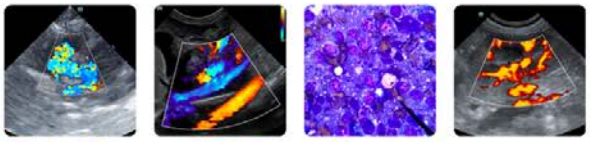

PATIENT

Leia Weltch

SPECIES

Canine

BREED

Shepherd

SEX

Spayed Female

AGE

9 Years

WEIGHT

101 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Tessa Maggulli, DVM

HOSPITAL NAME

Willamette Veterinary Hospital

REFERRING VET

Tess Maggulli, DVM

INVOICE

75560

DATE

5/31/26

PRESENTING CLINICAL SIGNS

P presents for tense abdomen - FNA reveals hemoabdomen. Thoracic radiographs returned from radiologist confirms no metastasis in chest.

Abnormal PE/Chem/CBC/UA Results: CBC- RBC 2.76, HCT 17.1% (L), HGB 5.5 (L),RETIC 443.5 (H), WBC 19.77 (H), NEU 16.05 (H), MONO 2.-6 (H), EOS 0.03 (L), Baso 0.16 (H), PLT 70 (L), CHEM 17-BUN 29 (sl high), PHOS 7.3 (sl high) EPOC-HCT 17%, BICARB 13.3 (L), GLU 127 (H), NA 132 (L), ph 7.337 (Sl low), BUN 27 (sl high), PCV/TS-22% and 6.4g/dl

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.

No obvious visualized medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination were present in the left kidney, which was primarily visualized in the transverse plane. 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 right kidney was not definitively visualized.

Adrenal Glands

The adrenal glands were not definitively visualized.

Spleen

The spleen was asymmetrically enlarged with at least two to possibly three variably sized to expansive mixed echogenic splenic masses. Example of larger splenic mass measured approximately 9.0 cm in diameter. Additional splenic mass measured approximately 7.0 cm in diameter. Associated asymmetrical splenic capsule contour noted.

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, hyperechoic peripheral luminal debris. The cystic duct and common bile ducts were normal without evidence of dilation.

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.

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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 apparent formed feces in lumen.

Pancreas

The pancreas was not definitively visualized owing to peripancreatic omental artifact.

Free Abdomen

Moderate to significant volume peritoneal effusion noted.

Non-homogeneous omentum noted.

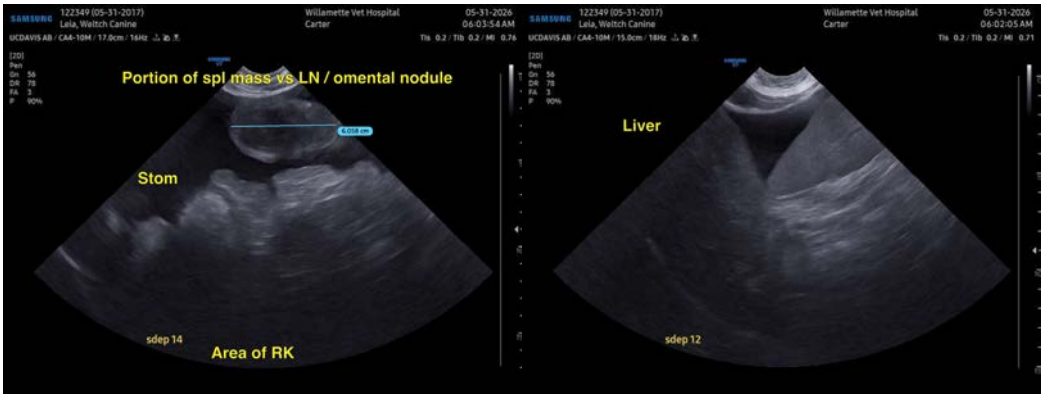
Possible portion of splenic mass extending into the area of the right cranial abdomen with potential for enlarged, non-homogeneous lymph node or omental nodule possibly measuring 6.0 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Infiltrative neoplasia splenic pattern with splenic masses / nodules
- Sonographically normal liver
- Mild gallbladder debris
- Peritoneal effusion and nonhomogeneous omentum, possible nonhomogenous enlarged lymph node / omental nodule vs portion of splenic mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic is consistent with multicentric neoplasia such as sarcoma, round cell neoplasia or other. Overt hepatic metastasis was not obvious with micrometastasis, lymphatic metastasis or omental seeding not excluded. Spleen FNA cytology if normal clotting status in conjunction with effusion cytospin / cytology could be considered for further assessment. Splenectomy could be considered with knowledge of possible omental lymph node or other nonobvious metastasis.



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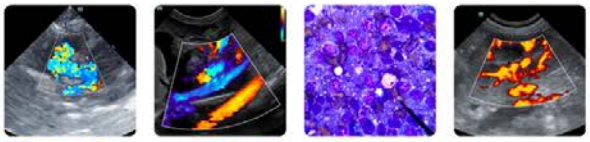

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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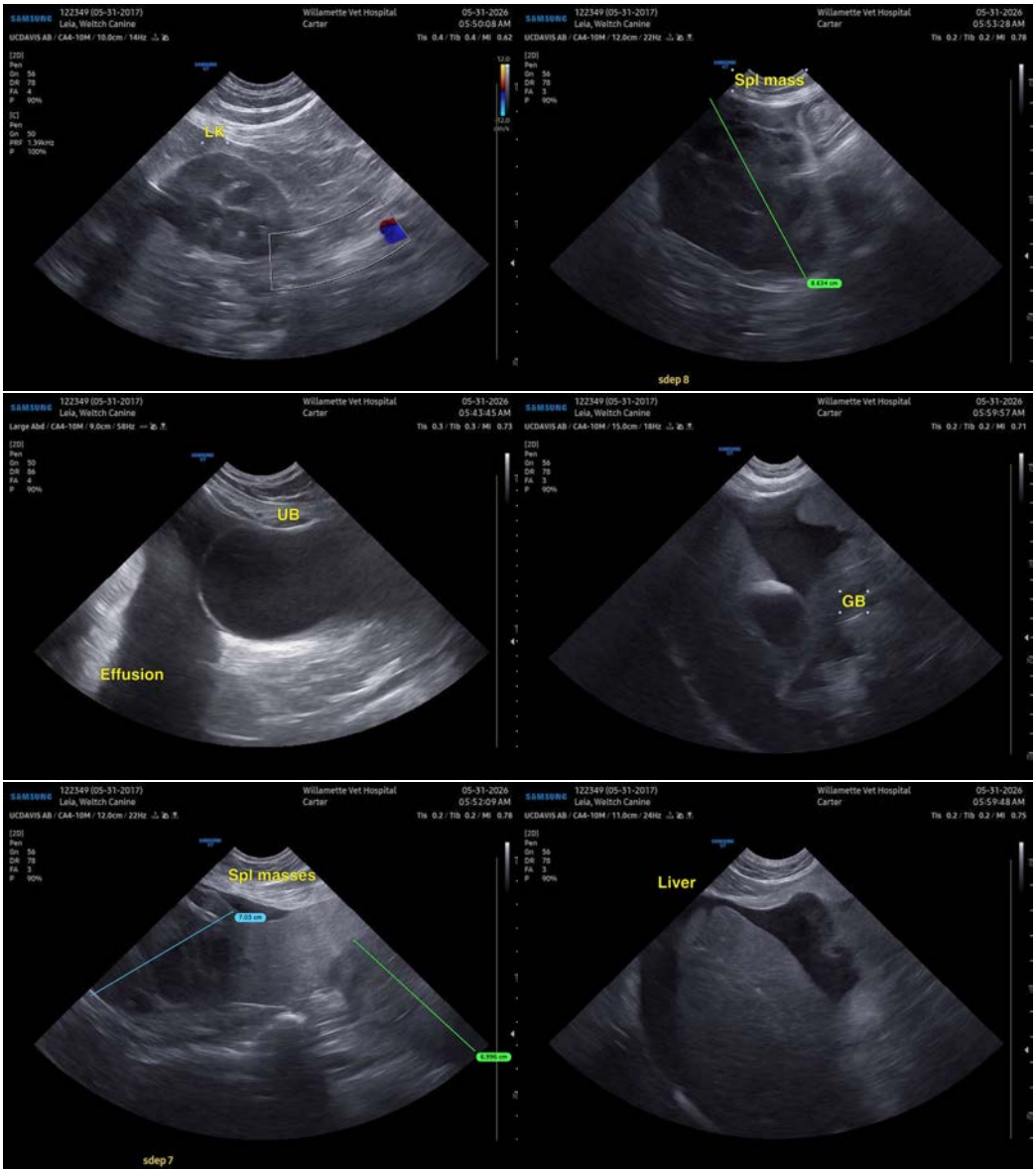

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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