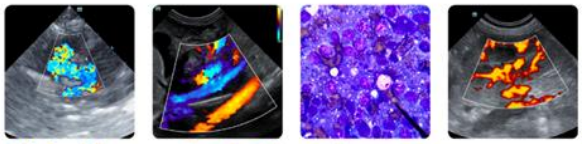


PATIENT

Bomber Malcomson

SPECIES

Canine

BREED

English BD

SEX

MN

AGE

8yr

WEIGHT

25kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS, RDCS

HOSPITAL NAME

Southpointe Pet Hospital

REFERRING VET

Dr. B. Callan

INVOICE
24293

DATE
03/25/2026

PRESENTING CLINICAL SIGNS

- Lethargy, inappetence, Vomiting with bile.
- Large abdominal mass on AFAST.
- Neutrophilia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND LIMITED HEART

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 non-dependent particulate to focally hyperechoic sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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. The left kidney measured 7.1 cm in length. The right kidney measured 6.8 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

The residual prostate appeared normal and free of pathology.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.77 cm width in the caudal pole. The right adrenal gland measured 0.88 cm width in the caudal pole.

Spleen

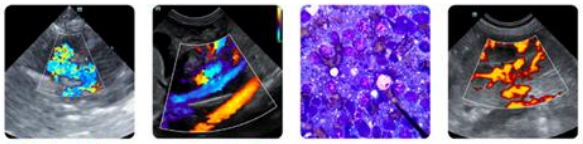
A moderately expansive, non-homogenous cranial splenic mass was present measuring ~ 8-9 cm in diameter. The remainder of the spleen was sonographically normal.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized non-dependent debris. 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.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Subtle hyperechoic mucosal speckling was present. 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 left/right pancreas was prominent in size with capsule asymmetry and non-homogenous mildly hypoechoic parenchyma with a mildly prominent pancreatic duct.

Free Abdomen/Cardiac

No visualized overt lymphadenopathy was present.

Mild volume echogenic peritoneal effusion.

Peri splenic hyperechogenicity.

Rapid view of the heart revealed a non-homogenous lesion subjectively within the right atrial lumen, measuring 1.4 cm in diameter. No evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Splenic mass
- Sonographically unremarkable normal volume liver
- Mild non-organized gallbladder debris (non-mucocele)
- Mild volume peritoneal effusion
- Bilateral mild adrenomegaly
- Empty gastrointestinal tract with mild non-specific enteritis
- Prominent non-homogenous pancreas
- Non-homogenous lesion right atrial lumen

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.

No obvious sonographic evidence of abdominal major organ metastasis, although high concern for right atrial metastasis indicated with right atrial blood clot felt less likely. Potential for abdominal micrometastasis possible. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

Concurrent mild pancreatitis is possible given gastrointestinal signs. Correlation with spec CPL and gastrointestinal support may be considered.

Even with surgical intervention, an extremely guarded prognosis is indicated. Correlation with effusion analysis to assess for suspect hemoabdomen is recommended.

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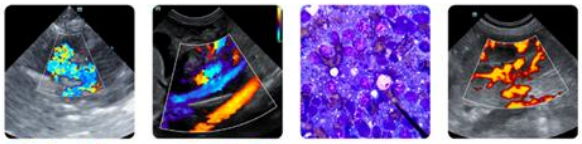

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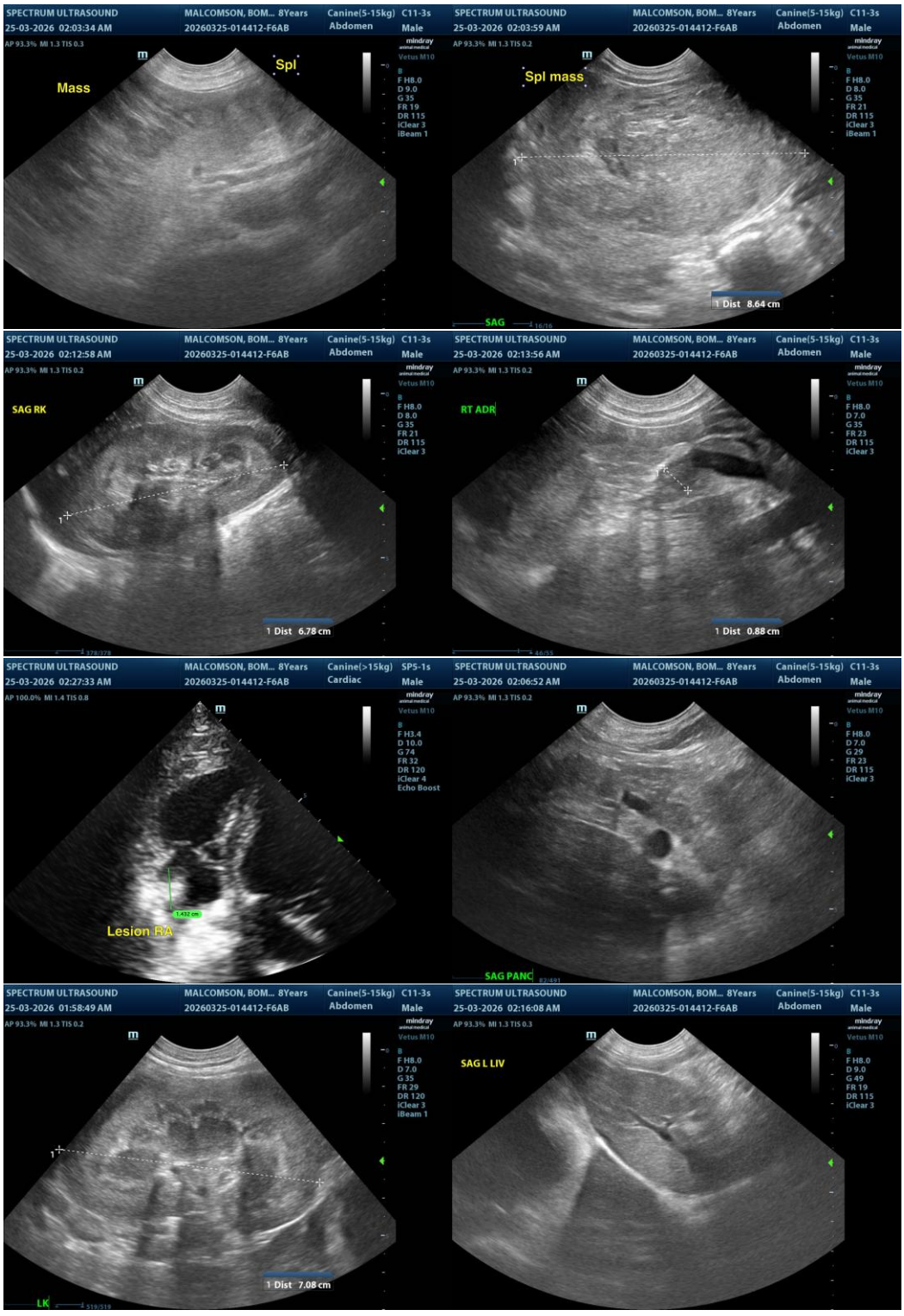

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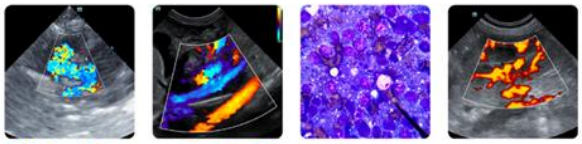

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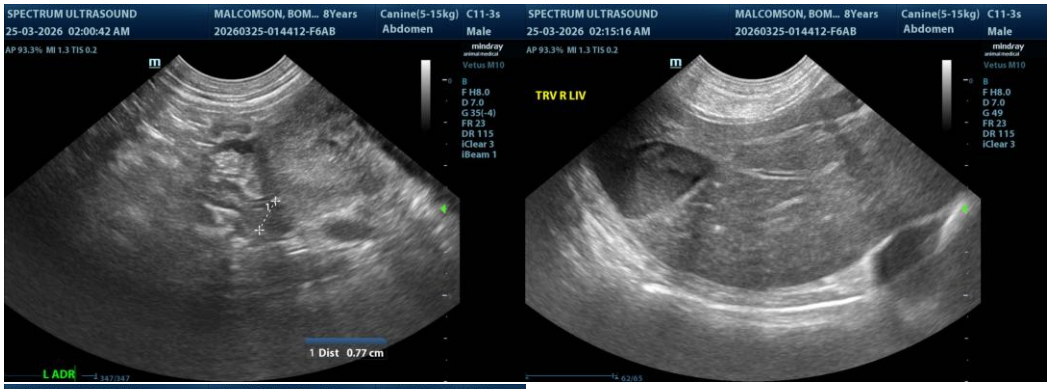

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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