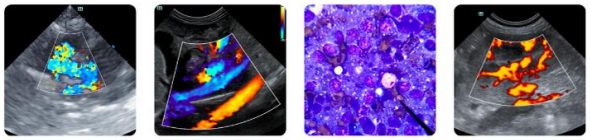


PATIENT

Rylee Chierici

SPECIES

Canine

BREED

American Staffordshire Terrier

SEX

FS

AGE

13Y, 3M

WEIGHT

75.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

Animal Care Clinic of Flanders

REFERRING VET

Dr. Hallihan

INVOICE

75267

DATE

6-2-26

PRESENTING CLINICAL SIGNS

pre eyelid mass removal, mild non region anemia - r/o obvious neoplasia pre sx, ulcerated 1 cm mass right eyelid
has been using neopolydex opt BID OD, rimadyl 75mg 1 BID , fluoxetine 20mg SID, apoquel 16mg 1 SID
Abnormal PE/Chem/CBC/UA Results: hct lo - 36.1

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 was noted.

No visualized medial iliac or sublumbar lymphadenopathy or masses.

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 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 7.1 cm in length. The right kidney measured 7.3 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. An isoechoic, mildly expansive, cranial splenic mass was present measuring approximately 7.0 cm in diameter. Concurrent subjective separate mildly expansive hypoechoic mid to caudal splenic nodule was present with mild associated capsule distortion measuring 2.0 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

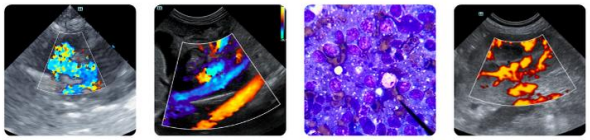
Liver/ Gallbladder

The liver was subjectively mildly enlarged in size with primarily symmetrical to rounded capsule contour and a mild generalized heterogeneous parenchyma exhibiting mild to variable coarse echotexture. A solitary mildly expansive ventrocaudal mild hypoechoic nonhomogeneous liver nodule was present measuring 2.6 cm in diameter. 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 without signs of obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental similar appearing nonshadowing intestinal ingesta was present without signs of 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass with concurrent splenic nodule.
- Enlarged nonhomogeneous liver with nonexpansive intraparenchymal nodule.
- Age related renal changes.
- Gastrointestinal ingesta – probable postprandial presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, primary concern for primary or metastatic splenic and focal hepatic nodular neoplasia is indicated. Further assessment may include, assuming normal clotting status and using a 25-gauge needle, splenic mass/nodule, and if accessible, hepatic nodule FNA cytology. Non neoplastic hepatosplenic mass and nodular etiologies i.e. hyperplasia, hematopoiesis, etc. possible yet thought less likely.

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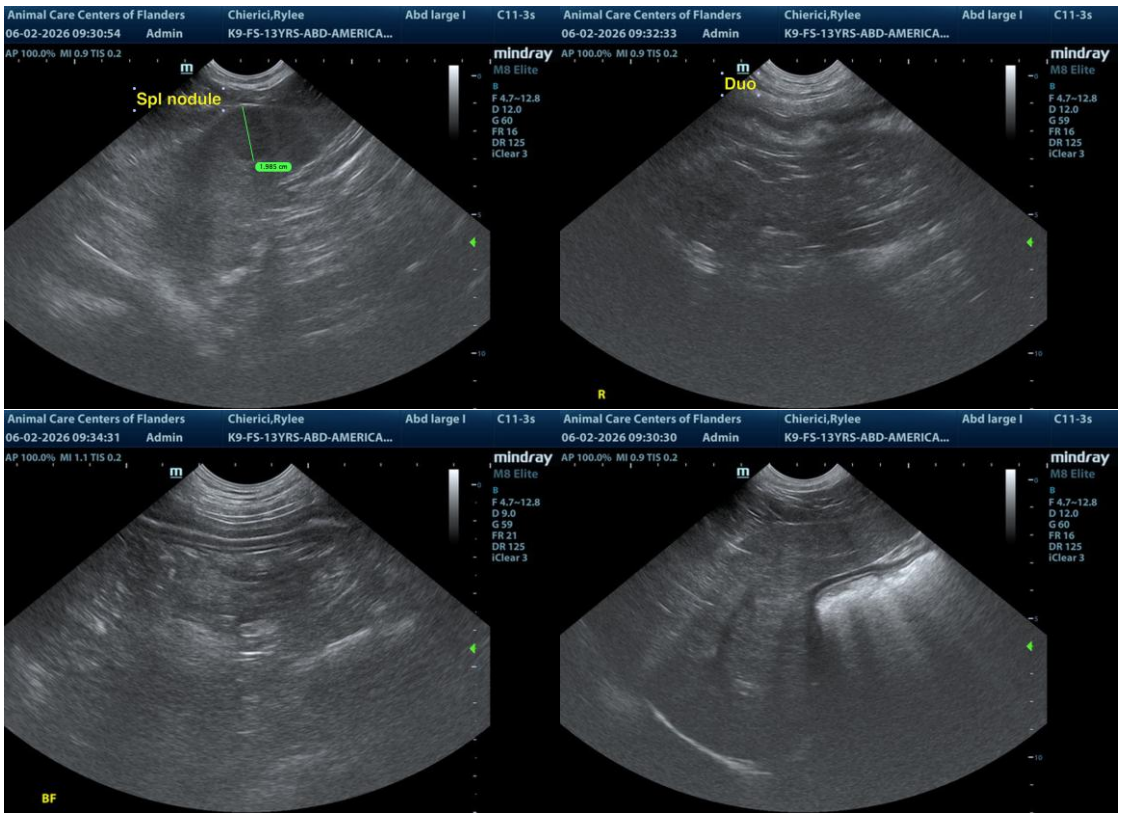

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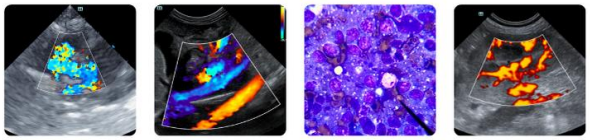

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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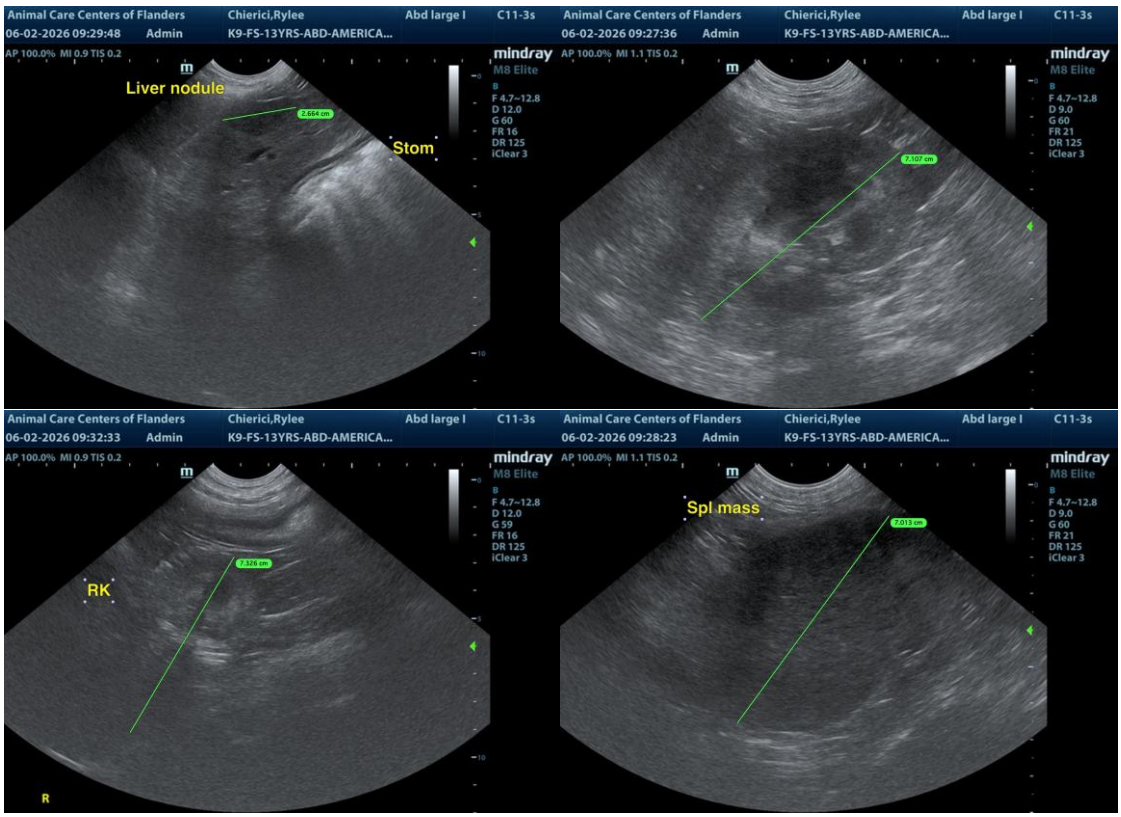

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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