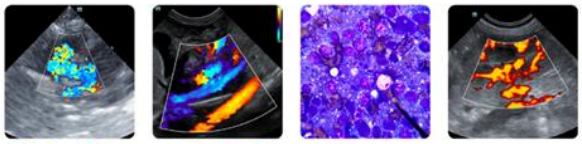


PATIENT

Lilo Parsons

SPECIES

Canine

BREED

Husky X

SEX

FS

AGE

12yr

WEIGHT

33.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Luke Pura

INVOICE
24664

DATE
04/28/2026

PRESENTING CLINICAL SIGNS

~1 week history of worsening lethargy and hyporexia. No vomiting. Normal thirst and urination. No limping. No known rodenticide ingestion.

Abnormal PE/Chem/CBC/UA Results: RBC 4.44 (5.65 - 8.87 x10^12/L) HCT 0.283 (0.373 - 0.617 L/L) HGB 100 (131 - 205 g/L) RETIC 268.2 (10.0 - 110.0 K/µL) WBC 17.38 (5.05 - 16.76 x10^9/L) Neut 13.77 (2.95 - 11.64 x10^9/L) Eos 0.05 (0.06 - 1.23 x10^9/L) Platelecrit 0.07 (0.14 - 0.46 %) Platelets 80 (148 - 484 x10^9/L) confirmed on smear RBC Morph: 3+ polychromasia, 3+ anisocytosis, 1+ acanthocytes Chloride 105 (109 - 122 mmol/L) ALT 209 (10 - 125 U/L) 3 view chest rads - NAF, no signs of metastasis Splenectomy scheduled for tomorrow

ULTRASONOGRAPHIC EXAMINATION OF THE THORAX

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. 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 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. No evidence of pelvic dilation was present. The left kidney measured 6.9 cm in length. The right kidney measured 7.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

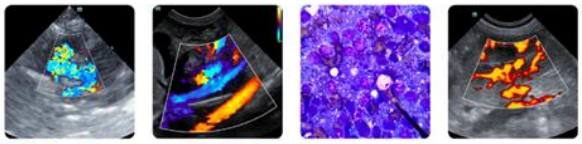
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.74 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

A mass involving the spleen with secondary asymmetrical capsule expansion and disruption was present and measured ~ 7 cm in diameter. 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/Gallbladder

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. Left liver lobar swelling with possible isoechoic left liver mass, measuring 6.5 cm in diameter. 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 congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.



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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 mechanical/metabolic 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

Moderate volume peritoneal effusion and perisplenic non-homogenous hyperechoic omentum.

Solitary asymmetrically swollen non-homogenous hypoechoic lymph node present in the cranial abdomen, measuring 3.2 cm x 1.8 cm. The lymph node exhibited abnormal width to length ratio > 0.5.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary

- Splenic mass, non-homogenous perisplenic omentum and moderate volume peritoneal effusion
- Hepatomegaly with left liver lobar swelling vs isoechoic concurrent liver mass
- Large non-homogenous hypoechoic mesenteric lymph nodes

Secondary

- Age-related renal changes

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.

The associated hypoechoic non-homogenous to swollen mesenteric lymph nodes strongly suggests metastatic criteria.

The left liver lobar swelling or isoechoic concurrent liver mass may indicate lobar hyperplasia, hepatoma-like mass, primary or metastatic hepatic neoplasia. Addition of non-sonographically evident metastasis or micrometastasis cannot be excluded.

Assuming no pathology on 3 view chest radiographs, splenectomy with resection of pathologic lymph nodes and consideration for hepatic biopsy assuming normal clotting status could be considered. However, extremely guarded to probable unfavorable long-term prognosis indicated even with surgical intervention.

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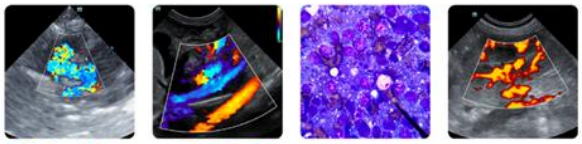

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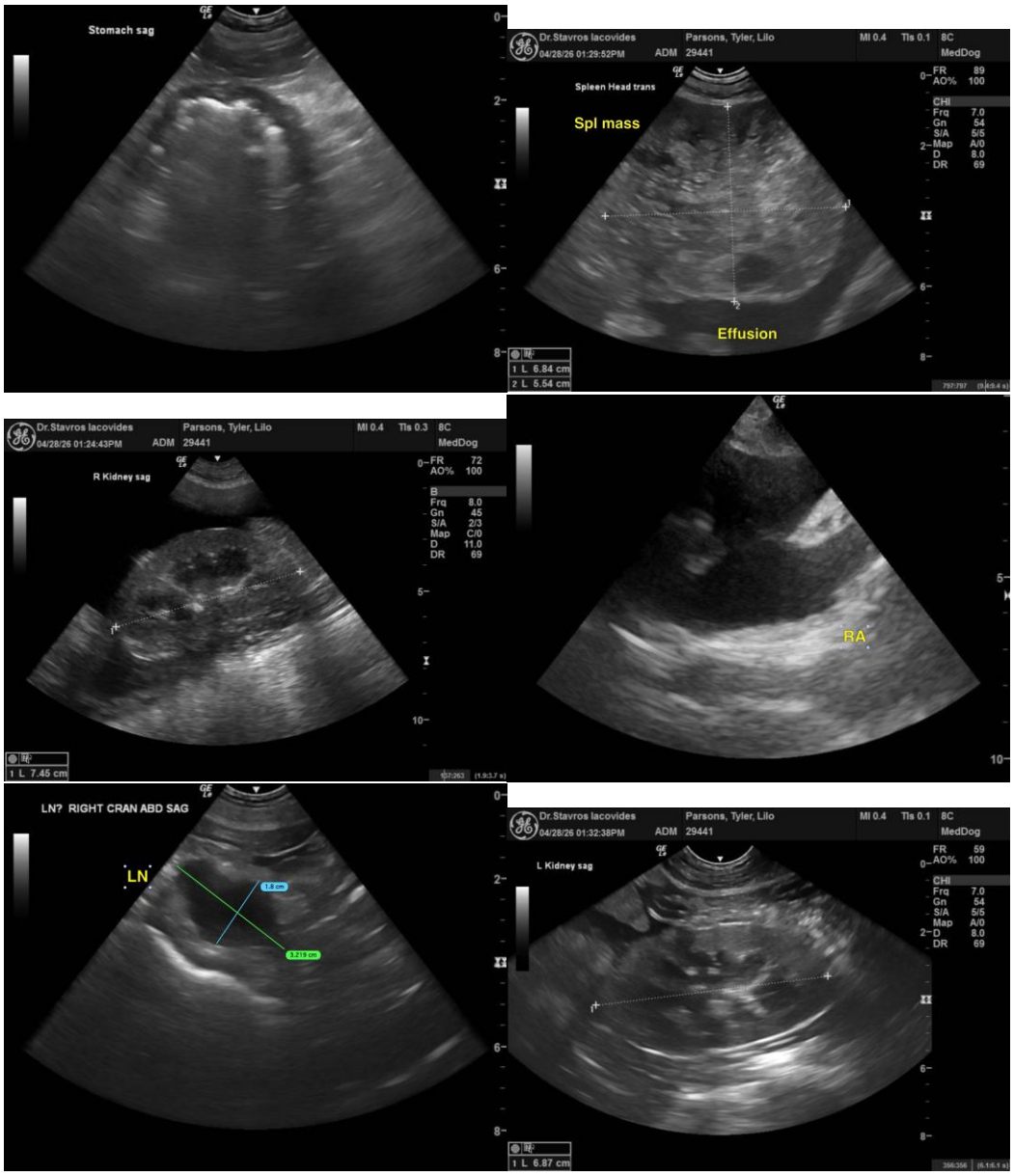

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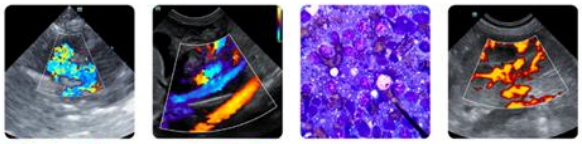

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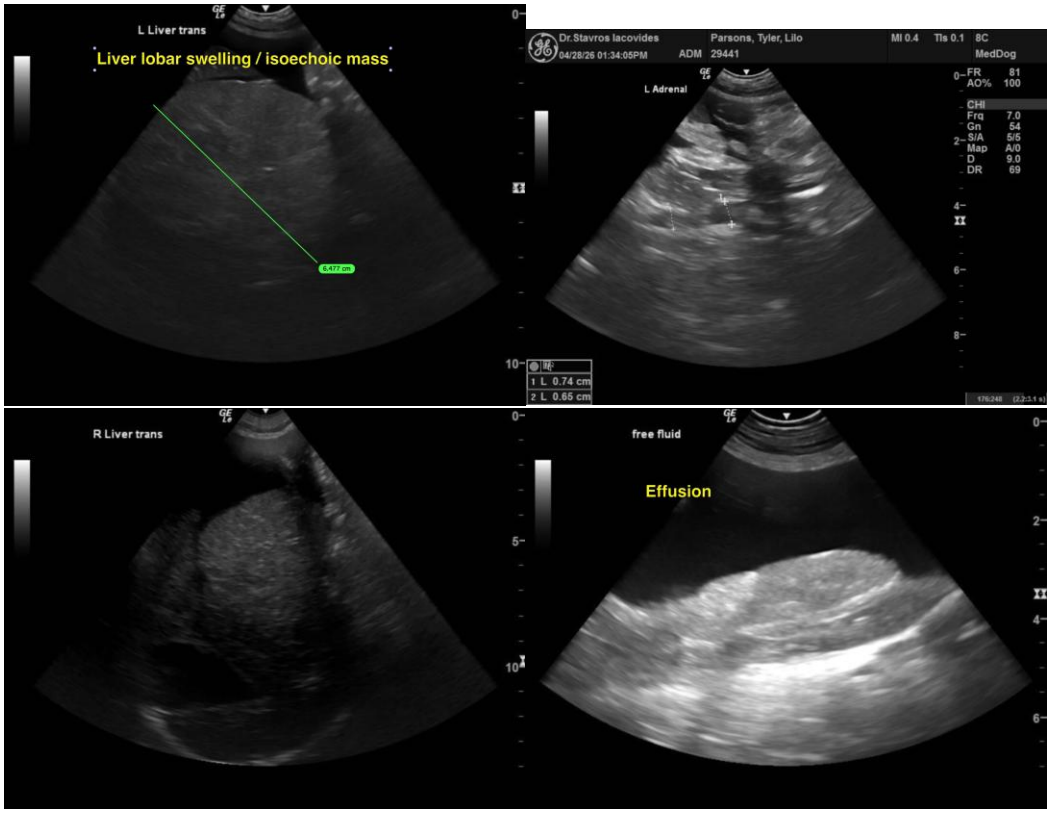

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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