



PATIENT

Maci Doll

SPECIES

Canine

BREED

Shepard Mix

SEX

Female Spayed

AGE

10y

WEIGHT

17.4 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Exeter VH

INVOICE

13421

DATE

4/22/26

PRESENTING CLINICAL SIGNS

History: AUS to further evaluate a suspected abnormal, irregular spleen with a round ST opacity appreciated on radiographs. Also, bilirubinuria on UA. Chronic grade 3/6 heart murmur and started on Vetmedin. Presented to rDVM initially for heavy breathing, CXR preformed and incidentally saw abnormal spleen. BW noted hemoconcentration w/ poss inappropriate reticulocytosis, mild monocytosis, hyperglobulinemia. O reported currently has a decreased appetite and diarrhea.

Meds: Vetmedin 5 mg- 1 T AM and 1/2 T PM

Abnormal PE/Chem/CBC/UA Results: rDVM Diagnostics: - CBC: Hct 62%, retics 136, 300 H (inappropriate reticulocytosis?), mono 1056 H, plts 244-n, remainder NSF - Chem: TP 7.5 H, Glob 4.6 H, Alb 2.9- n, remainder NSF - UA: USG 1.058 H, pro 4+, Bilirubin 2+, remainder NSF - Rads: VHS 12, suspected LA enlargement, normal lung fields. Abd- irregular spleen with round ST opacity. Was identified incidentally (susp during CXR), r/o positional vs mass vs other pathology - TT4: 0.8- low norm

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.

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 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 5.3 cm in length. The right kidney measured 5.8 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 0.58 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 0.57 cm width at the caudal pole.

Spleen

Solitary, mildly expansive, mixed echogenic to non-uniform, hyperechoic mass was present measuring 6.4 cm in diameter. The remainder of the spleen was normal in size and contour. Small, hyperechoic perihilar nodules present suggestive of perihilar myelolipomas.

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



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non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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Gastrointestinal

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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 overall intact wall layering exhibiting subjective mild altered wall layer ratio and thickened hyperechoic submucosa layer. Empty lumen to the level of the colon.

Shepard Mix

The descending colon was empty prohibiting full evaluation of the colon wall. Concurrent segmental non-descending colon contained semi-formed/soft fecal matter.

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Pancreas

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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.

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Free Abdomen

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Intermittent, mildly prominent to enlarged mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal effusion present.

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Heart

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Brief subjective echocardiogram revealed normal left and right cardiac chamber signs and inadequate LV systolic function. Mild chronic degenerative mitral valve changes with secondary eccentric MR. No evidence of cardiac tumor or pericardial effusion in the visible window.

IMAGING PERFORMED BY

ULTRASONOGRAPHIC FINDINGS

Renee Trionfetti, VMD

- Splenic mass
- Nonspecific enteropathy with segmental semi-formed/soft fecal matter in colon
- Sonographically normal liver with mild, non-organized gallbladder debris (non-mucocele)
- Age-related renal changes
- Subjective compensated mitral valve disease (B1)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Considerations for the enteropathy may include IBD or other inflammatory enteropathy, dietary intolerance, infectious disease, less likely emerging to occult intestinal neoplasia. Obvious sonographic evidence of major organ or cardiac metastasis was not overtly evident. Non sonographically evident metastasis / micrometastasis cannot be definitively excluded. If no pathology on thoracic radiographs, splenectomy with gross inspection of the perisplenic omentum and abdominal cavity with highly suggested intestinal biopsies at time of surgery is warranted. Gastrointestinal support with serial monitoring of the splenic mass, if surgery is not elected would be more conservative.

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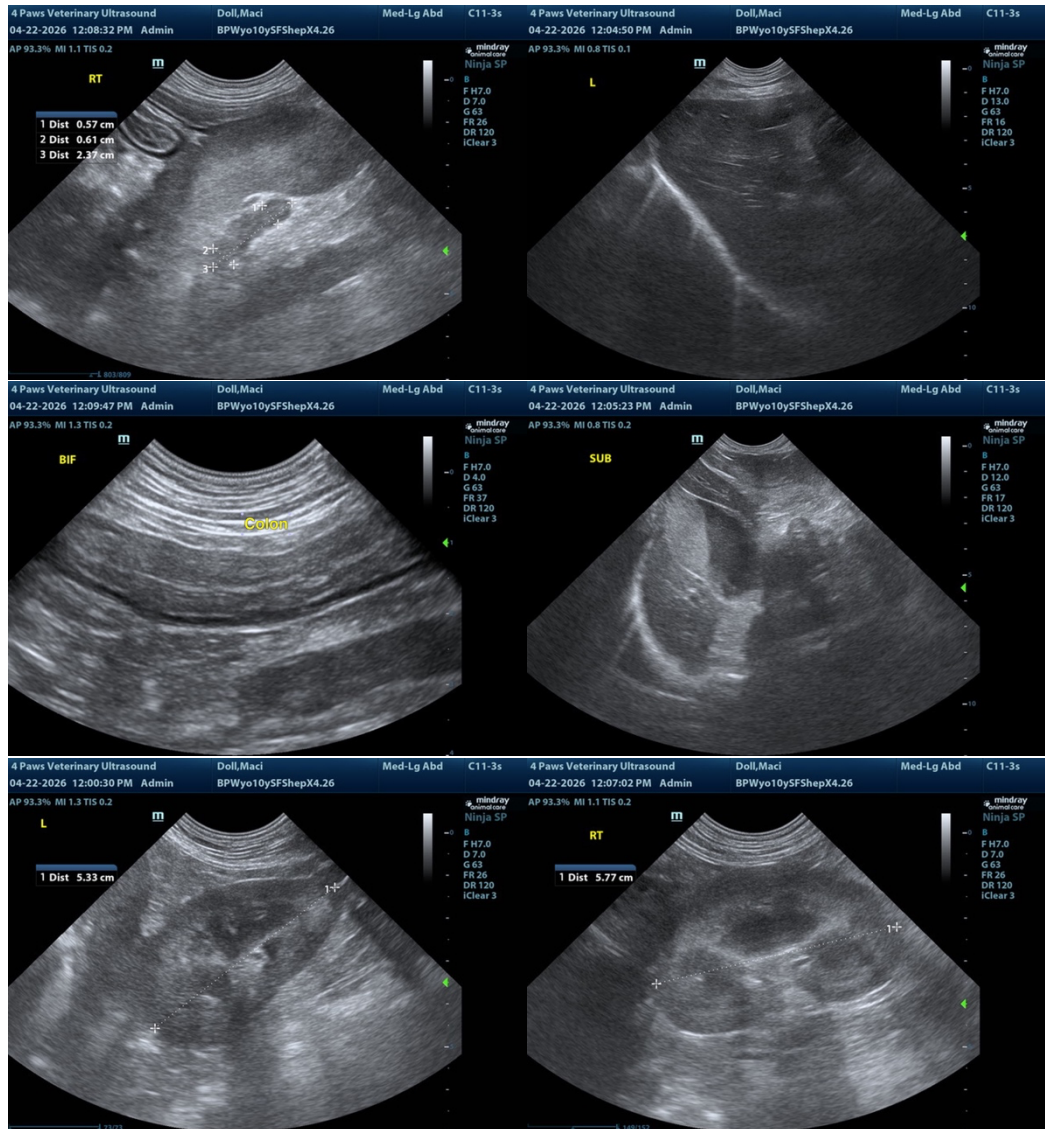
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Anesthetic risk is considered normal to mild. No gross abnormalities noted on SDEP^R Screening Echo to contraindicate anesthesia. Minimal to no left atrial enlargement noted on images presented. However, judicious fluid administration is advised with careful RR/RE monitoring to screen for fluid overload.





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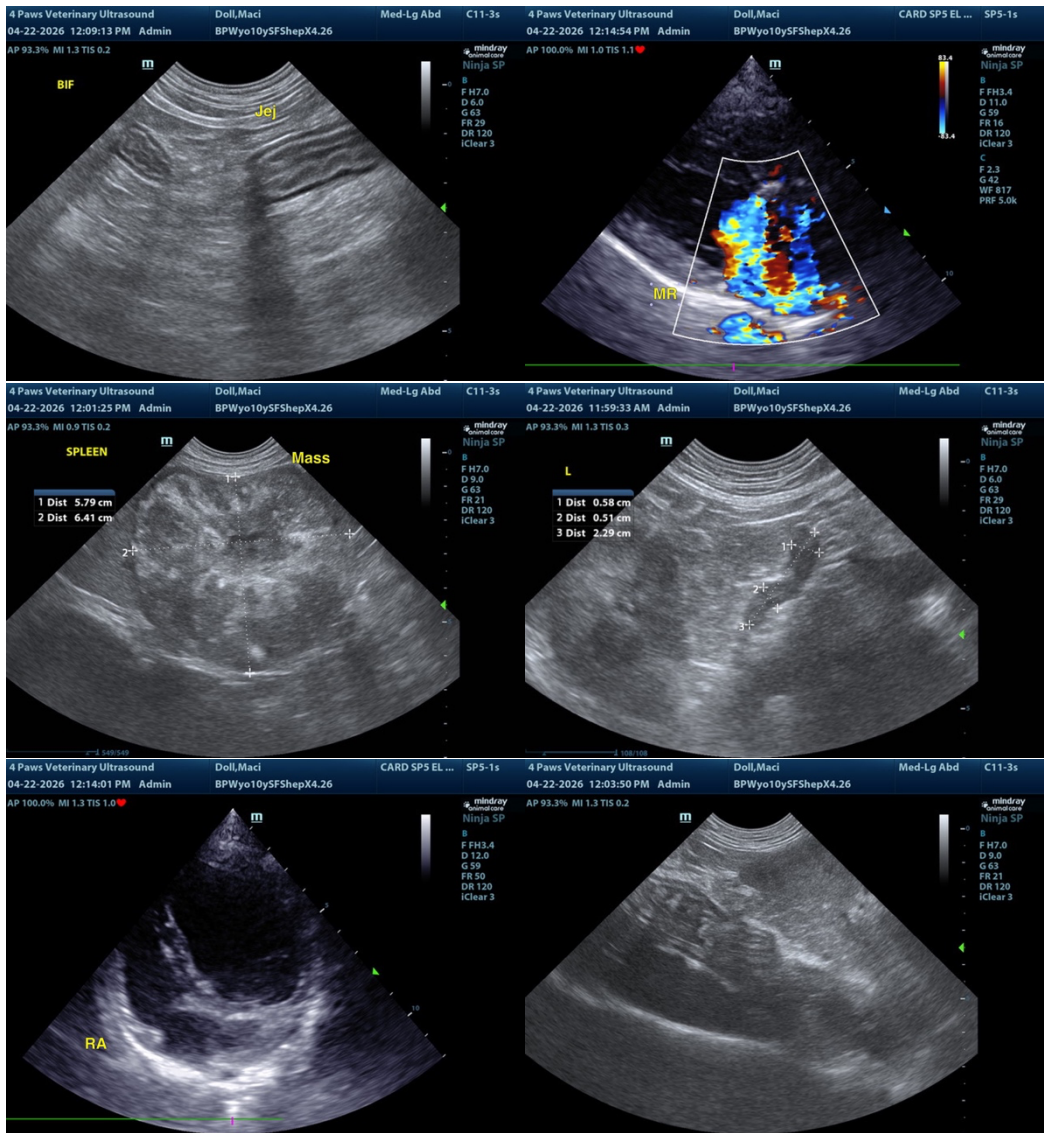
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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