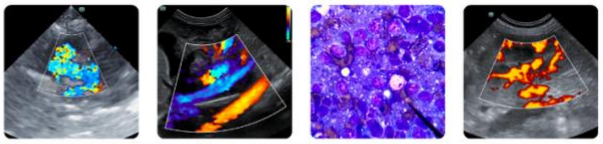


PATIENT

Joy Hess

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

8 Years

WEIGHT

71.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mavis McCormick

HOSPITAL NAME

Lanier Animal Hospital

REFERRING VET

Dr. Mavis McCormick

INVOICE

16475

DATE

06/08/26

PRESENTING CLINICAL SIGNS

Joy is presenting for an acute onset of severe lethargy and unwillingness to move that began the previous evening around 11 PM. The episode was sudden; she was playing normally 30 minutes prior. She was taken to an emergency clinic last night where a bleeding splenic mass was suspected after an unofficial ultrasound revealed fluid in her abdomen. There is no known history of trauma or injury. For the past few days, her thirst has increased, and she is now drinking large amounts of water at a time. Appetite was decreased yesterday, and she refused her evening meal but was hand-fed around 5pm last night. Food was withheld this morning per the ER veterinarian's instructions. There has been no vomiting or diarrhea. She has exhibited rear limb weakness, being unable to stand for a temperature check at home. Her only current medication is monthly NexGard. Abdominal ultrasound done today, free fluid present. Aspiration showed blood. HCT last night 31% and this morning was 35%.

Abnormal PE/Chem/CBC/UA Results: Attached bloodwork from ER and radiology report from today

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 change were noted.

No visualized pathology in the area of the residual prostate.

No visualized medial iliac or sublumbar lymphadenopathy or masses or overt distal aortic thrombus.

Normal size and margination was 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 right kidney measured 7.0 cm in length. The left kidney was primarily visualized in the transverse plane.

Adrenal Glands

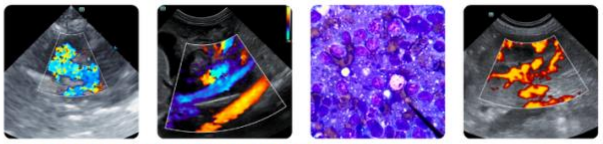
The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.59 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized subjectively measuring 0.54 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was subjectively adequate in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder



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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. A solitary, mildly expansive, non-homogenous hypoechoic intraparenchymal nodule was present in the ventrocaudal liver with mild associated hepatic capsule distortion, measuring approximately 2.6 cm in diameter.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. No evidence of wall edema. The common bile duct was not visualized.

Gastrointestinal

The stomach presented overtly normal intact visible wall. The stomach exhibited moderate to significant distention with retained fluid and primarily nonshadowing hyperechoic ingesta. No definitive obstruction to pyloric outflow at the level of the pylorus with the pylorus wall measuring 0.58 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.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The area of the left pancreas was sonographically normal.

Free Abdomen

Mild volume of peritoneal effusion and generalized mild to variable hyperechoic omentum.

An unspecified mild irregular hypoechoic lesion in the cranial abdomen, medial to the right kidney, and subjective duodenum/right pancreatic limb, measuring approximately 4.7 cm x 2.8 cm. Surrounding mild hyperechoic omentum. The lesion appeared to be separate and caudal to the visualized pylorus.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal spleen.
- Non-congested liver with mild expansive ventrocaudal intraparenchymal nodule.
- Normal non-edematous gallbladder.
- Moderate to significant distended stomach with retained fluid/ingesta.
- Overall, sonographically normal empty small intestine.
- Unspecified lesion in the right cranial abdomen- unspecified neoplasia, necrosis/abscess, lymphadenopathy or other.
- Generalized non-homogenous variably hyperechoic omentum and mild volume effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given reported hemoabdomen, cytospin cytology of the effusion in search of a more definitive diagnosis as well as coagulation profile is recommended. Definitive evidence of upper gastrointestinal mechanical obstruction was not obvious given degree of gastric retention with fluid/ingesta, yet non-visualized mechanical obstruction is not definitively excluded.

If normal clotting status and accessible, FNA cytology of unspecified lesion could be considered for further clarification. Assuming no pathology on thoracic radiographs, abdominal CT would be ideal for

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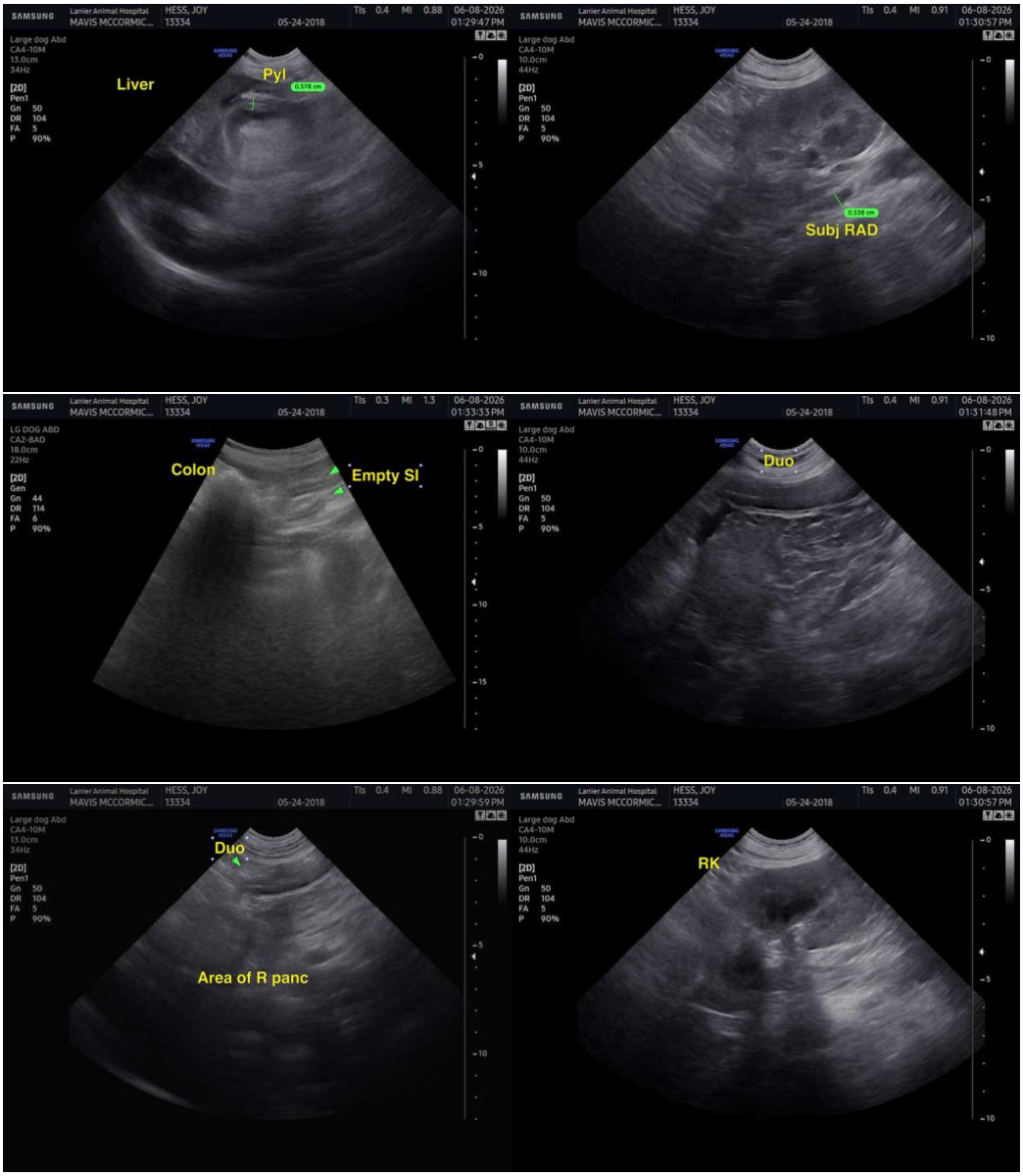
further assessment. Underlying neoplasia may be a primary concern if no historical trauma and if normal clotting status.



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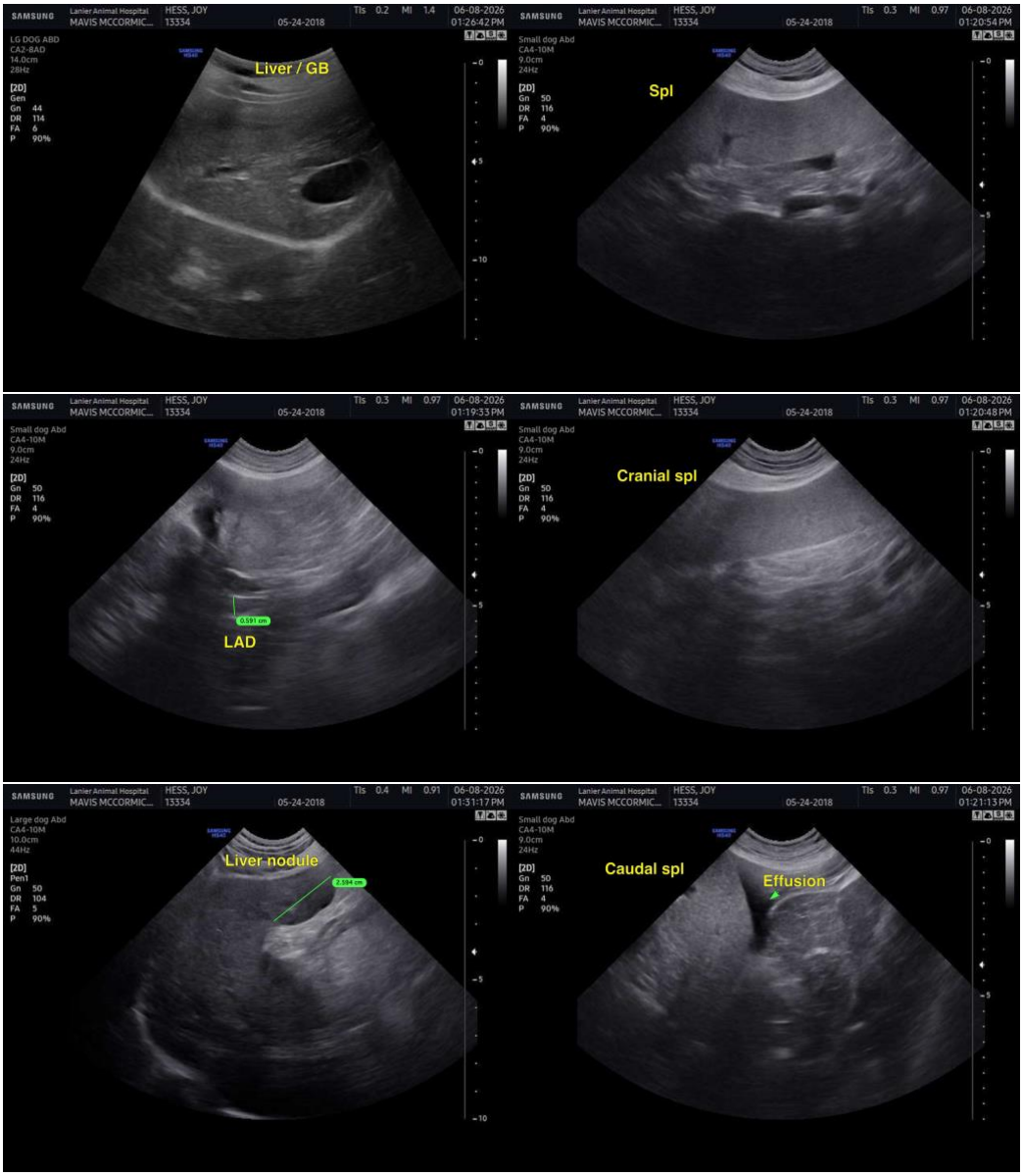

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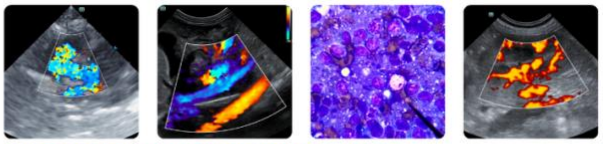

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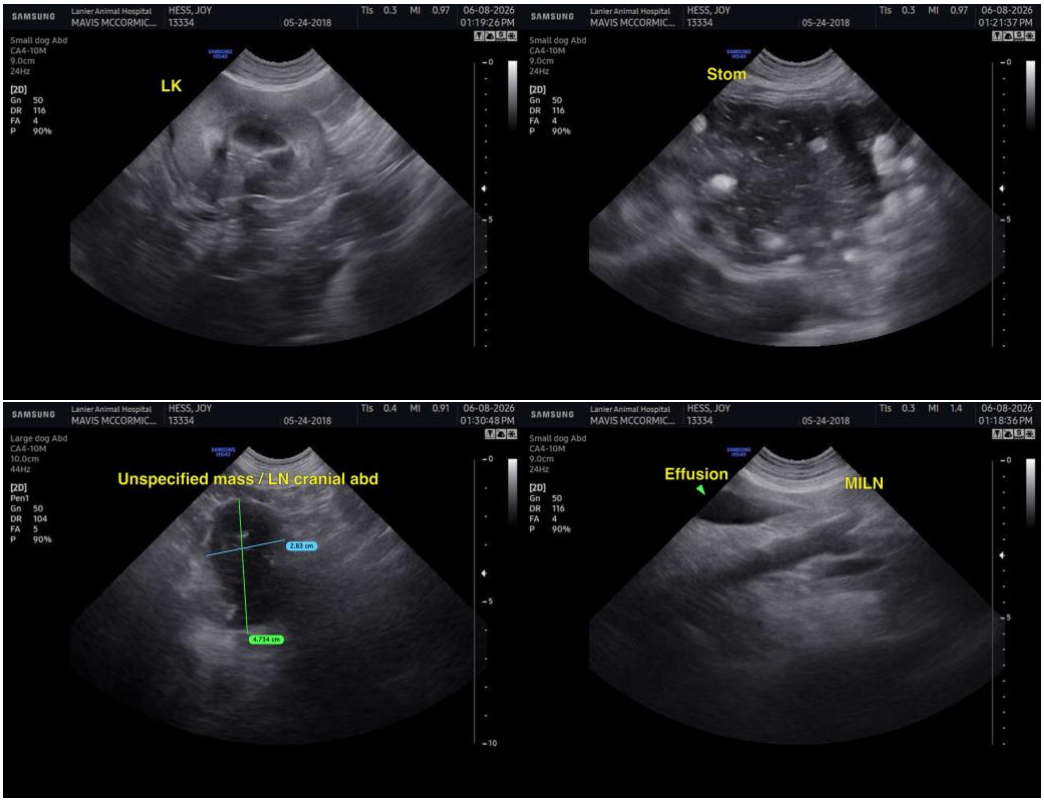

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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