



PATIENT

Buddy Largana

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

17

WEIGHT

58

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkawy

HOSPITAL NAME

Union Vet Animal
Hospital

REFERRING VET

Dr. Joseph

INVOICE

14374

DATE

03/16/26

PRESENTING CLINICAL SIGNS

- Anorexia
- Lethargy

Abnormal PE/Chem/CBC/UA Results: Bw- Non reg. Anemia Radiograph - Opacity on the left side of the abdomen, suspected abdominal mass

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.

No obvious visualized pathology in the area of the residual prostate.

The area of the aortic trifurcation was 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 6.9 cm in length. The right kidney measured 6.9 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

A nonhomogenous mass involving the spleen with secondary asymmetrical capsule expansion and disruption was present. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The remainder of the spleen exhibited areas of capsule asymmetry and heterogeneous parenchyma. The mass measured approximately 8.0 cm to 9.0 cm in diameter. Perisplenic hyperechoic omentum and a mild volume of effusion were present.

Liver & Gallbladder

The liver presented subjective mildly 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 gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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.



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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 overt lymphadenopathy was present.

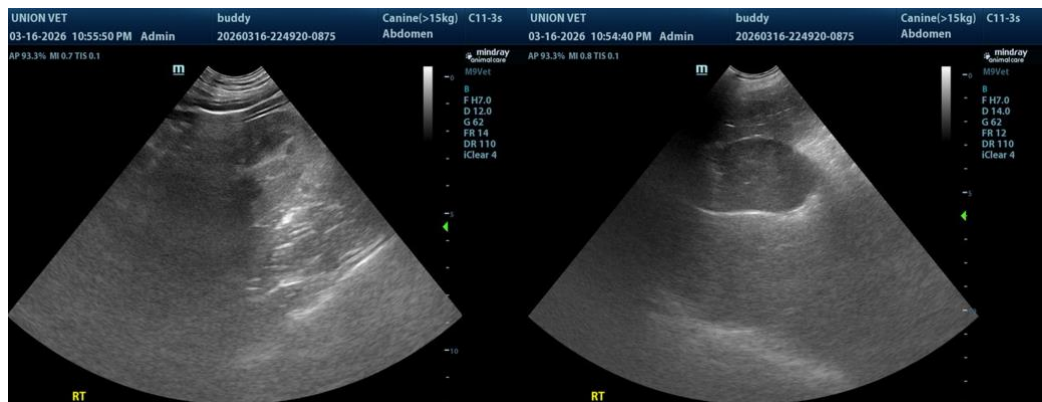
ULTRASONOGRAPHIC FINDINGS

- Splenic mass with perisplenic hyperechoic omentum and mild volume of effusion.
- Mildly enlarged congested liver.
- Nonorganized gallbladder debris (non-mucocele).
- Age-related renal changes.

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.

Obvious sonographic evidence of major organ or cardiac metastasis was not overtly evident. Non sonographically evident metastasis / micro metastasis cannot be definitively excluded. If no pathology on thoracic radiographs, then ideally with brief echocardiogram, splenectomy with gross inspection of the perisplenic omentum and abdominal cavity is warranted. Guarded prognosis is indicated given suspicion of hemangiosarcoma even with surgical intervention.





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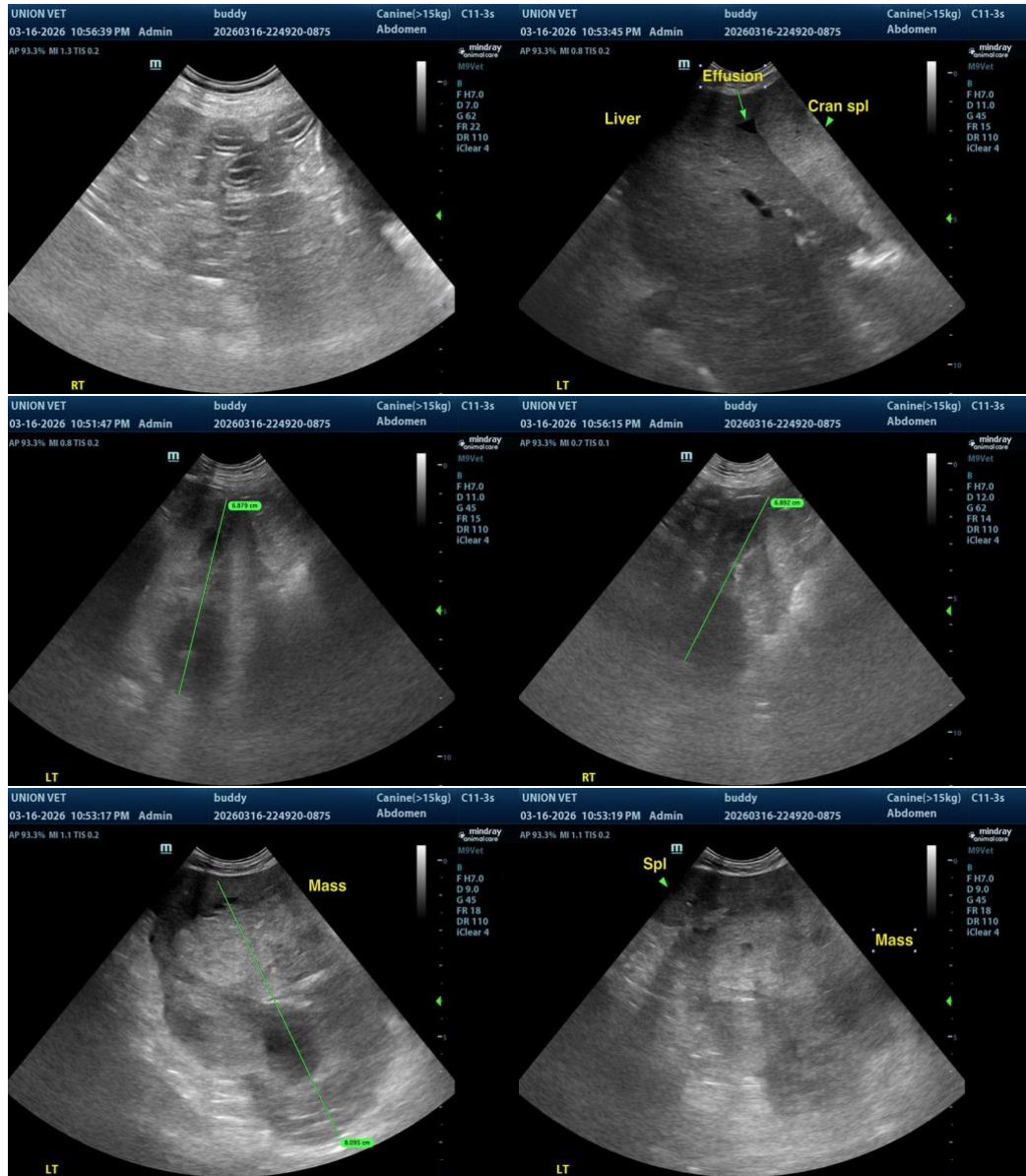
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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