



PATIENT

Balaram Hutchins

SPECIES

Canine

BREED

Maltese

SEX

MN

AGE

14yr

WEIGHT

6.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr. Jessie Evoniuk

INVOICE 23073

DATE 12/1/2025

PRESENTING CLINICAL SIGNS

Presented 5 days ago with coughing, wheezing, harder time breathing. Had normal activity level at that time. was placed on Methocarbamol, Entyse, Amoxicillin, Gabapentin, and prednisolone by colleague (O had declined further testing at that time). Pet returned today with louder breathing, not eating, decreased drinking. decreased activity.

Abnormal PE/Chem/CBC/UA Results: lab work from 11/24 WBC 31.67, NEU 28.6, RBC 3.73, HGB 8.5, HCT 24.44, RDWc 21.0, PLT 155 Sodium >170. Increased RR and effort, pale mm, delayed CRT. HR 180. Frail, sarcopenia, no overt abdominal pain. IVDD history mild kyphosis, Had planned chest rads and repeat bloodwork but given US findings held off. Splenic and heart base neoplasia-hemangiosarcoma suspected.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of minor medullary mineral were present. The left kidney measured 3.4 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.44 cm width at the caudal pole. No obvious pathology in the area of the right adrenal gland.

Spleen

The spleen revealed a mildly expansive non-homogenous mass measuring 2.7 cm in diameter. The remainder of the spleen exhibited normal size, symmetrical contour and mild heterogeneous parenchyma.

Liver/Gallbladder

The liver presented mildly enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. The cranial abdomen caudal vena cava was dilated in appearance, most notable at the level of the liver and diaphragm, without evidence of thrombosis. Intermittent small hepatic parenchymal cysts were present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Transdiaphragmatic view revealed comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung



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disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

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 mechanical/metabolic 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

Scant perihepatic effusion was present with no visualized significant mid abdomen mesenteric lymphadenopathy.

A large non-homogenous mass was present involving the majority of the right heart. No overt pericardial effusion. The mass measured ~ 5.5 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

Primary

- Splenic mass
- Congested liver with small hepatic cysts
- Mild gallbladder debris
- Scant perihepatic ascites
- Large right heart mass
- Transdiaphragmatic comet tail artifact

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, multi-centric neoplastic criteria is met, involving the spleen, heart, and suspect pulmonary parenchyma. An unfavorable prognosis is indicated.



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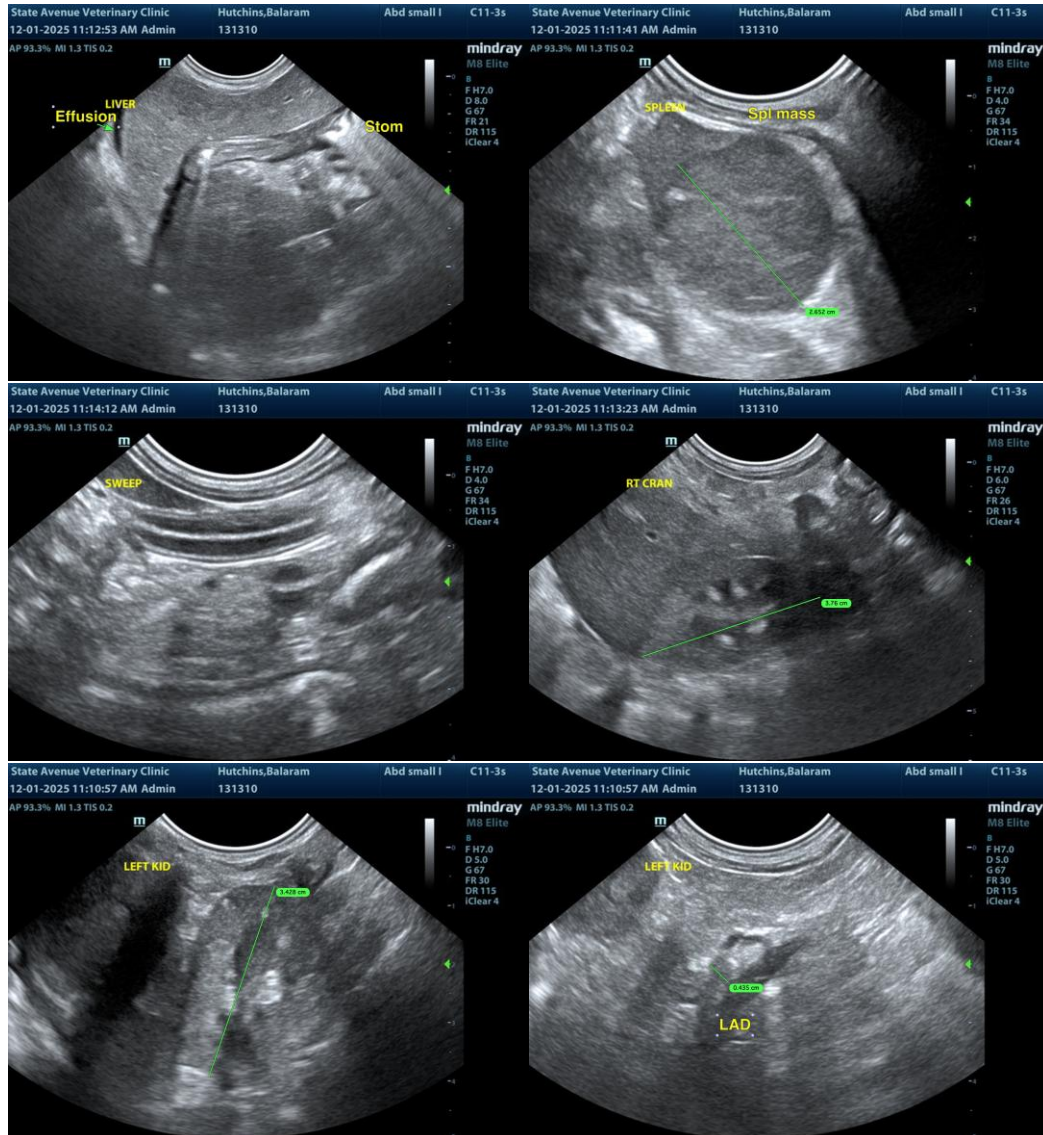
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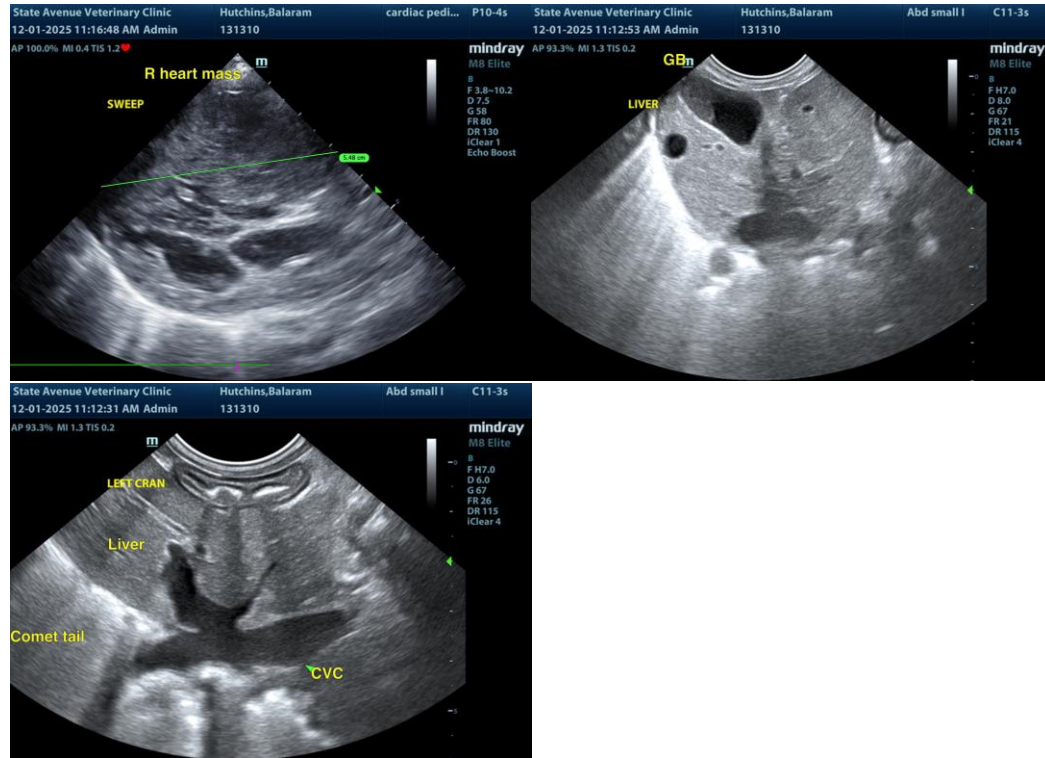
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com