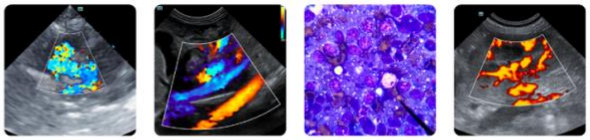

PATIENT

Casey Henricksen

SPECIES

Canine

BREED

Cockapoo

SEX

Neutered Male

AGE

13

WEIGHT

14 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Stoney Trail AC

REFERRING VET

Dr. Rondot

INVOICE

12125

DATE

11/06/25

PRESENTING CLINICAL SIGNS

Splenic mass found on POCUS met check. Echo also done as patient had a 1-6 murmur and attending wanted a pre anesthetic assessment prior to splenectomy.

Abnormal PE/Chem/CBC/UA Results: Mild anemia

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 residual prostate appeared normal and 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.0 cm in length. The right kidney measured 4.7 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 0.40 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width at the caudal pole.

Spleen

The spleen revealed generalized mild splenomegaly, areas of mild asymmetrical capsule contour with caudal medial folding. Generalized mild heterogeneous parenchyma. A mildly expansive nonhomogenous hypoechoic cranial splenic mass with mild associated capsule distortion was visualized measuring 3.6 cm in diameter. Concurrent focal to intermittent hyperechoic separate splenic nodules were present suggestive of myelolipomas, hyperplasia or potential mineralization.

Liver

The liver was normal in size, structure, and contour. Mild variably echogenic to remodeled hepatic parenchyma. The hepatic and portal vasculature were normal in appearance without signs of congestion. No visualized intraparenchymal masses or nodules.

The gallbladder was non distended in size with mild to moderate nonorganized biliary sludge. 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 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 pancreas was normal in size and contour with heterogeneous mildly remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt visualized significant omental lymphadenopathy or peritoneal effusion was present. Maintained normal omental echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged folded spleen with mildly expansive splenic mass and intermittent separate hyperechoic splenic nodules.
- Hepatic parenchymal remodeling- subjective benign.
- Nonorganized gallbladder debris (non-mucocele).
- Age-related renal changes.
- Mild pancreatic remodeling.

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 obvious evidence of major organ intra-abdominal macro-metastasis. Assuming normal clotting status and using a 25-gauge needle, splenic mass and screening hepatic FNA cytology for further clarification and to ensure no evidence of microscopic hepatic metastasis could be considered. Otherwise, assuming no evidence of pathology on three view chest radiographs and ideally, brief sonographic assessment of the heart, splenectomy with gross inspection of the abdominal cavity and liver is warranted.

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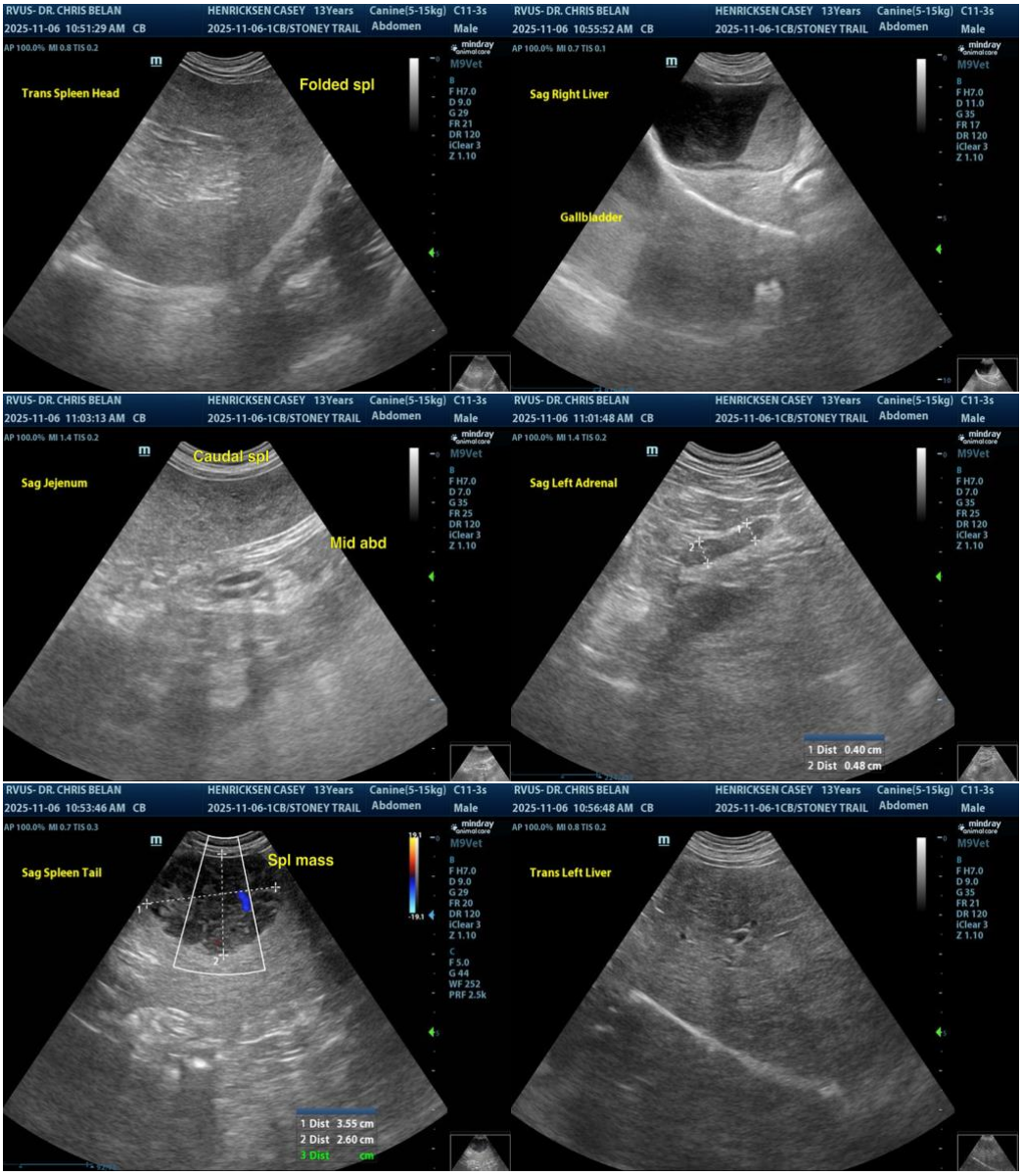

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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