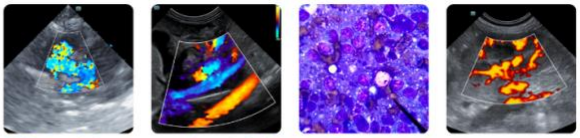

SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Charlie Ratcliffe

SPECIES

Canine

BREED

Border Collie Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

74 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Salem Veterinary Emergency Clinic

REFERRING VET

Dr. Redler

INVOICE

12643

DATE

12/09/25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Lethargic, ataxic. suspect abdominal mass. ABNORMAL Labwork Values NSAID panel WNL

Current Medications Gabapentin

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 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.7 cm in length. The right kidney measured 7.7 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 0.54 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 0.51 cm width at the caudal pole.

Spleen

The spleen revealed marked to variable splenomegaly with splenic folding. Lateral and medial asymmetrical splenic capsule contour with regional variable nonhomogenous parenchyma with focal to intermittent expansive hypoechoic splenic nodules. Scant perisplenic effusion was present. An example of the splenic nodules measured 2.6 cm in diameter. Adequate splenic vascularity.

Liver

The liver was subjectively normal in size, structure, and contour. 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 signs of congestion.

The gallbladder was indistinctly visualized without overt evidence of gallbladder distention or posthepatic stasis.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild variably echogenic nonshadowing ingesta most suggestive of food echogenicity.

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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 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 omental lymphadenopathy was present.

Rapid view of the heart revealed no overt pericardial masses or effusion in the visible window.

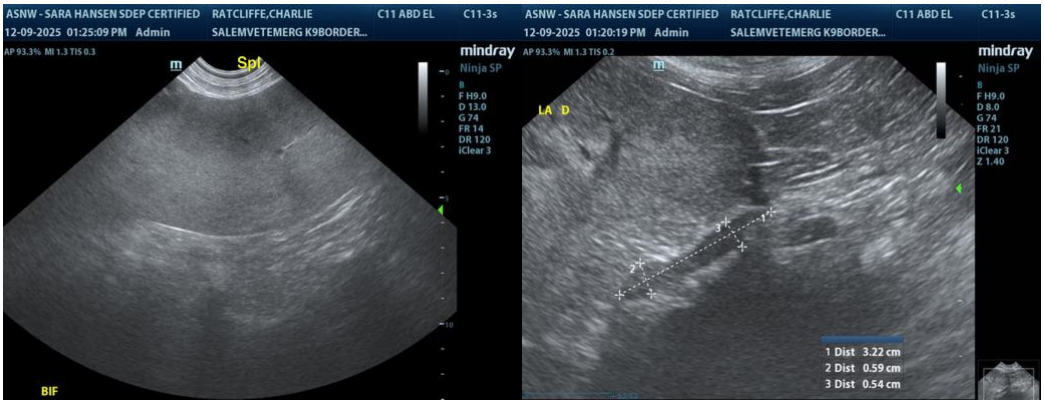
ULTRASONOGRAPHIC FINDINGS

- Marked splenomegaly with folding, regional nonhomogenous parenchyma and expansive splenic nodules.
- Scant perisplenic effusion.
- Mild hepatic parenchymal remodeling.
- Normal gastrointestinal tract with mild gastric ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic presentation is most consistent with infiltrative splenic neoplastic criteria i.e. sarcoma, round cell neoplasia or other with severe hyperplasia, hematopoiesis or splenic inflammation thought less likely. Definitive sonographic evidence of cardiac or intra-abdominal major organ metastasis was not obvious. Nonsonographically evident metastasis/micro metastasis cannot be definitively excluded.

Assuming no pathology on three view chest radiographs and assuming normal clotting status, splenic +/- screening hepatic FNA cytology versus direct splenectomy with gross inspection of the peritoneal cavity may be considered.



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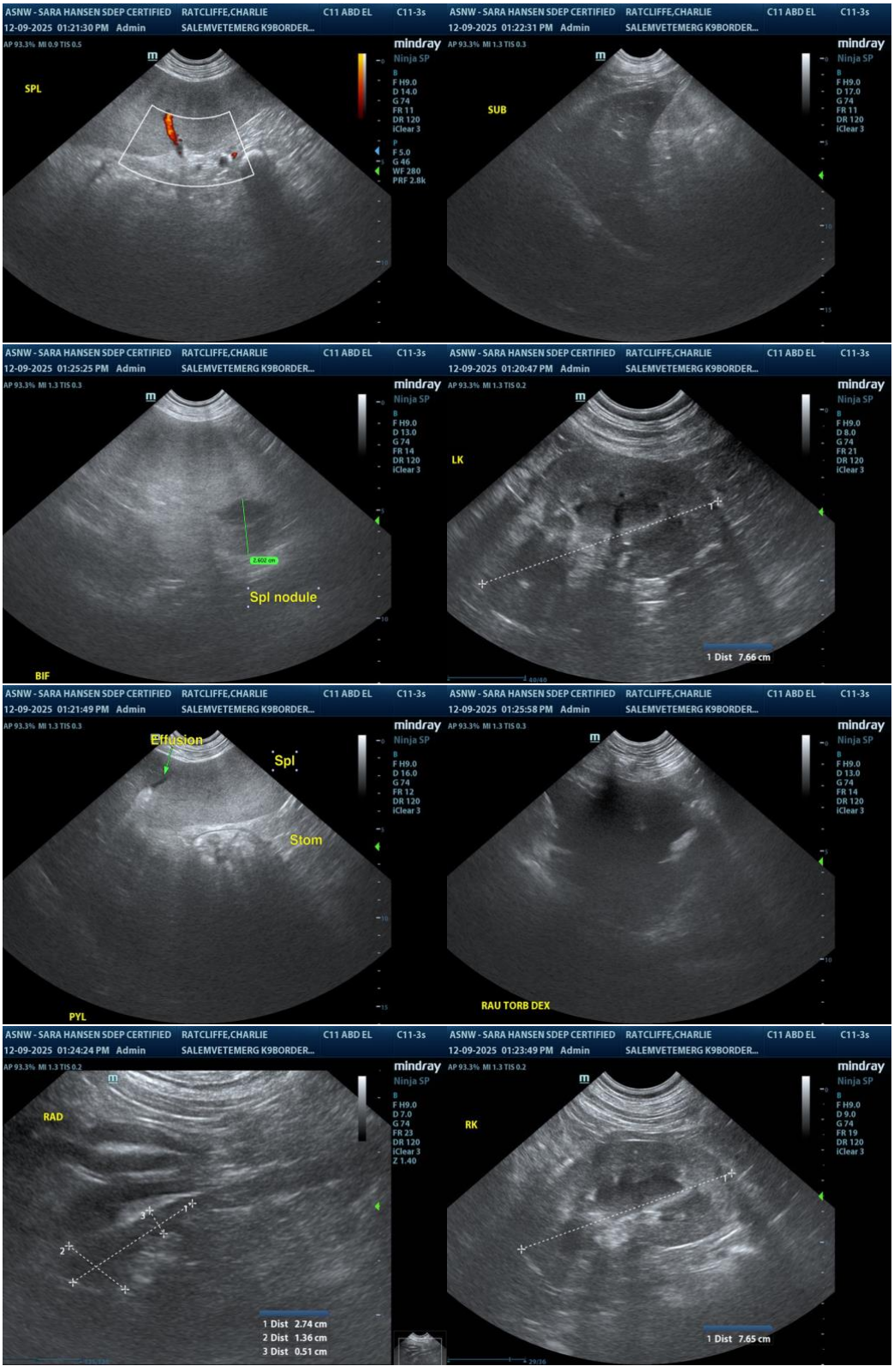

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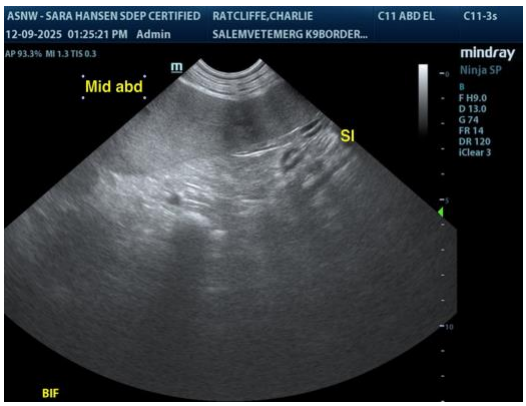

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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