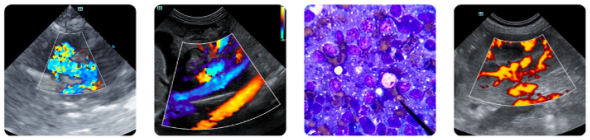


PATIENT

Jax Ward

SPECIES

Canine

BREED

Weimeraner

SEX

Male Neutered

AGE

11y

WEIGHT

62.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Harold Mike Beard

HOSPITAL NAME

Animal Care VC

REFERRING VET

Harold Mike Beard

INVOICE

13401

DATE

4/15/26

PRESENTING CLINICAL SIGNS

History: Lethargic, not eating 4 days, still drinking, panting.

Abnormal PE/Chem/CBC/UA Results: Palpable abdominal mass. Chemistry normal. CBC thrombocytopenia, monocytosis. 3 view chest films normal for the age and breed. Abdominal films reveal a mid-abdominal mass and a gastrointestinal ileus.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited to a depth of 3.0 cm 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.

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. The left kidney measured 6.5 cm in length. The right kidney measured 6.1 cm in length. Possible mild underestimation of right kidney size.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.72 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

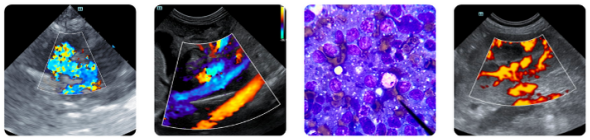
Generalized asymmetrical splenomegaly owing to multiple, variably sized non-homogeneous to mixed echogenic splenic masses. Larger caudal mass was present with associated asymmetrical capsule distortion measuring ~5-6 cm in diameter. Additional mild capsule distorting mid to cranial masses measuring 3-4 cm in diameter. Generalized heterogeneous splenic parenchyma.

Liver

The liver presented enlarged in size with subjective normal hepatic vascular volume. 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 overt congestion. The gallbladder was non distended in size with mild, non-organized, hypoechoic, nonmineralized biliary sludge. No evidence of wall edema present. 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 contained mild, echogenic, non-shadowing ingesta most consistent with food echogenicity.



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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

Mild volume perisplenic to cranial abdomen effusion and no visualized significant omental lymphadenopathy present. Mild perisplenic hyperechoic omentum.

PRIMARY FINDINGS

- Variably sized splenic masses
- Non-congested hepatomegaly
- Mild, non-organized gallbladder debris (non-mucocele)
- Mild perisplenic/peritoneal effusion
- Sonographically unremarkable gastrointestinal tract with mild, non-shadowing gastric ingesta

SECONDARY FINDINGS

- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the splenic masses are most suggestive of neoplasia, i.e. sarcoma or other. Benign pathologies are possible yet considered less likely. The hepatomegaly is nonspecific and may be incidental secondary to sedation. Assessment of hepatic enzyme levels recommended, if not done.

Obvious sonographic evidence of major organ metastasis was not overtly evident. Brief cardiac sonogram recommended to assess for or rule out evidence of cardiac metastasis pr pericardial effusion. Non-sonographically evident metastasis / micrometastasis cannot be definitively excluded. If no evidence of cardiac metastasis or effusion combined with thoracic radiographs, splenectomy with gross inspection of the perisplenic omentum and liver +/- hepatic biopsies, if hepatic enzyme elevation and normal clotting status is warranted. Guarded prognosis.

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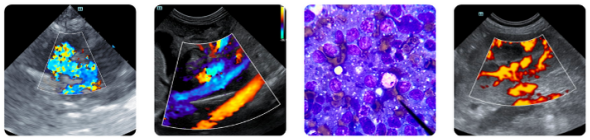

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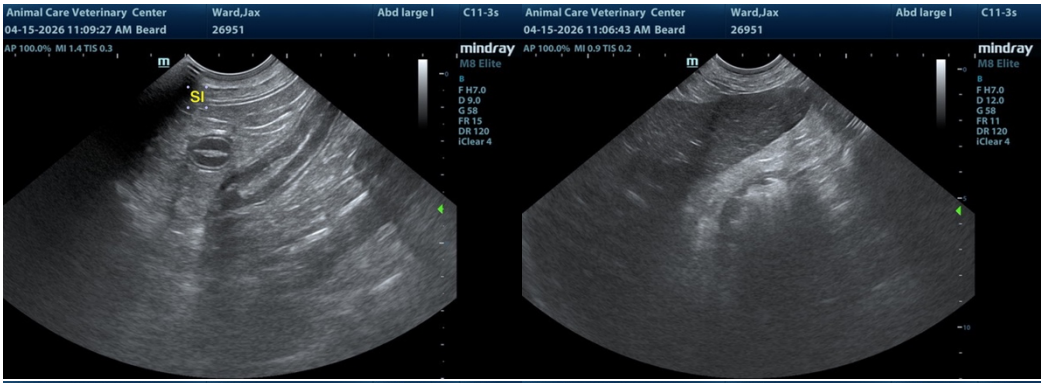

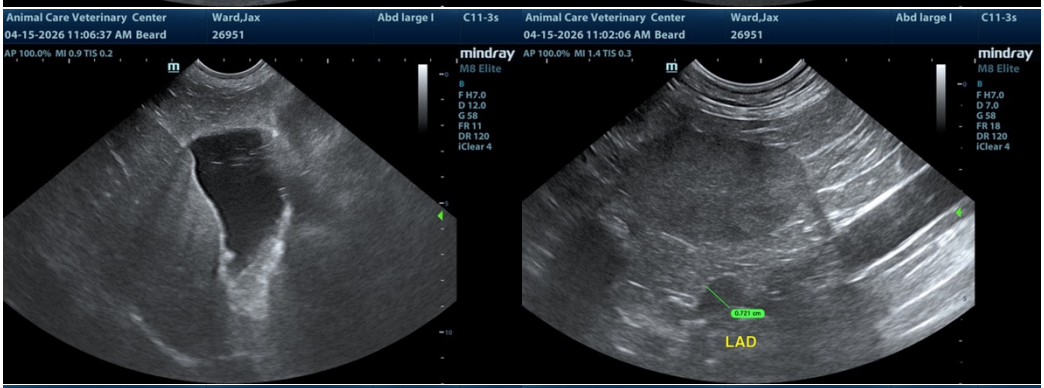

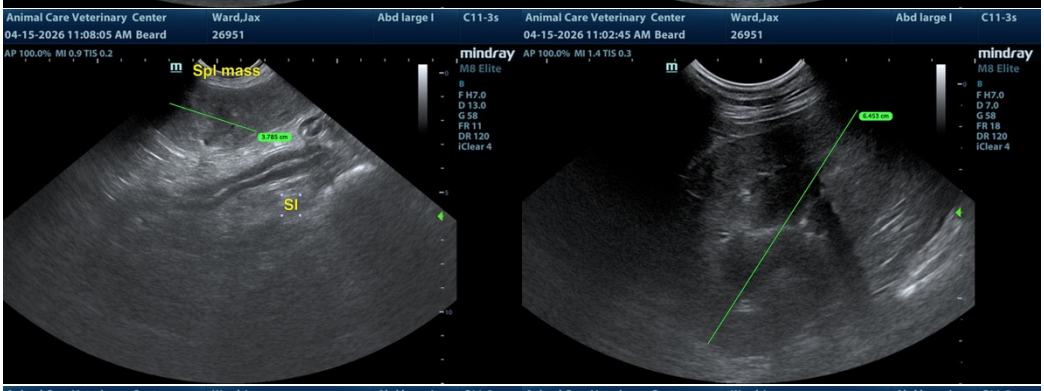

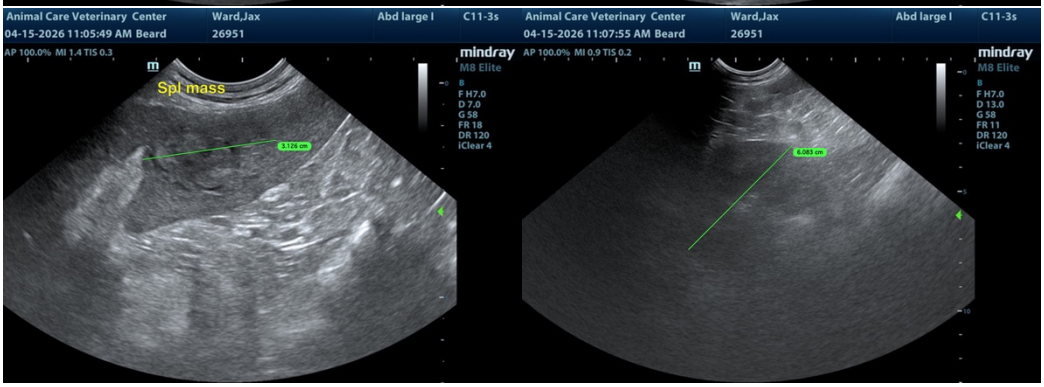

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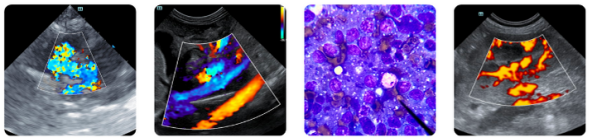

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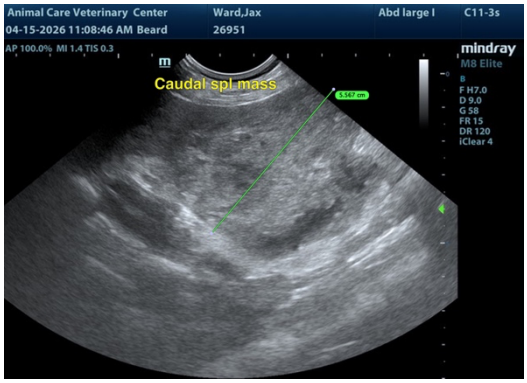

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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