



PATIENT

Lyla Wilensky

SPECIES

Canine

BREED

Pekingese

SEX

Spayed Female

AGE

13 Years

WEIGHT

11.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Cutrone

HOSPITAL NAME

Greater Staten Island
Veterinary Service

REFERRING VET

Dr. Newgent

INVOICE

71521

DATE

11/3/25

PRESENTING CLINICAL SIGNS

Splenic mass noted on fast scan 10/9/25 Splenectomy planned for 11/3/25 or 11/4/25

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.

The area of the iliac trifurcation was free of pathology.

Normal size and margination were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney measured 3.5 cm. Right kidney measured 3.5 cm.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. Right measured 0.48 cm at the caudal pole. Left measured 0.47 cm at the caudal pole.

Spleen

A mildly expansive, non-homogeneous to subtle nodular caudal splenic mass with mild associated asymmetrical capsule distortion noted measuring just under 3.0 cm diameter. The remainder of the spleen was sonographically normal.

Liver

The liver was subjectively normal in size, structure, and contour. 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 congealed debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, nonshadowing ingesta most consistent with post prandial presentation without 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

No overt lymphadenopathy or peritoneal effusion was present.

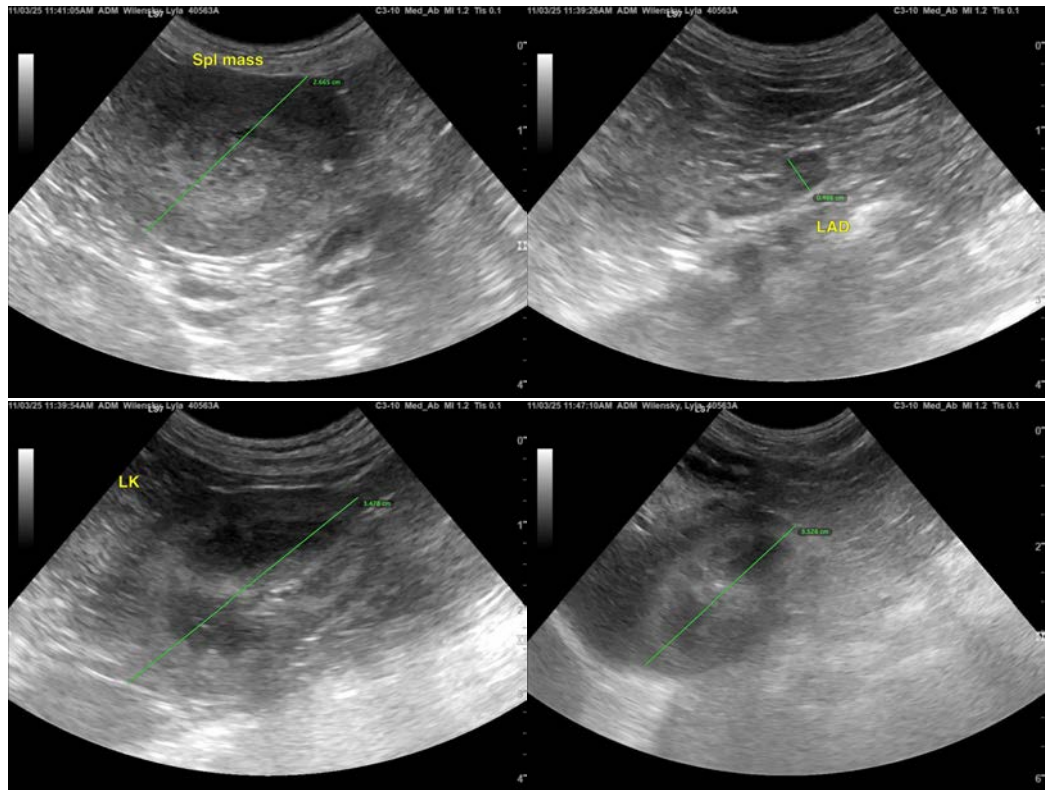
Brief transdiaphragmatic view of the heart revealed no overt pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

- Confirmed non-homogeneous, subtle nodular splenic mass.
- Sonographically unremarkable normal volume liver.
- Minor congealed 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). No overt intraabdominal major organ metastatic criteria or evidence of splenic mass rupture. Assuming no pathology on 3-view chest radiographs, splenectomy with histopathology is recommended.





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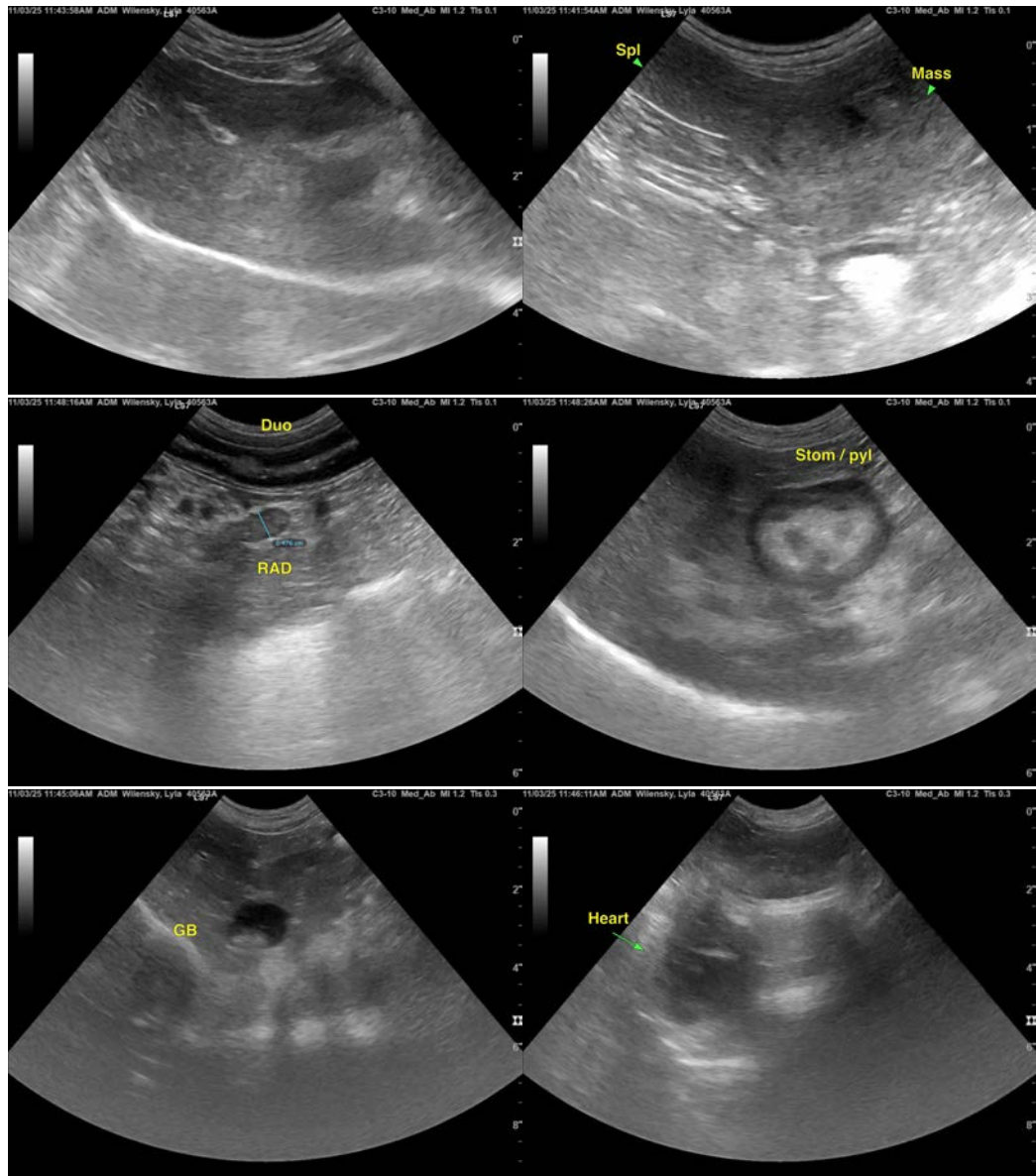
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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