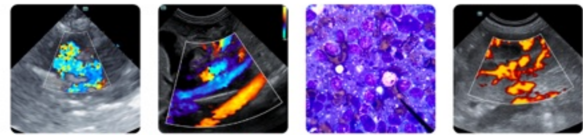


PATIENT

Sargeant Seawood Stanfiled

SPECIES

Canine

BREED

Labrador Retriever

SEX

Intact male

AGE

12 years

WEIGHT

76 lbs

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of Lake Brandt

REFERRING VET

Dr. Wallace

INVOICE

75205

DATE

5/5/26

PRESENTING CLINICAL SIGNS

History: P presented for US due to acute vomiting, diarrhea, anorexia and lethargy weakness, tender on abd palpation, R side muffled heart sounds, Severe OA
Rad report- alveolar pattern in R middle lung lobe, Abd- Mid to cranial soft tissue opacity with caudal and right sided displacement of small intestines, diffuse gas dilation of small intestines, stool present in colon

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 6.6 cm, right measured 7.0 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is noted in both kidneys.

The prostate is symmetrically enlarged with a diffuse, hyperechogenic appearance and a regular curvilinear capsule. Normal appearance of the periprostatic tissue. The prostate measures 3.0 x 4.1 cm in size. Normal size and appearance of both testicles. Left testicle measured 3.5 cm in length and the right testicle measured 3.1 cm in length.

Adrenal Glands

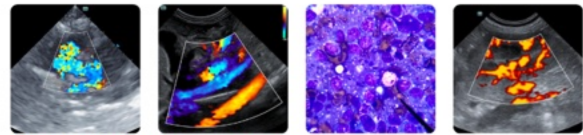
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.52 cm in length x 0.88 cm and 0.85 cm in width. The right adrenal gland measured 2.38 cm in length x 0.44 cm and 0.72 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Irregular, mottled echogenic mass on the tail of the spleen with bulging of the overlying capsule. The mass measures 2.8 x 3.2 cm in size. The spleen measures 2.7 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing a small amount of non-adhered, hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Prostatomegaly.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenic mass would be hematoma, granuloma and neoplasia.

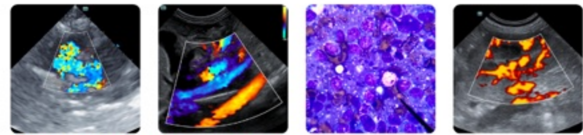
The most likely etiology for the prostatomegaly would be age related, benign prostatic hyperplasia.

The gallbladder sediment can be considered an incidental finding.

On this ultrasound there is no obvious etiology for the presenting clinical signs. With the presenting clinical signs the most likely diagnosis would be non-specific gastroenteritis such as dietary indiscretion, toxins, viral and possibly parasites.

Further assessment of the splenic mass would be three view thoracic radiographs and possibly FNA cytology.

Splenectomy should be considered as it could be both diagnostic and therapeutic with further specific therapy would be dependent on an etiological diagnosis.



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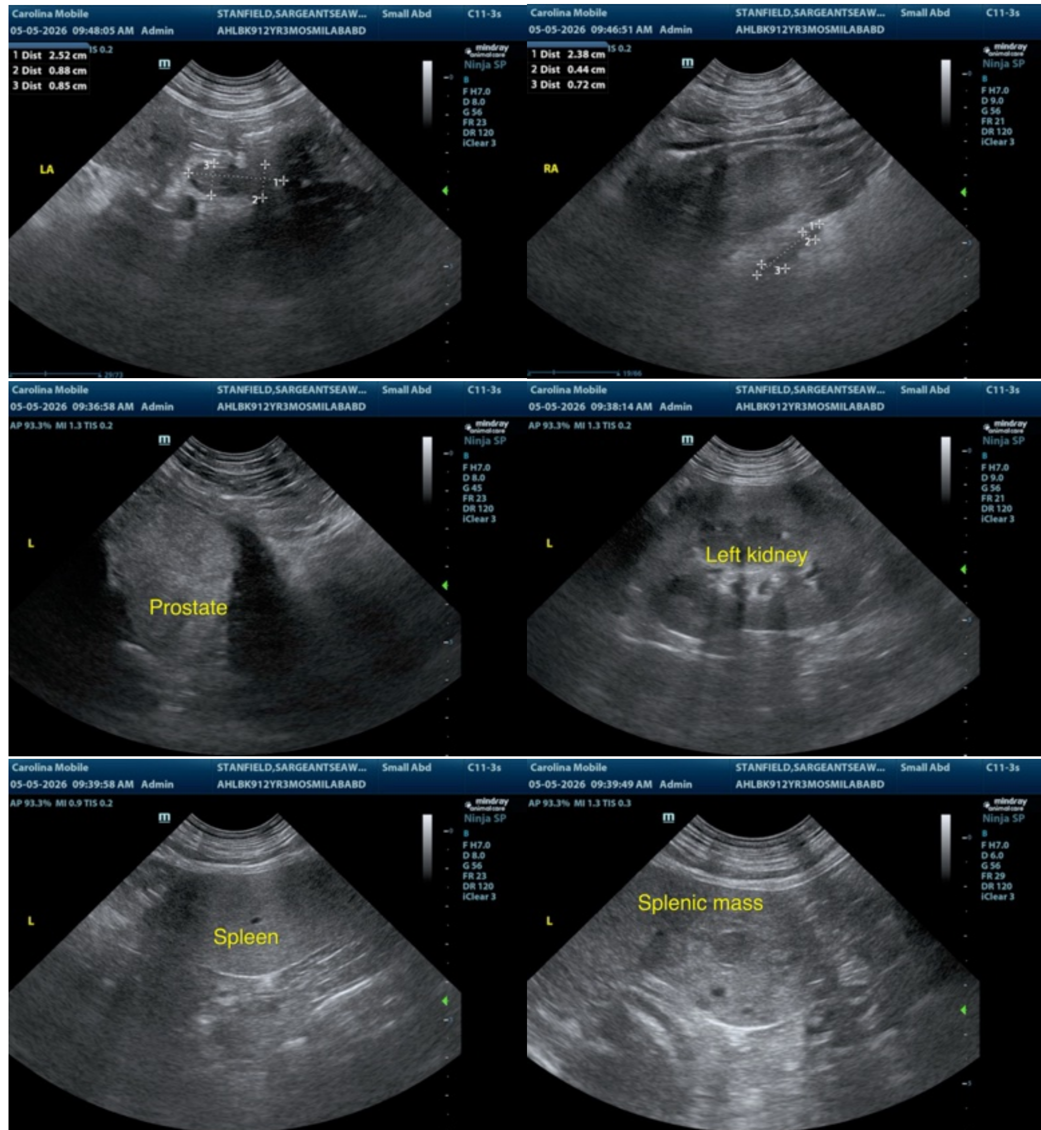

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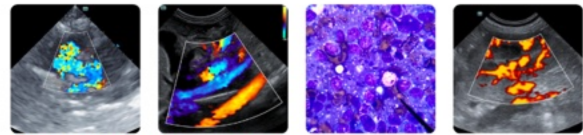

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Educational Teleconsultation Services™

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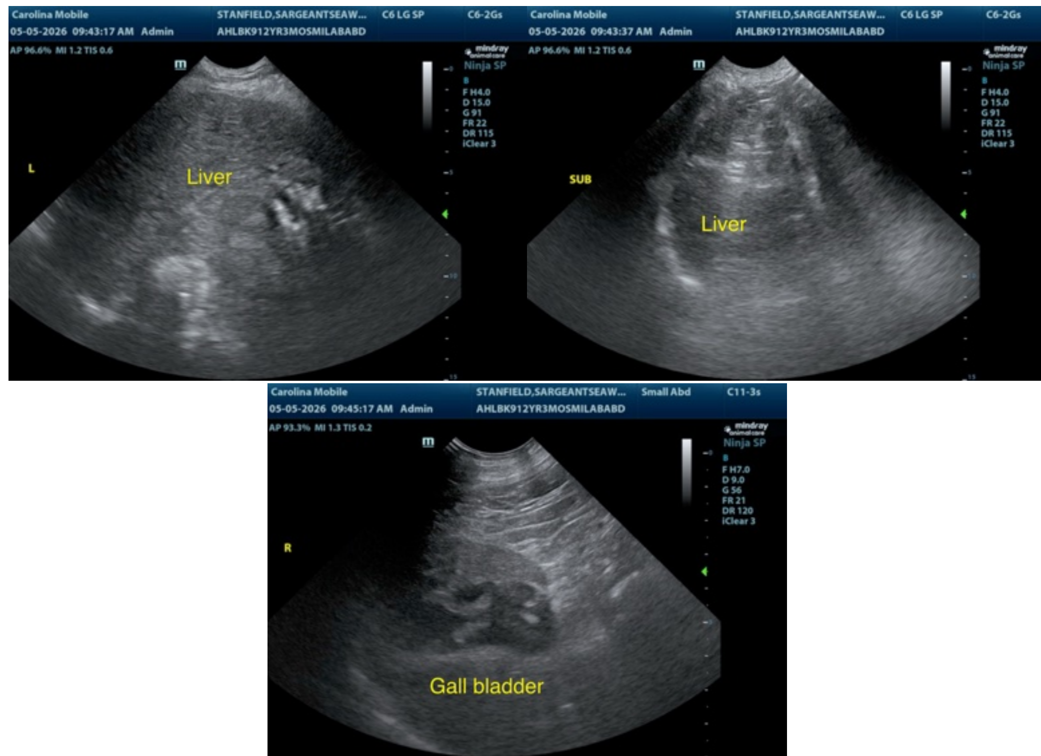

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com