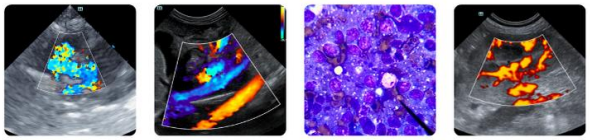


PATIENT

Hannah Loring

SPECIES

Canine

BREED

Border Collie

SEX

FS

AGE

12Y

WEIGHT

39.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ackmann

HOSPITAL NAME

Buffalo Veterinary Clinic

REFERRING VET

Dr. Crocker

INVOICE

74741

DATE

4-23-26

PRESENTING CLINICAL SIGNS

Progressive history of inappetence, responsive to Cerenia but cannot give oral medications.
Abnormal PE/Chem/CBC/UA Results: Previous BW results revealed mild BUN elevation, and mild ALT elevation. Mild hypercholesterolemia. A-Fast revealed splenic 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 changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. Minor pyelectasia was present in both kidneys. The left kidney measured 6.1 cm in length. The right kidney measured 5.4 cm in length.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position, and shape. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.59 cm width in the caudal pole. The right adrenal gland measured 0.62 cm width in the caudal pole.

Spleen

A mildly expansive, asymmetrical, mixed echogenic, caudal splenic mass with mild associated asymmetrical splenic capsule distortion was present. The remainder of the spleen was sonographically normal. The caudal splenic mass measured 4.1 x 1.8 cm.

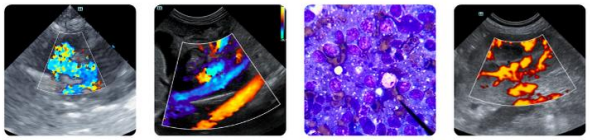
Liver/ Gallbladder

The liver presented mild enlargement 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. A thinly walled ventrocaudal intraparenchymal cyst was present containing anechoic fluid. The cyst measured 3.5 cm in diameter. 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 congestion.

The gallbladder was non-distended in size with thin walls and mild nonorganized gallbladder 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 without evidence of retained ingesta, fluid, 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 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 or peritoneal effusion was present.

Rapid view of the heart normal. Subjective normal left and right chamber dimension and adequate LV systolic function.

ULTRASONOGRAPHIC FINDINGS

- Caudal splenic mass.
- Mild hepatomegaly with ventrocaudal intraparenchymal cyst – subjectively benign.
- Nonorganized gallbladder debris (nonmucocele)
- Chronic renal changes with minor pyelectasia.
- Sonographically unremarkable gastrointestinal tract/area of pancreas.
- Subjective normal cardiac structure/function.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, infarct, or neoplasia (sarcoma, round cell neoplasia, other).

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, generalized abdominal cavity, and specifically liver, with potential hepatic biopsy or drainage of hepatic cyst, if normal clotting status, is warranted.

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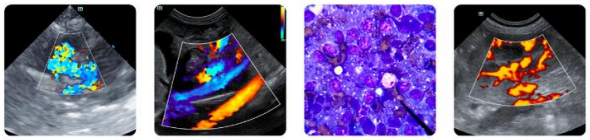

Clinical Sonography & Telecytology
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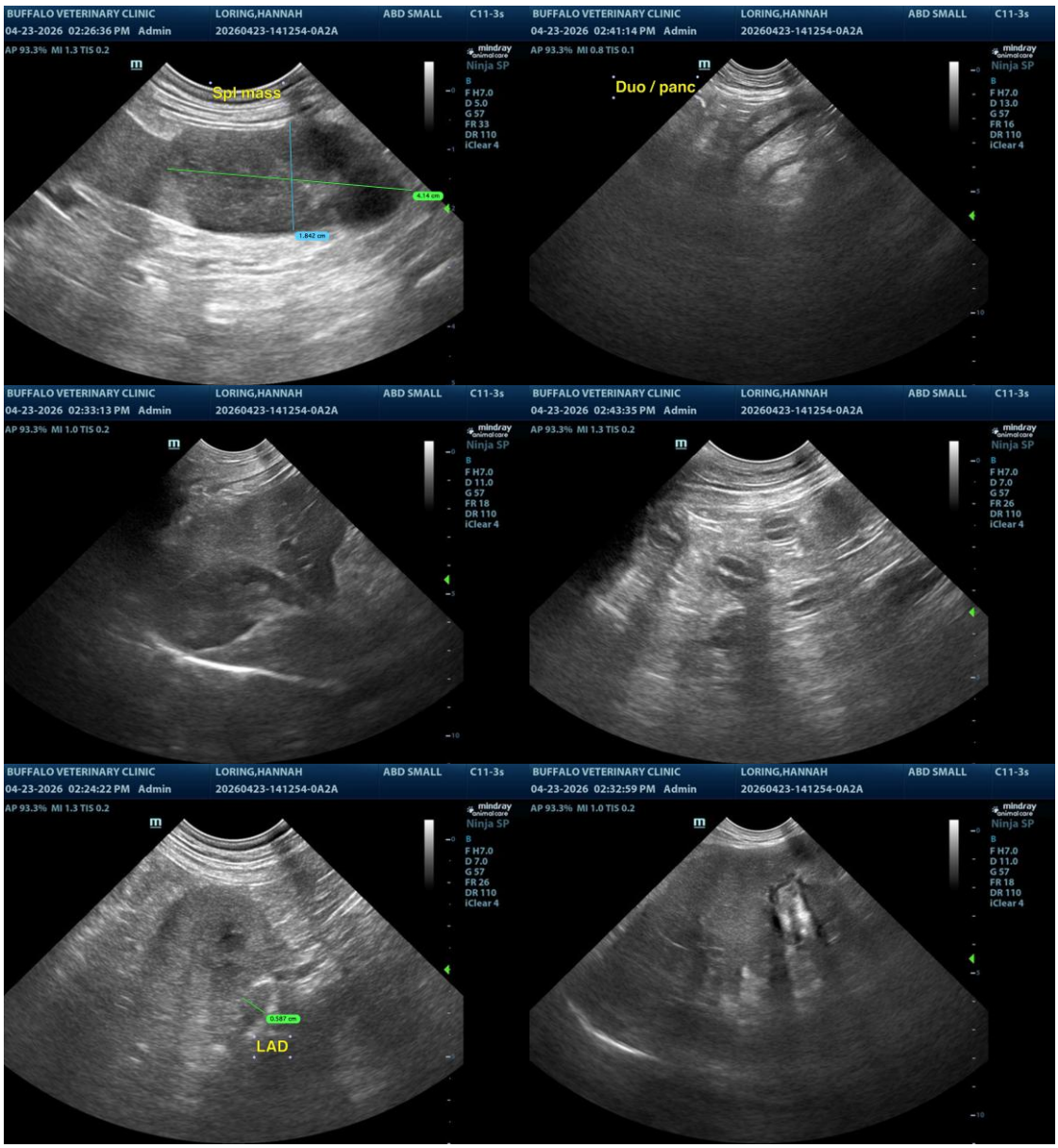

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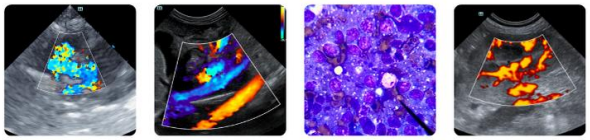

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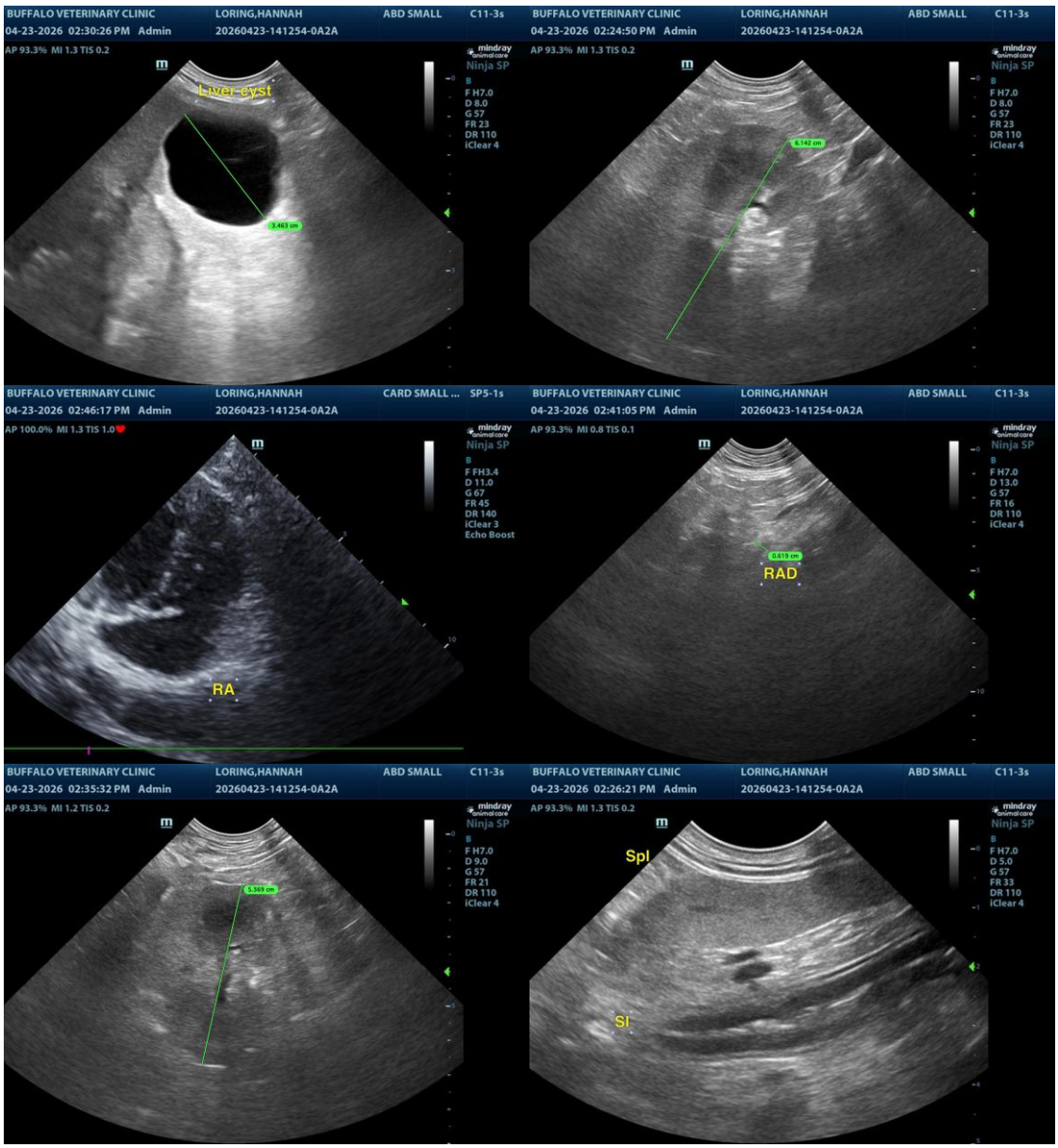

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com