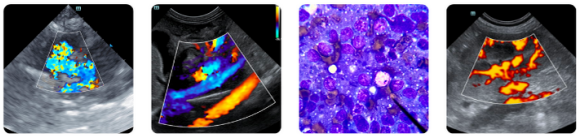


PATIENT

Brix Gilbert

SPECIES

Canine

BREED

Viszla

SEX

MN

AGE

11 years

WEIGHT

32.2 kg

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Emergency Clinic of the High Country

REFERRING VET

Dr. Watson

INVOICE

11387

DATE

2/27/2026

PRESENTING CLINICAL SIGNS

- P presented ADR

Abnormal PE/Chem/CBC/UA Results: HCT 29.3, Retic 237.9, WBC 23.9, Neu 18.6, Mono 1.3, PLT 36.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

The left kidney is of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 6.3 cm in length.

The right kidney is visualized, and exhibits appropriate corticomedullary differentiation. The margins are obscured by a large amount of echogenic material, consistent with either highly cellular effusion, or possibly undifferentiated tissue. The right kidney is 8.0 cm in length. There is no evidence of pyelectasia, nephrolithiasis, and the ureter is not visible (normal).

Adrenal Glands

The left adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 8.3 mm at the cranial pole and 9.5 mm at the caudal pole. The right adrenal gland is not distinctly visualized due to the degree of pathology in the region.

Spleen

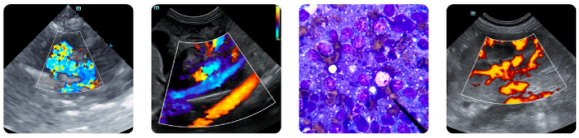
There are two isoechoic masses arising from both the body and tail of the spleen, which disrupts the splenic capsule. The surrounding omentum is normal. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal



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The stomach is moderately distended with gas and ingesta. The gastric wall is 4.4 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness with intact wall layering. The ileocecal junction is not visualized.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is a large amount of undifferentiated echogenic material noted within the caudal abdomen and retroperitoneal spaces. While some of this material may represent highly cellular effusion, there is a region in the caudal abdomen in which the material is adjacent to normal looking hypoechoic fluid, suggesting that this may in fact represent undifferentiated soft tissue. The omental fat throughout the abdomen is hyperechoic and hazy. The aortic trifurcation exhibits normal blood flow.

There is a small region of lung visualized which demonstrates a shred sign and B-lines, consistent with consolidated lung. The visualized regions of the heart exhibit appropriate systolic function and subjectively normal chamber sizes, with no evidence of masses or pericardial effusion.

PRIMARY FINDINGS

- Large amount of echogenic, irregular and poorly circumscribed material throughout the caudal and mid abdomen.
- Pulmonary shred signs and B-lines, consistent with consolidative lung.
- Multiple small splenic masses.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the echogenic material within the abdomen may represent a highly cellular effusion, but may also represent undifferentiated tissue, and is concerning for disseminated neoplastic disease. because it's a low platelet count, there is a risk of hemorrhage is aspiration of this material is attempted, and so definitive diagnosis may be challenging. If not already performed, thoracic radiographs are recommended to further investigate the pulmonary changes noted sonographically. Serial monitoring of the hematocrit and platelet count may be helpful in determining whether there is intraabdominal hemorrhage, in which case the undifferentiated material may represent coagulated prior hemorrhage. The masses within the spleen may represent both benign or malignant processes, and again due to the thrombocytopenia sampling would not be recommended at this time. A platelet transfusion could be considered if sampling of the pathology in the abdomen is to be pursued.

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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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com