



PATIENT

Meeka Powers

SPECIES

Canine

BREED

American Staffordshire Terrier

SEX

FS

AGE

7yr

WEIGHT

22.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Brandywine Valley
Veterinary Hospital

REFERRING VET

Robert Cafaro, VMD

INVOICE

24181

DATE

03/13/2026

PRESENTING CLINICAL SIGNS

- AUS to further evaluate suspected splenic mass, anemic, low PLT count, Alb level is slightly low. Presented to rDVM for abdominal distention/potbellied appearance, weight loss (8 lbs in 1 yr), muscle wasted.
- Meds: Fluoxetine 10mg PO EOD
- Abnormal PE/Chem/CBC/UA Results: - CBC: Hct 40.1% L (41-60), Hgb 13.9 L (14.6-21.7), NRBC 9 / 100 WBC H (0-2), macrocytic, normochromic, plts 58 L, blood film - plts est 50,000 - 100,000, plts clumps present and large plts seen. - Chem: Alb 2.2 L (2.7-3.9), Glob 5.9 H (2.4-4.0), SDMA 18 H (0-14), normal LES - T4: 1.3 -n

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Anechoic urine was present in the lumen with moderate dependent to non-dependent potentially adhered hyperechoic sediment and mild mineral. The ureteral papillae were normal. The ureters were not visible which is normal.

Normal size and margination were 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. Bilateral areas of pinpoint medullary mineral were present. The left kidney measured 6.7 cm in length. The right kidney measured 6.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 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 0.53 cm width at the caudal pole.

Spleen

The spleen exhibited significant generalized splenomegaly with splenic folding. Asymmetrical splenic capsule contour secondary to subjective splenic parenchymal expansion was present. A solitary, non-capsule deforming, non-homogenous hypoechoic lateral splenic nodule was present measuring 1.2 cm in diameter. Adequate splenic vascularity.

Liver/Gallbladder



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The liver presented moderate to significant 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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild congealed non-organized. 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 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 pancreas was prominent in size with asymmetrical capsule contour and homogenous subtle hypochoic parenchyma compared to adjacent omentum.

Free Abdomen

No visualized significant or swollen mesenteric lymphadenopathy.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window. Subjective normal overall cardiac structure / function.

Scant peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Significant hepatosplenomegaly with small splenic nodule
- Mildly prominent subtle hypochoic pancreas
- Scant peritoneal effusion
- Sonographically normal gastrointestinal tract
- Subjective normal cardiac structure / function
- Urinary bladder sediment / mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the hepatosplenomegaly is highly suggestive of multicentric round cell neoplastic criteria, i.e. lymphoma or other. Assuming normal clotting status and using a 25g needle, a hepatosplenic FNA for screening cytology is warranted.

Correlation with three view chest radiographs +/- GI panel to include PLI/TLI/cobalamin and folate, to assess for mild pancreatitis or non-structural intestinal disease as a contributing factor to the weight loss is recommended.



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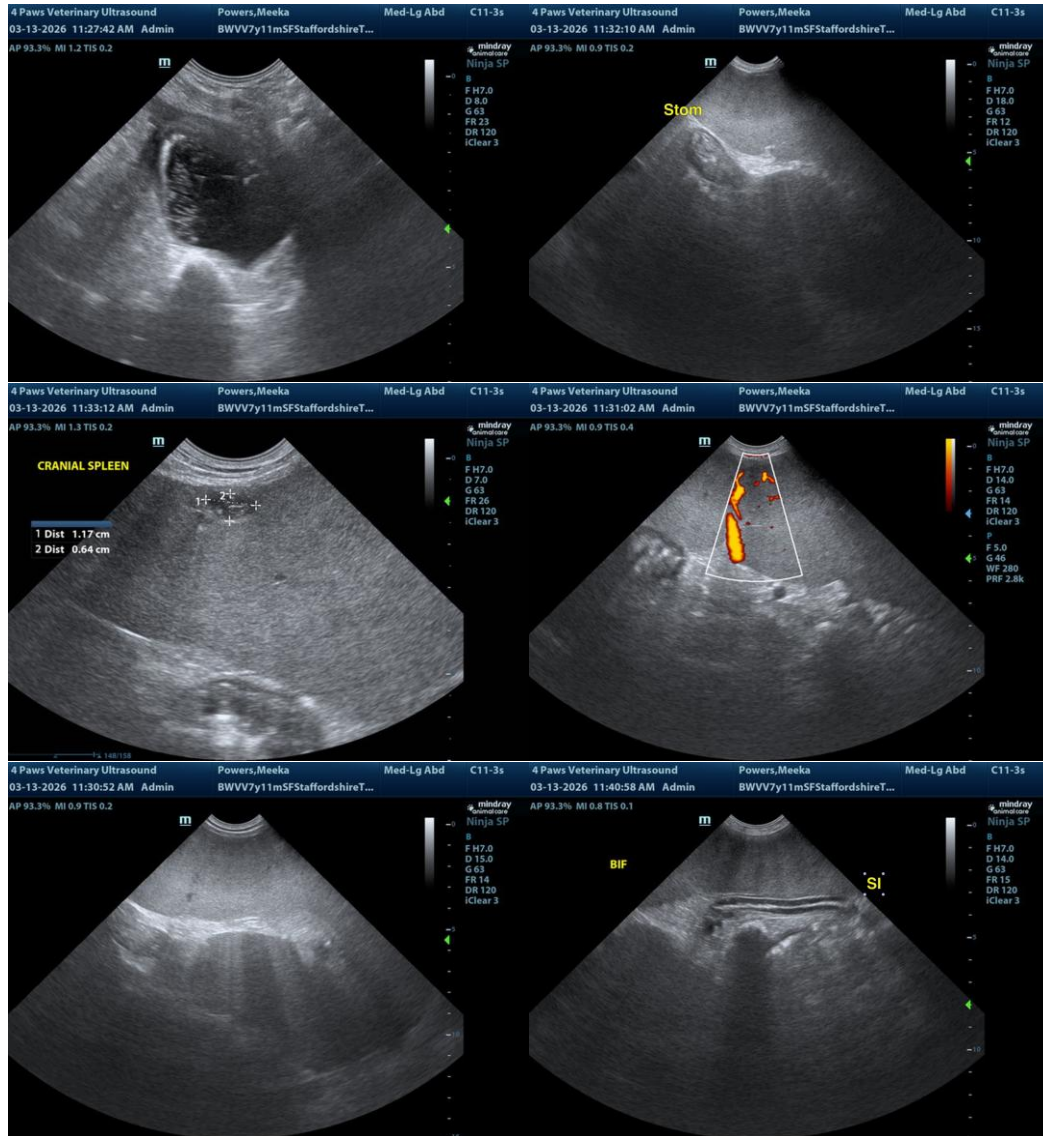
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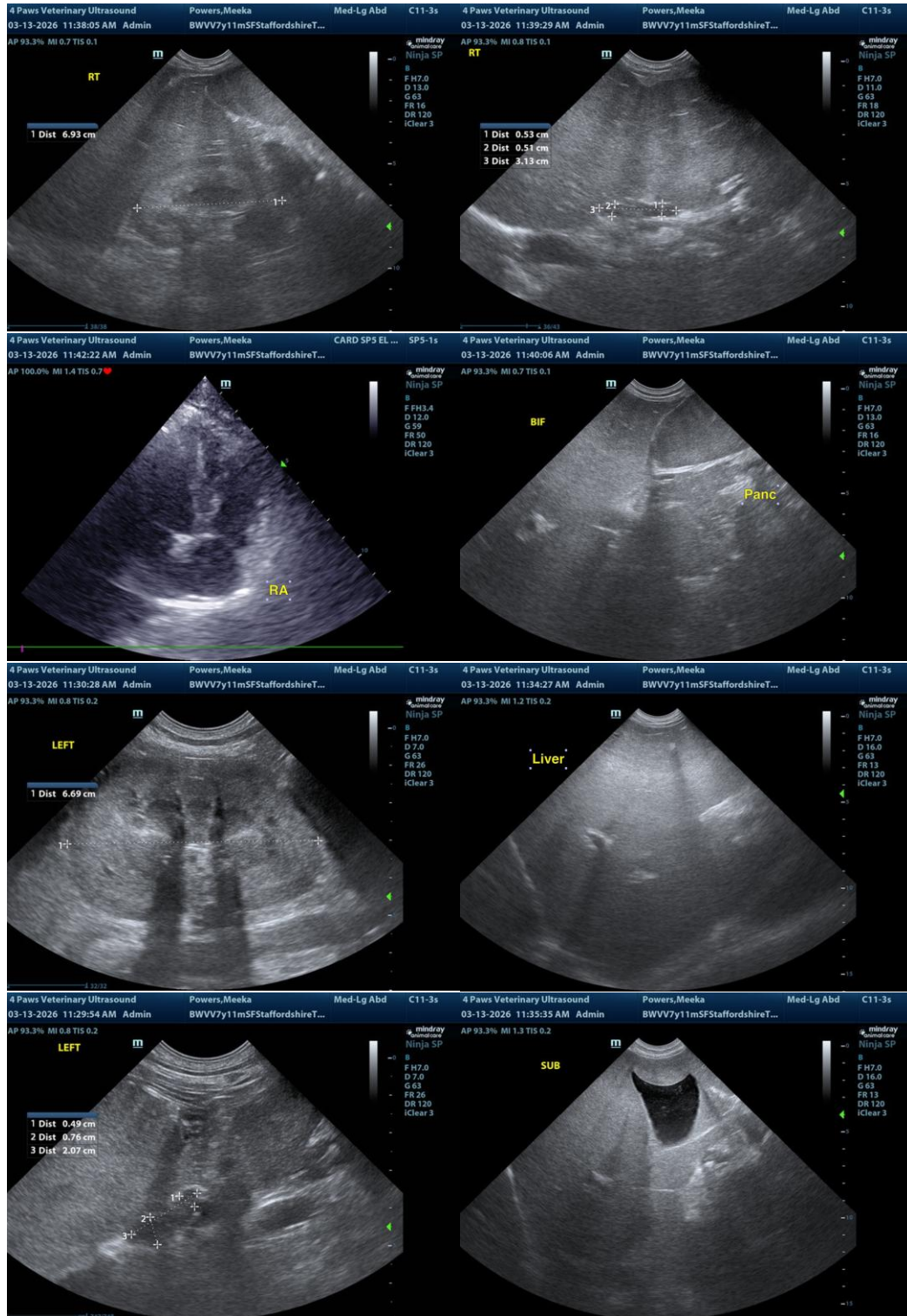
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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