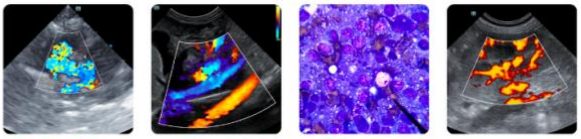

PATIENT

Valkyrie Kelley

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

14 Years

WEIGHT

49.4 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tracy Nyberg DVM

HOSPITAL NAME

Stuga North Veterinary Care

REFERRING VET

Dr. Tracy Nyberg DVM

INVOICE

13868

DATE

02/19/26

PRESENTING CLINICAL SIGNS

- Diagnosed at another vet via rads with presumed splenic mass after owners noted abdominal distension, lower appetite and energy. Has been on prednisone (not sure of dose) since and is back to her normal self.

Abnormal PE/Chem/CBC/UA Results: See attachment

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.

Normal size and margination was present in the kidneys. The subjective left kidney was indistinctly visualized. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. A solitary thinly walled medial to cranial medial cyst was present in the right kidney measuring 3.4 cm in diameter. The subjective left kidney measured 6.4 cm in length. The right kidney measured 7.4 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The visualized definitive spleen exhibited subjective normal size, maintained symmetrical contour and homogenous parenchyma.

Liver & Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine was indistinctly visualized likely owing to displacement secondary to the cystic abdominal mass.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

The pancreas was not definitively visualized.

Free Abdomen

No obvious visualized significant omental lymphadenopathy was present. Scant pockets of peritoneal effusion were present.

A large nonhomogenous cystic to cavitated mass occupying a majority of the abdominal cavity was present effacing portions of the medial to caudal spleen and extending cranially to the approximate level of the stomach and ventrocaudal liver. The mass measured at least 18.0 cm in diameter but subjectively larger as the entire mass would not fit into a single viewing window.

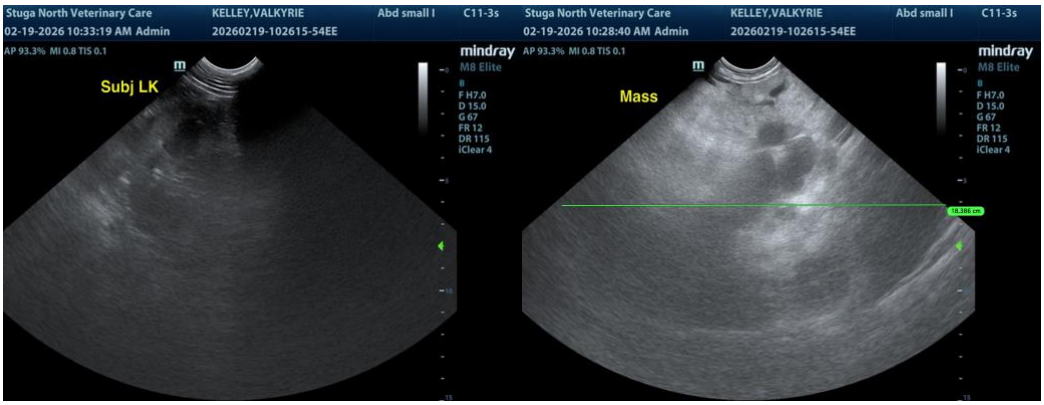
ULTRASONOGRAPHIC FINDINGS

- Large cystic to cavitated mass occupying a majority of the abdominal cavity.
- Homogenous parenchyma and symmetrical capsule in visualized spleen.
- Hepatopathy.
- Normal gallbladder.
- Age-related renal changes with right kidney cyst.
- Scant peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass is considered unclassified given the size and extent although splenic mass origin is favored with evidence of mass effacement to the spleen. Benign versus malignant mass etiologies are possible.

The hepatopathy may indicate steroid vacuolar or cholestatic hepatopathy, inflammation, hyperplasia or other hepatopathy although non-sonographically evident hepatic or additional primary versus micro metastatic criteria is not definitively excluded. Assuming no pathology on three view chest radiographs, abdominal CT is recommended for further clarification of mass assessment for non-obvious metastasis and surgical planning if surgery is a potential in this patient.



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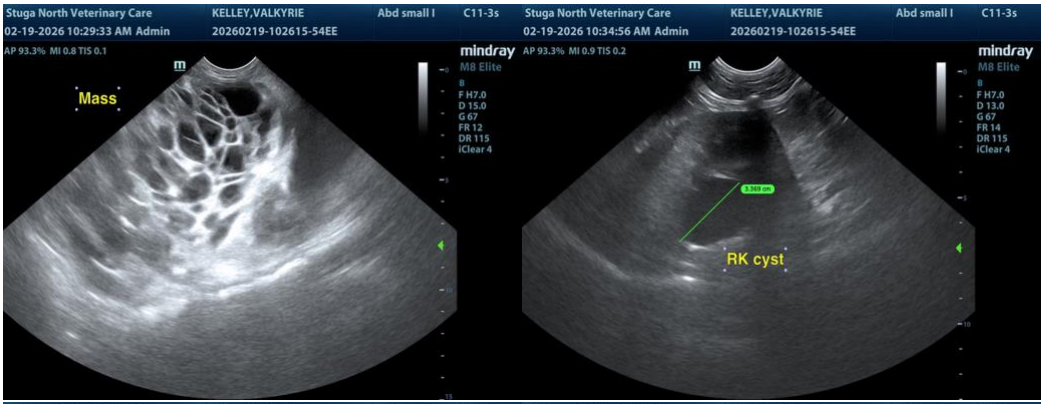

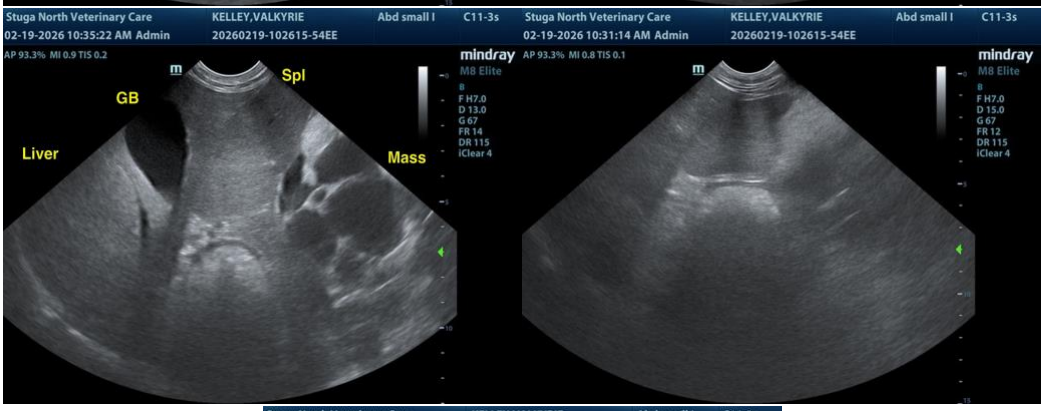

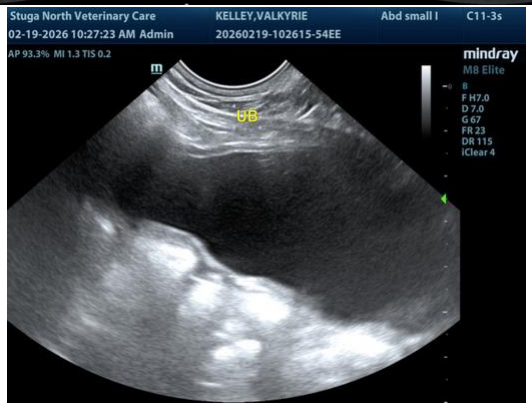

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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