lymphadenopathy or peritoneal effusion/hemoabdomen or omental masses.

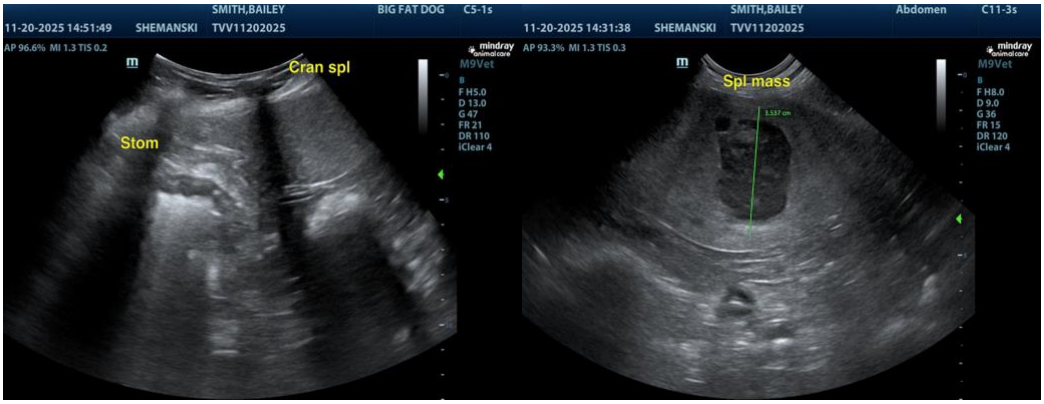
Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Mild hepatic parenchymal remodeling.
- Nonorganized gallbladder debris (non-mucocele).
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other is favored). Definitive evidence of cardiac or intra-abdominal major organ macro metastasis was not obvious. Nonsonographically evident metastasis or micro metastasis cannot be definitively excluded. Assuming no pathology on three view chest radiographs, splenectomy with gross inspection of the liver and peritoneal cavity could be considered. Splenic mass FNA cytology using a 25-gauge needle and assuming normal clotting status with sonographic monitoring would be a more conservative approach.



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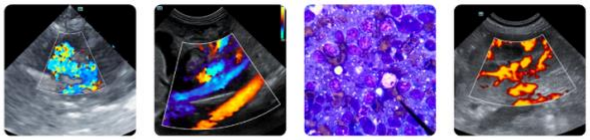

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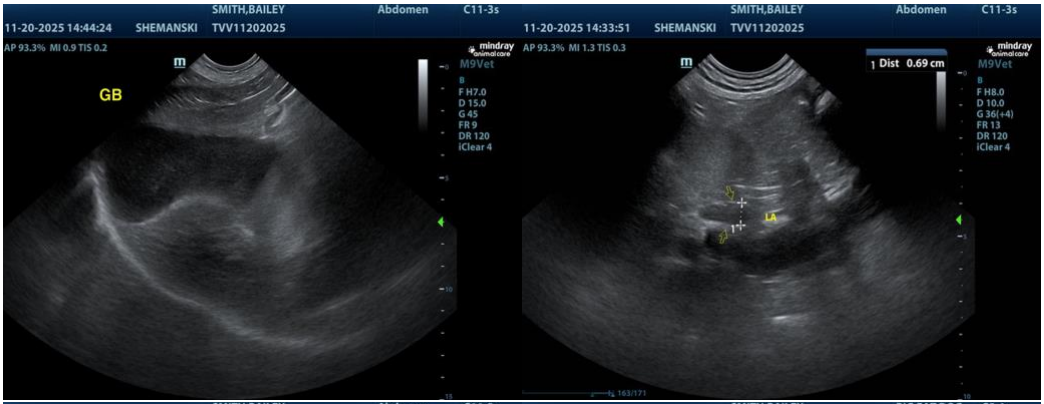

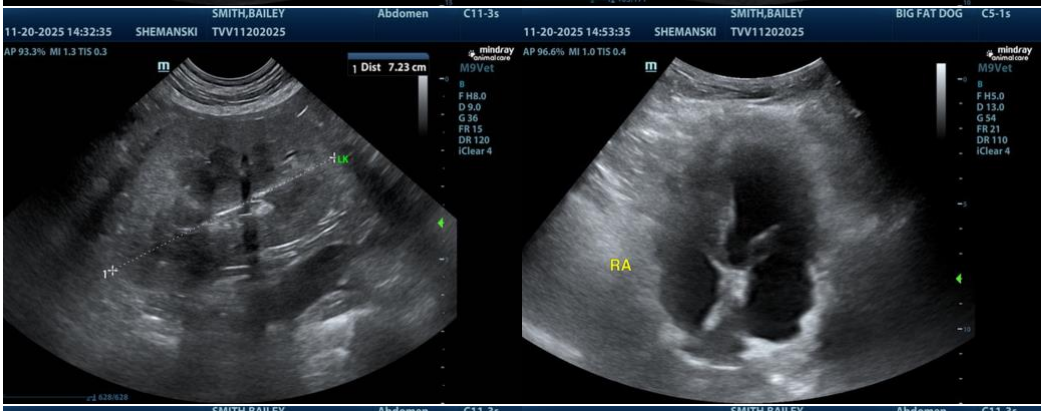

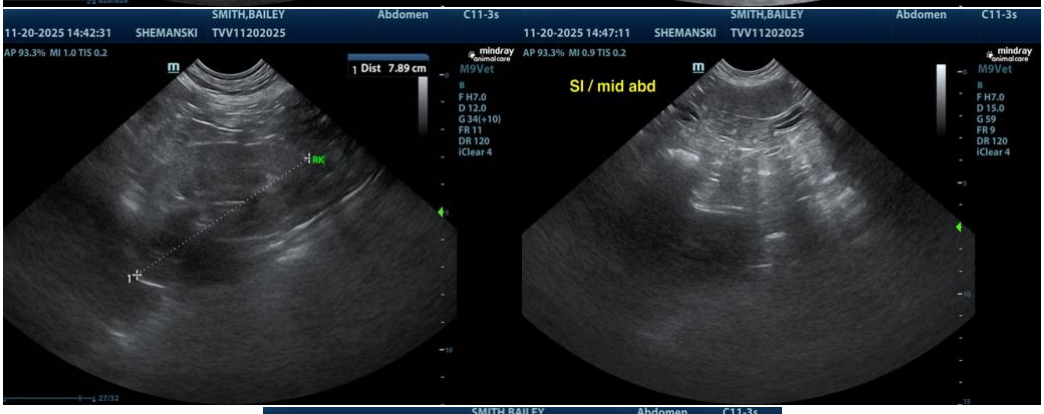

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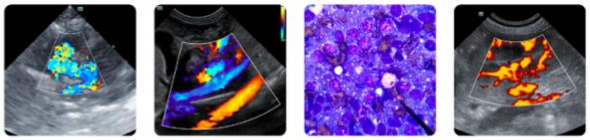

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com