



PATIENT

Tessa Szpak

SPECIES

Canine

BREED

Shepherd Mix

SEX

Spayed Female

AGE

12 Years

WEIGHT

41

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Mallory

HOSPITAL NAME

The Pet Hospital of
Stratford

REFERRING VET

Dr. Giuliani

INVOICE

12466

DATE

11/25/25

PRESENTING CLINICAL SIGNS

Presented for check growth on 11/7. Pre-op bw showed low platelets. Repeated bw and continuing to decrease. Per o p now lethargic for the past week and vomited a couple of times. Weight loss of 3 lbs over the past week.

Abnormal PE/Chem/CBC/UA Results: low platelets

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 change were noted.

The area of the aortic trifurcation was free of pathology.

The left and right kidney were not definitively visualized.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen revealed marked asymmetrical splenomegaly exhibiting nonhomogenous to mixed echogenic parenchyma including multiple to potentially coalescing indistinctly marginated masses with an example measuring 12.0 cm in diameter (but potentially larger as differentiation between one large splenic mass and multiple coalescing splenic masses was difficult). Surrounding hyperechoic to regional perisplenic omentum.

Liver

The liver presented 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 overt congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented nondistended with overtly normal visible wall. the stomach contained a mild amount of progressively shadowing ingesta or content.

The visualized segments of small intestine were sonographically normal.

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

Pancreas



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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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Free Abdomen

No overt lymphadenopathy was present. Mild volume peritoneal effusion was visualized.

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Transdiaphragmatic view of the heart revealed no obvious pericardial effusion.

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ULTRASONOGRAPHIC FINDINGS

- Marked asymmetrical nonhomogenous splenomegaly with multiple indistinctly margined to potentially coalescing splenic masses.
- Mild hepatomegaly.
- Gallbladder debris (non-mucocele).
- Structurally normal visible gastrointestinal tract with mild progressively shadowing gastric ingesta/content.
- Perisplenic to generalized hyperechoic omentum and mild volume effusion.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Splenic presentation is consistent with neoplastic criteria i.e. sarcoma, round cell neoplasia or other. Potential for multicentric neoplastic criteria given hepatomegaly is not excluded although definitive sonographic evidence of concurrent hepatic intraparenchymal masses or nodules was not obvious. Micro metastasis or nonsonographically evident metastasis is not excluded.

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Further assessment may include (assuming normal clotting status) hepatosplenic FNA cytology. Mild retained dense gastric ingesta or a small amount of nonobstructive gastric foreign material is possible. Assuming no pathology on three view chest radiographs, abdominal CT would be ideal for further clarification if surgery is a consideration in this patient. Documented 12-hour fast and sonographic reassessment of the stomach is recommended.

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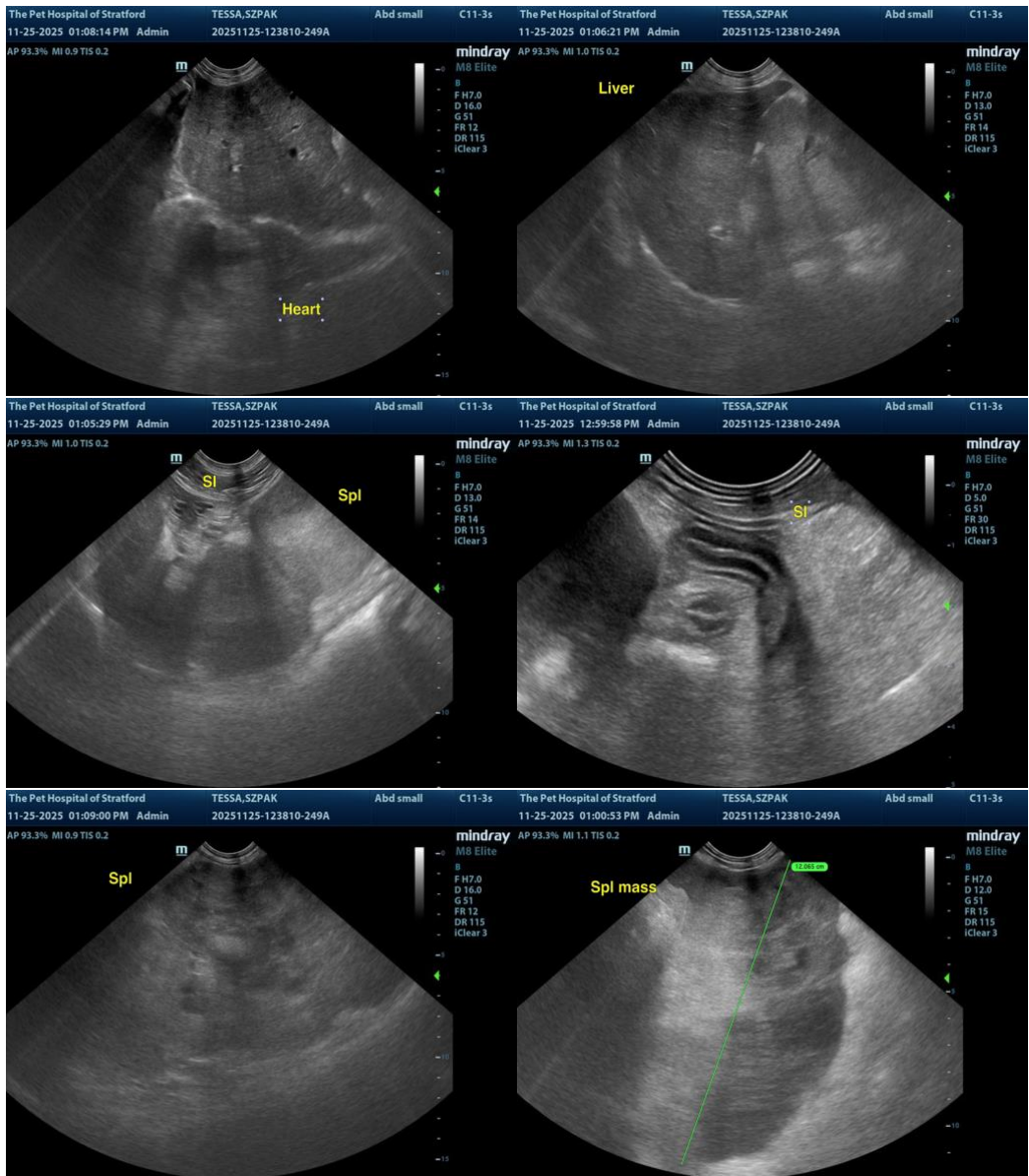
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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