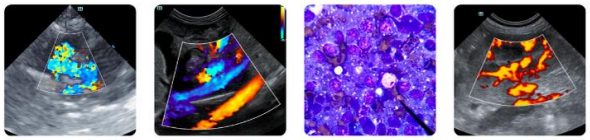


PATIENT

Dipper Brooks

SPECIES

K9

BREED

Lab Mix

SEX

MN

AGE

8

WEIGHT

65

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr Maniar

INVOICE

75179

DATE

5-28-26

PRESENTING CLINICAL SIGNS

vomiting 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.

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

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

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.3 cm in length. The right kidney measured 6.6 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 0.69 cm width at the caudal pole.

Spleen

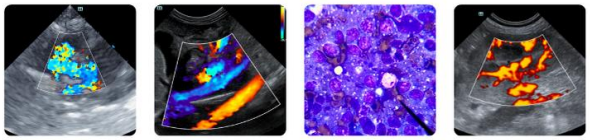
The spleen presented diffuse to variably enlarged with lateral and medial asymmetrical contour and generalized heterogeneous splenic parenchyma with areas of mid and cranial splenic parenchymal expansion. No evidence of splenic capsular escape or rupture. The cranial spleen measured approximately 5.6 cm diameter with mid spleen measuring approximately 4.5 cm in diameter. A non-capsule deforming irregularly mixed hyperechoic caudal splenic nodule was present measuring approximately 3.1 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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 thin walls and primarily anechoic luminal content. 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 contained mild nonshadowing ingesta/chyme without signs of obstruction or foreign material.



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The visualized segments of 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 area of the pancreas was normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Rapid view of the heart was normal.

ULTRASONOGRAPHIC FINDINGS

- Normal gastrointestinal tract with mild nonshadowing gastric ingesta/chyme.
- Normal area of the pancreas.
- Diffuse variable splenomegaly exhibiting nonhomogeneous parenchyma, mid to cranial parenchymal expansion, and nondisruptive irregular hyperechoic caudal splenic nodule.
- Sonographically normal liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Generalized splenic enlargement is present without definitive splenic mass. Considerations for the spleen may include significant hyperplasia, hematopoiesis, inflammation, with primary concern for diffuse infiltrative splenic neoplasia i.e. sarcoma, round cell neoplasia, or other.

No obvious evidence of intraabdominal major organ or cardiac macrometastasis or metastatic lymphadenopathy. Early micrometastasis not definitively excluded.

Assuming normal clotting status and using a 25-gauge needle, splenic FNA cytology could be considered for further clarification.

No evidence of mechanical gastrointestinal obstruction or visualized mural pathology.

Assuming no pathology on three-view chest radiographs, splenectomy with gross inspection of the abdominal cavity and gastrointestinal tract with perioperative gastrointestinal support may be considered.

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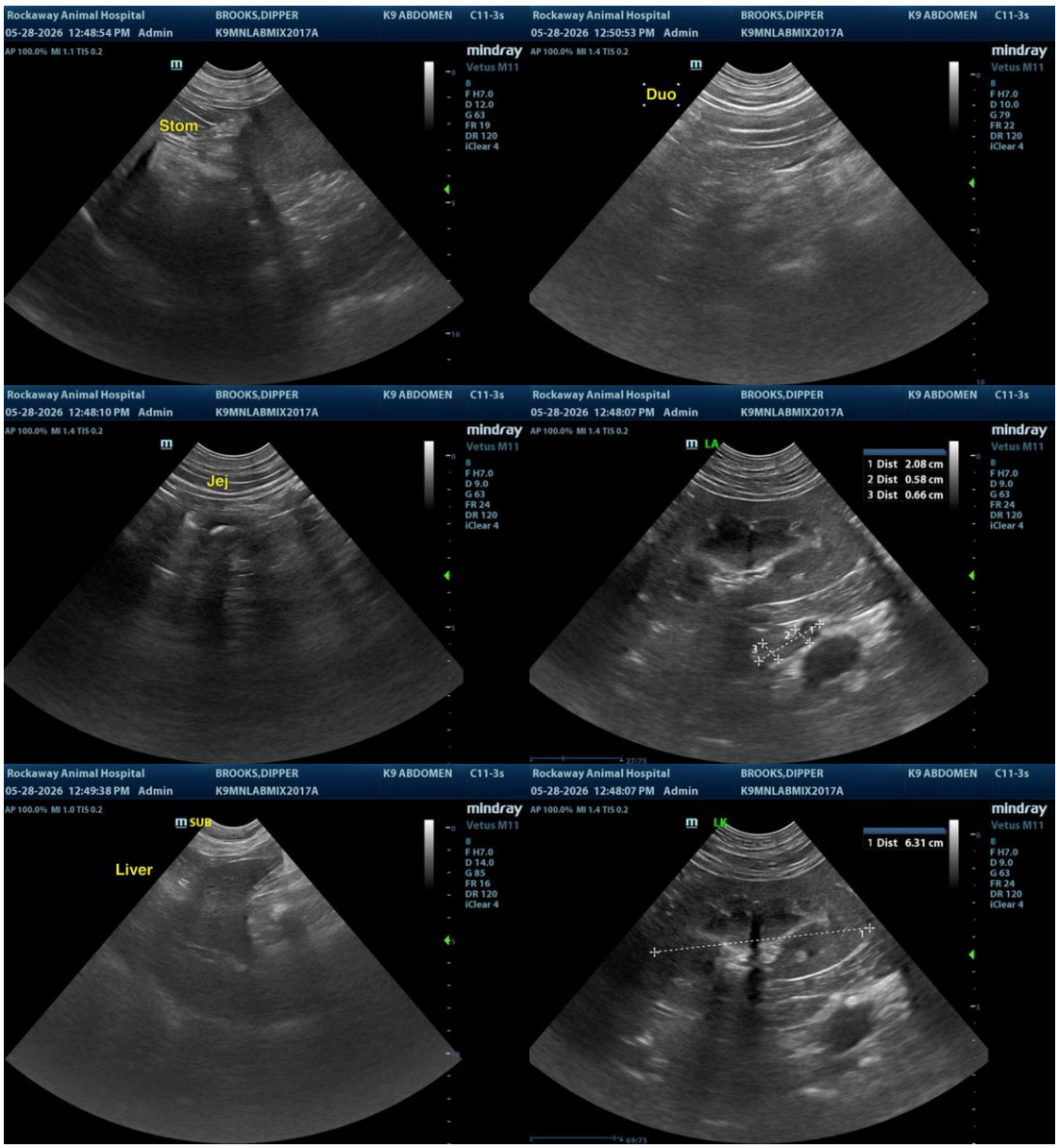

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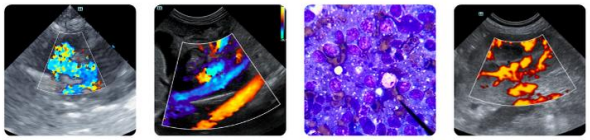

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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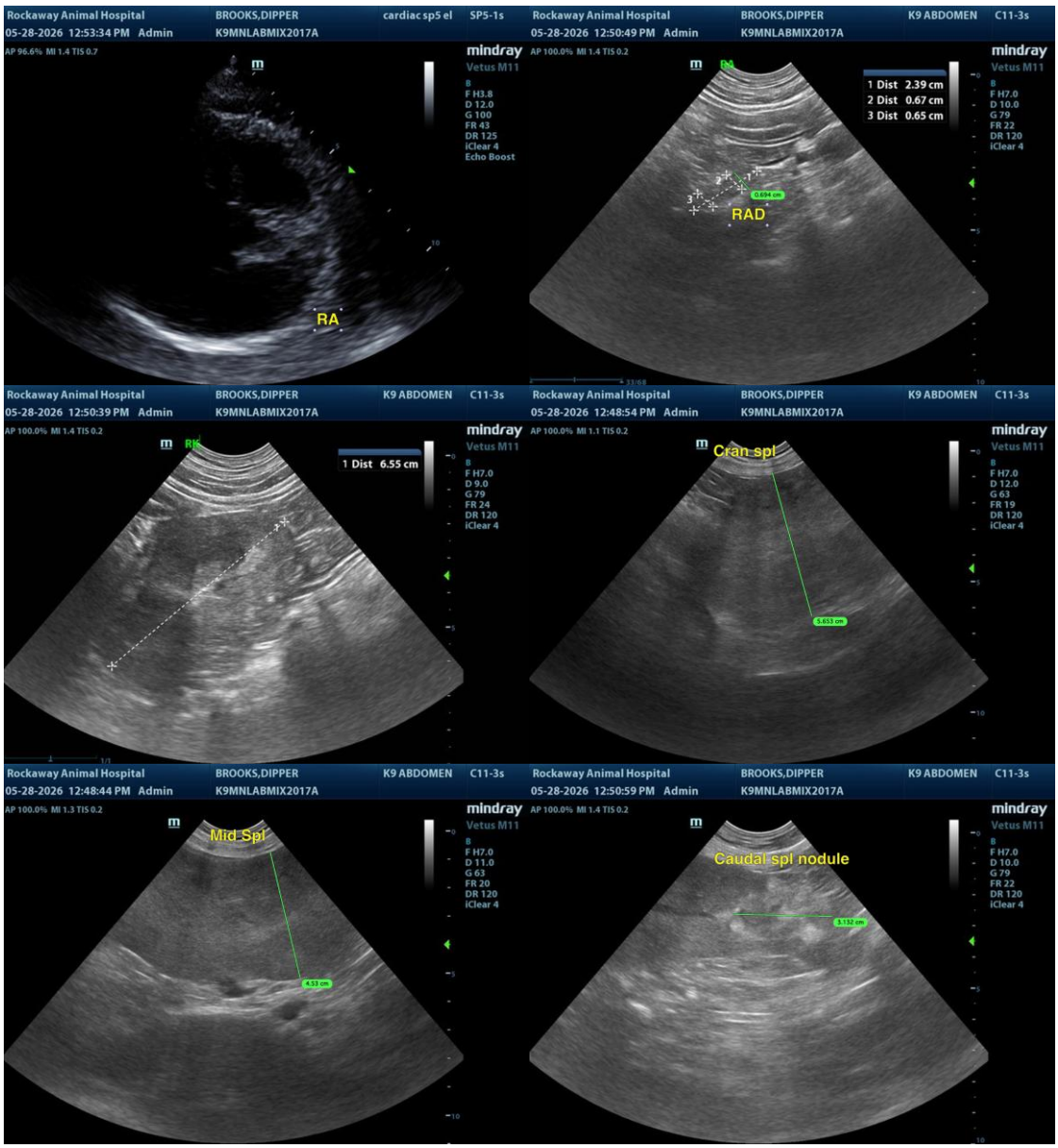

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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