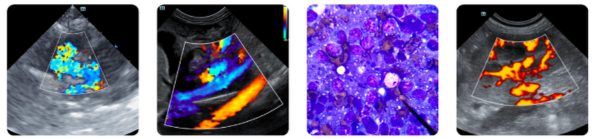

PATIENT

Bayley Montalvo

SPECIES

Canine

BREED

Boxer

SEX

Female Spayed

AGE

9y

WEIGHT

44.0 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabirel Ferrer, DVM

HOSPITAL NAME

Pulse PUS

REFERRING VET

Dr. Nidia Alvarez

INVOICE

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4/14/26

PRESENTING CLINICAL SIGNS

History: Px presented as a referral due to Hx of inappetence. Px visited rDVM this weekend due to inappetence, bloodwork and radiographs were performed and a suspected mass on the spleen was reported by rDVM. No vomiting, diarrhea, lethargy, or coughing was reported by owner. Limited echocardiogram was performed and no pericardial effusion, nor masses in the Right auricle were observed, but a change in the left atrium was observed, possibly ruptured Chordae Tendinae or a blood clot. A full Echocardiogram study was recommended.

Abnormal PE/Chem/CBC/UA Results: Bloodwork and radiographs are attached below for your reference.

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 changes were noted.

No obvious medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination was present in the kidneys. 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. No evidence of pelvic dilation was present. Solitary, well circumscribed, hypoechoic, non-homogeneous right kidney nodule was present measuring ~1.5 cm in diameter. The right kidney measured 7.1 cm in length. The left kidney measured 6.8 cm in length.

Adrenal Glands

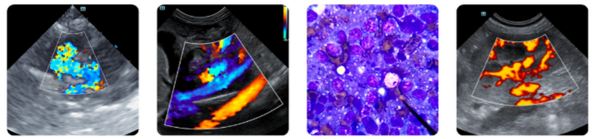
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.70 cm width at the caudal pole.

Spleen

A large, non-homogeneous mass present in the mid to cranial spleen with secondary asymmetrical capsule expansion and disruption was present and measured at least 8.0 cm in diameter. A smaller subjective separate mildly expansive non-homogeneous cavitated mass mid to caudal spleen was also visualized. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional omental inflammation was present around the mass.

Liver

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. The hepatic and portal vasculature were



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normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized 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.

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

Regional, non-uniform, hypoechoic perisplenic omentum and intermittent, mildly swollen, hypoechoic perisplenic to mesenteric lymph nodes present with an example measuring 1.6 cm in diameter. Mild to moderate volume peritoneal effusion.

Normal subjective left atrial dimension with mildly thickened mitral valve. A non-homogeneous lesion within the left atrial lumen and in the rea of the septal mitral valve leaflet was present measuring ~2.2 cm x 1.1 cm. No obvious pathology in the area of the right atrium/auricle. No overt pericardial effusion.

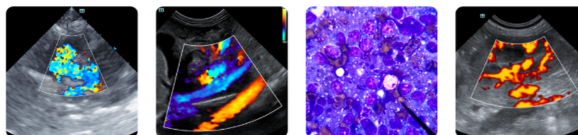
ULTRASONOGRAPHIC FINDINGS

- Splenic masses, perisplenic non-uniform, hypoechoic omentum
- Sonographically unremarkable non-congested liver
- Gallbladder debris (non-mucocele)
- Age-related kidneys with right kidney nodule
- Perisplenic/mesenteric mildly swollen, hypoechoic mesenteric lymphadenopathy
- Left atrial lumen lesion area of the mitral valve

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic masses are consistent with neoplastic criteria, i.e. sarcoma or other. The right kidney nodule and swollen mesenteric lymphadenopathy are highly suggestive pof metastatic criteria with potential concurrent regional perisplenic and omental seeding. The left atrial lumen lesion in the rea of the mitral valve may indicate blood clot or metastatic lesion favored if no evidence of hypercoagulability.

Correlation with an expanded coagulation profile could be considered. Regardless, multicentric neoplastic criteria is met indicating curative surgical options are precluded. Unfortunately, unfavorable prognosis.



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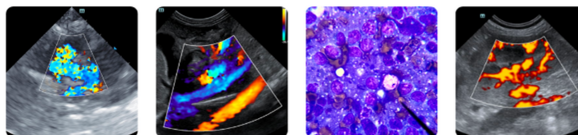

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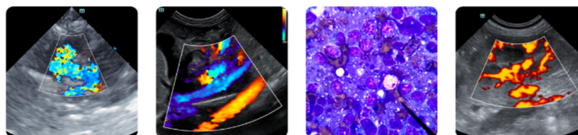

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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