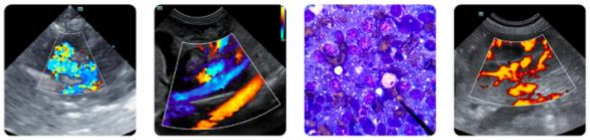


PATIENT

Talvi David

SPECIES

Canine

BREED

Samoyed

SEX

Neutered Male

AGE

12 Years

WEIGHT

66 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Jen Amidon

HOSPITAL NAME

The Pet Hopsital of Stratford

REFERRING VET

Dr. David

INVOICE

12524

DATE

12/01/25

PRESENTING CLINICAL SIGNS

Acute abdominal pain without concurrent GI signs. Mild decrease in appetite. Weight consistent. MM color bright pink and CRT < 2. Hx of prostatitis; neutered about 7 yrs old.

Abnormal PE/Chem/CBC/UA Results: UA - pending Chem - NSF CBC - PLT (452); HCT - 29 T.S. - 6.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 residual prostate presented subjective mildly prominent in size with symmetrical contour. Mildly nonhomogenous hypoechoic to nonmineralized parenchyma. The prostate measured 2.2 cm in diameter.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild medullary mineral was visualized bilaterally. A small thinly walled cortical cyst was present in the right kidney. The left kidney measured 5.6 cm in length. The right kidney measured 5.9 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

An irregularly expansive nonhomogenous to cavitated mass involving the spleen was present and measured approximately 10.0 cm to 11.0 cm in diameter. The remainder of the spleen exhibited mild heterogenous parenchyma and symmetrical contour. Perisplenic to regional mild nonuniform hyperechoic omentum with potential for omental adhesions possible.

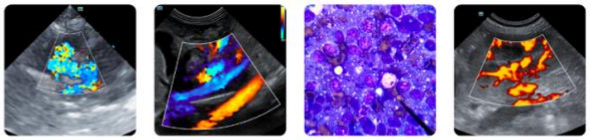
The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional omental inflammation was present around the mass.

Liver

The liver revealed borderline to mild hepatomegaly. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without overt congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. No evidence of wall edema. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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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 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 obvious visualized significant omental lymphadenopathy was present. Mild volume of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenic mass, associated perisplenic to regional uniform nonuniform hyperechoic omentum and mild volume peritoneal effusion.
- Borderline to mild hepatomegaly exhibiting mild parenchymal remodeling.
- Mild gallbladder debris (non-mucocele).
- Bilateral chronic renal changes exhibiting mild medullary mineral and right kidney cortical cyst.
- Sonographically unremarkable visualized gastrointestinal tract.

Secondary Findings

- Subjective mild prominent residual prostate- suspect incidental or patient variant given age of neutering.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible yet considered less likely. Definitive sonographic evidence of intra-abdominal major organ macro metastasis was not obvious. Non-sonographically evident metastasis or micro metastasis as well as regional omental seeding or nonobvious lymphadenopathy are not excluded. Assuming no pathology on three view chest radiographs and ideally, brief sonographic assessment of the heart, splenectomy with gross inspection of the perisplenic omentum and liver could be considered. Correlation with chronic renal changes with pending urinalysis is recommended.

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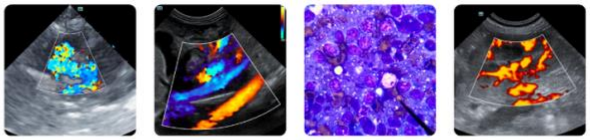

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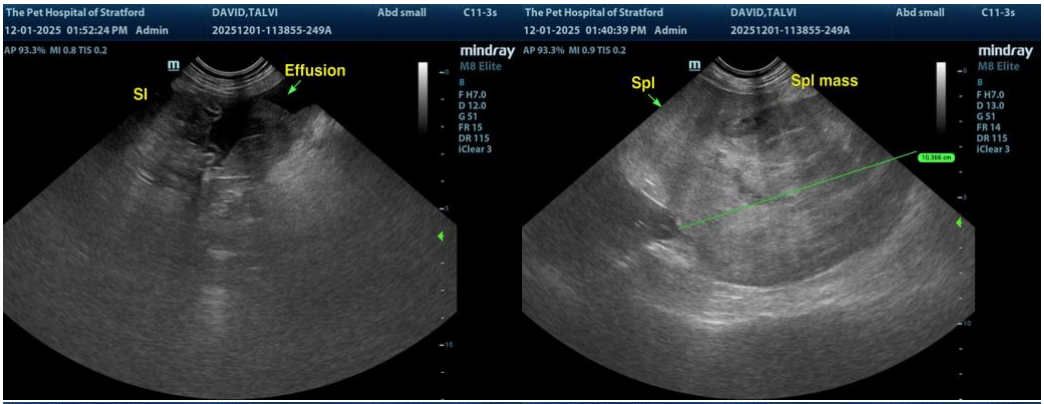

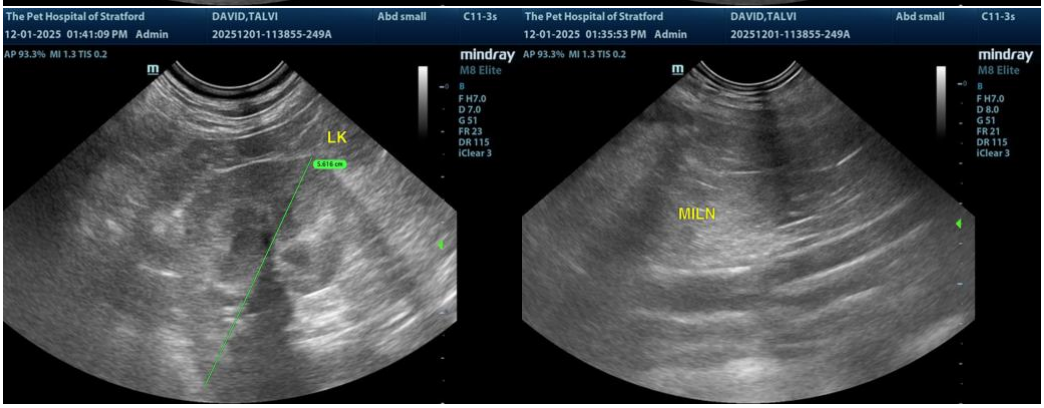

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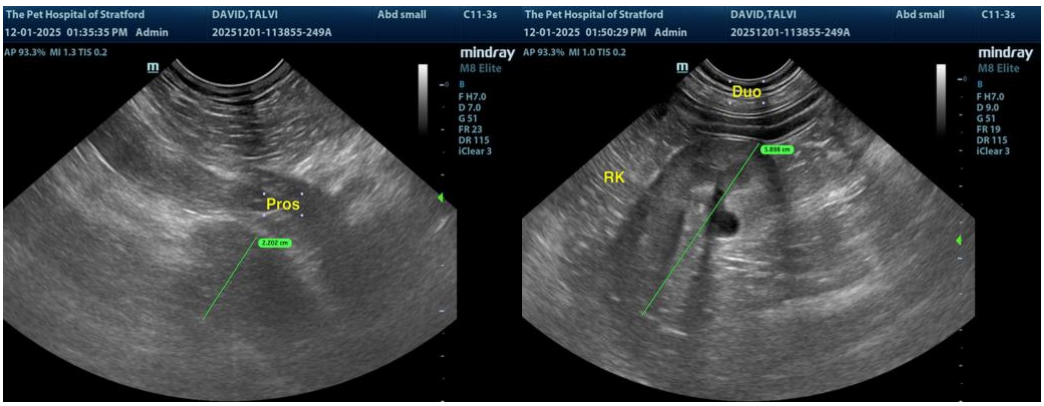

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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