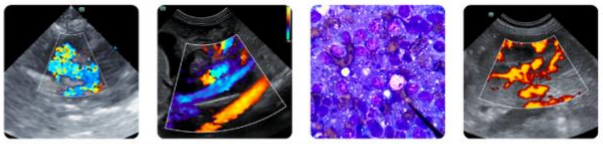


PATIENT

Jager Allicea

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

11 Years

WEIGHT

68.2 lbs

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Dr. Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dr. Jose Torres

INVOICE

16515

DATE

05/26/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to hematuria, chronic weight loss, and a possible abdominal mass seen on rads. Px originally visited rDVM due to lethargy, anorexia, and tachypnea. Bloodwork, radiographs, and a urinalysis was performed. rDVM reports that abdomen is painful upon palpation.

Abnormal PE/Chem/CBC/UA Results: Bloodwork and radiographs attached below for your reference. Limited echocardiogram: no masses or pericardial effusion was seen. Abdominocentesis: Non coagulated blood (hemorrhage)

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. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present with mild accumulated dependent lumen mineral to small calculi. No overt urinary bladder tumors. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the residual prostate appeared normal and free of pathology.

The visualized medial iliac lymph nodes were sonographically normal.

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 8.0 cm in length. The right kidney measured 7.0 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 0.64 cm width at the caudal pole.

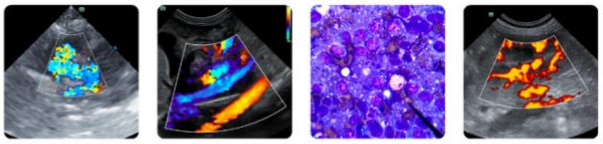
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole.

Spleen

The spleen revealed a moderately sized to large nonhomogenous hypoechoic expansive splenic mass measuring at least 10.0 cm in diameter but possibly larger as the entirety of the mass would not fit into a single viewing window. Additional adjacent to indistinct splenic nodules to small masses are not definitively excluded. Concurrent intact spleen exhibited symmetrical contour and maintained homogenous parenchyma with subject of adequate splenic vascularity.

Liver & Gallbladder

The liver presented subjective mildly enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited homogenous parenchyma with mild coarse echotexture. Possible to subjective mild prominent hepatic vasculature, most notable in the area of the hepatic vein / caudal vena cava junction. The caudal vena cava was not definitively visualized.



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The gallbladder was non-distended in size. The gallbladder wall was moderately thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. The gallbladder wall measured 0.63 cm wall width. Moderate primarily caudal lumen to gallbladder neck congealed emerging mineralized nonorganized gallbladder debris was present. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, primarily nonshadowing ingesta and mild retained fluid without signs of obstruction or foreign material. The gastric body wall measured 0.37 cm wall width.

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. The duodenum wall measured 0.49 cm wall width. The jejunum wall measured 0.39 cm wall width.

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

Intermittent mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the lymph nodes measured 2.6 cm x 0.69 cm. Mild volume of peritoneal effusion and perisplenic hyperechoic omentum.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window. Subjective normal left and right chamber size with non-specific arrhythmia.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Mildly enlarged possible emerging congested live.
- Gallbladder wall edema with non-organized bile debris (non-mucocele).
- Sonographically normal gastrointestinal tract.
- Peritoneal effusion with perisplenic hyperechoic omentum.
- Age-related kidneys with urinary bladder lumen mineral/urine sediment.
- Intermittent mild metastatic lymphadenopathy.
- Subjective normal echocardiogram with non-specific arrhythmia.

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 such as significant hyperplasia, hematopoiesis or hematoma are possible yet thought less likely. Hemorrhagic peritoneal effusion secondary to splenic mass bleeding or rupture are likely. Emerging hepatic congestion secondary to cardiac arrhythmia with

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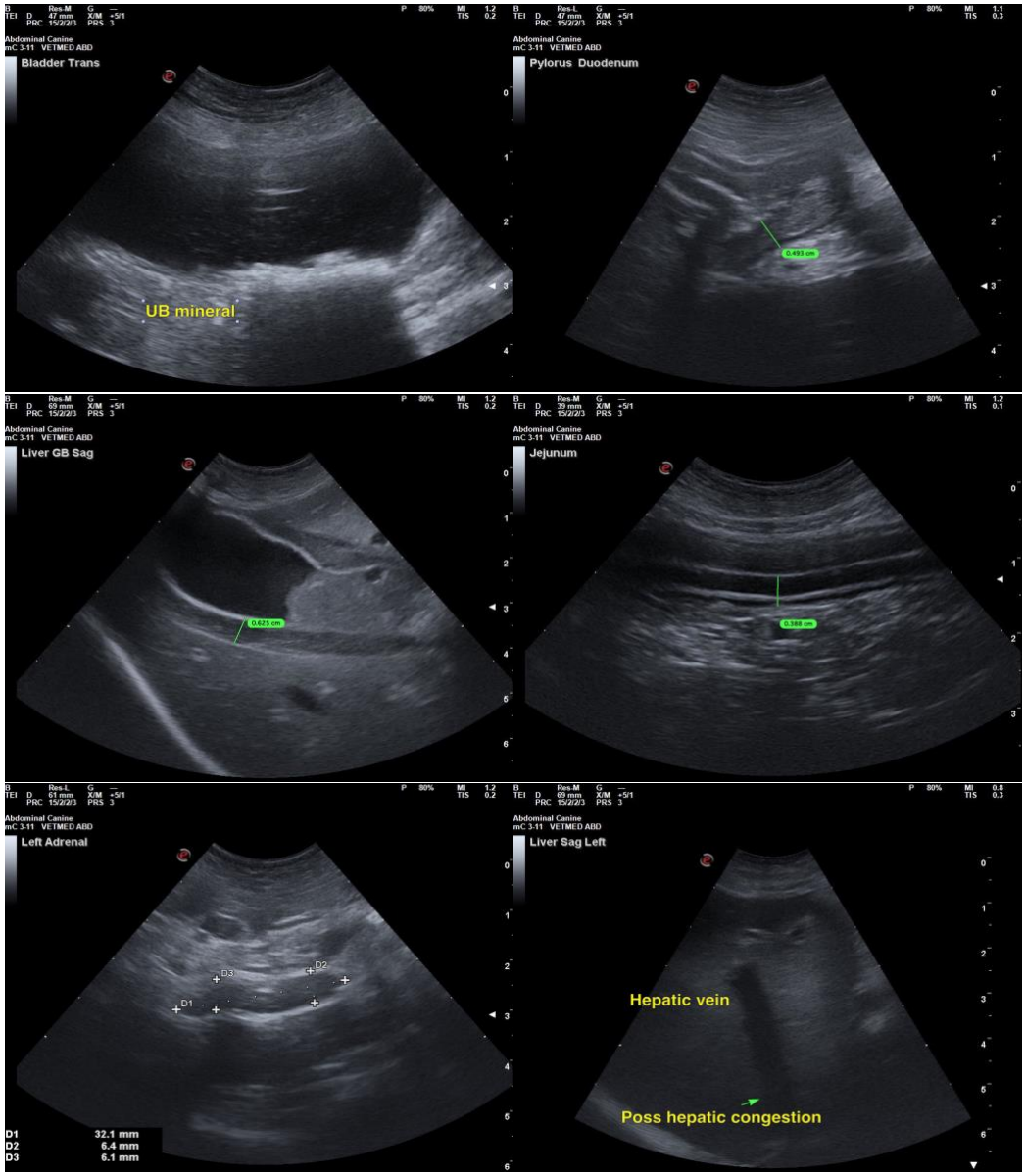
concurrent gallbladder wall edema is not definitively excluded. Alternative considerations for gallbladder wall edema may include concurrent inflammation or anaphylaxis.

Cardiac or intra-abdominal major organ macrometastasis was not obvious yet micrometastasis or early lymphatic metastasis is not definitively excluded. If surgery is a potential in this patient, ECG and full echocardiographic workup are recommended prior to anesthetic considerations. Guarded to significant guarded prognosis is indicated even with surgical intervention.



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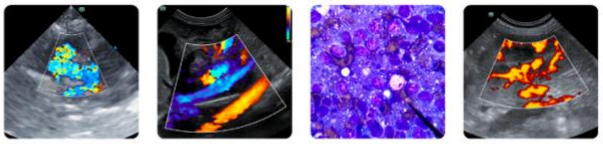

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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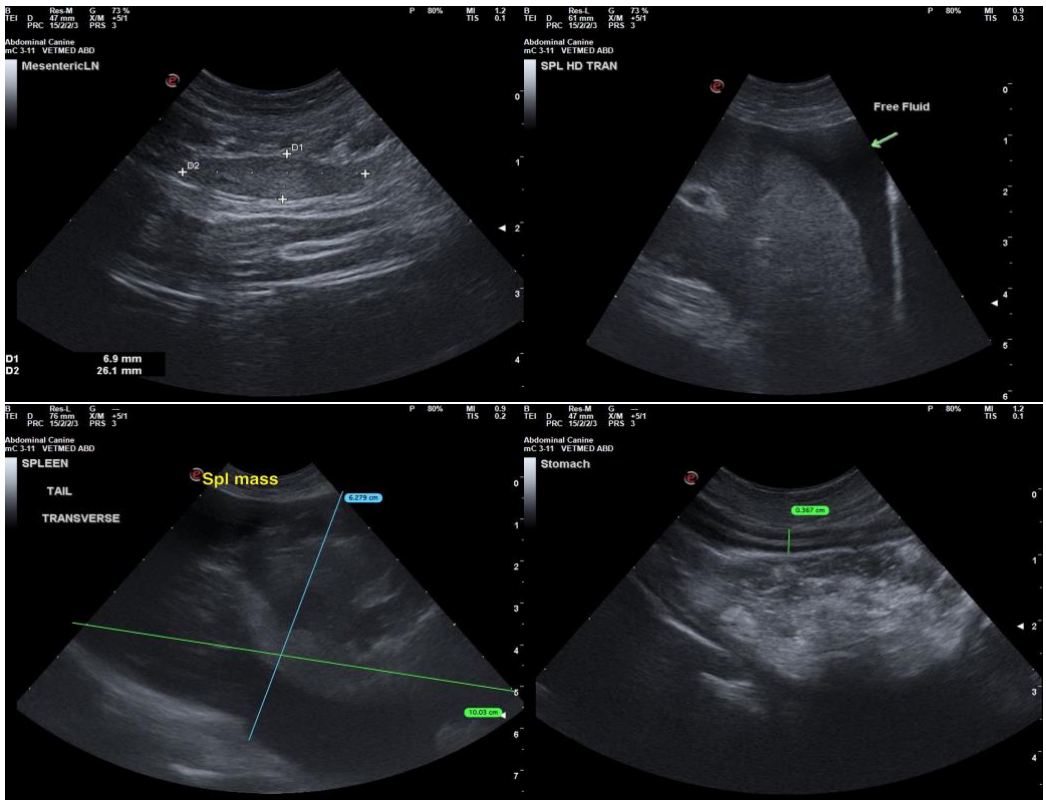

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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