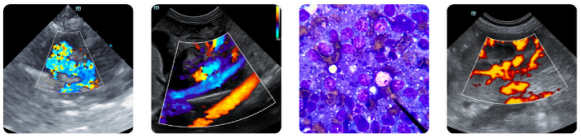

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800.838.4268

PATIENT

Lily Post

SPECIES

Canine

BREED

Boston Terrier

SEX

SF

AGE

13 years

WEIGHT

13 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

AHSC

REFERRING VET

Dr. Scairpon

INVOICE

11533

DATE

3/20/2026

PRESENTING CLINICAL SIGNS

- Heavy breathing, uncomfortable on abd palpation.
- Mid abd mass.

Abnormal PE/Chem/CBC/UA Results: Ast-100 cpk-2,483 usg-1.029.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately 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 5.0 mm.

The kidneys are 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 ureter is not visible (normal). Left kidney measures 4.4 cm, and the right kidney measures 4.1 cm.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. Left adrenal measures 5.1 mm at the cranial pole and 3.0 mm at the caudal pole. Right adrenal measures 7.3 mm at the cranial pole and 3.1 mm at the caudal pole.

Spleen

There is a 6.9 cm x 4.7 cm heterogeneous cavitated mass noted in the region of the spleen. No normal splenic parenchyma is identified, so it cannot be determined with certainty whether the mass has a splenic origin, or whether the spleen is being displaced by this mass. The mass is surrounded by hyperechoic omental fat.

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

The stomach is mildly distended with gas. The gastric wall is 2.9 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. There is hyperechoic speckling noted within the mucosal layer.

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The visible portions of the colon are of normal thickness, up to 1.1 mm, 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 no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity, except surrounding the mid abdominal mass. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis. The visualized portion of the heart exhibits appropriate systolic function, with no masses or effusions noted.

PRIMARY FINDINGS

- Large mid abdominal mass with steatitis.

SECONDARY FINDINGS

- Mucosal speckling within the small bowel, which may indicate an enteritis, but which may also be an incidental finding in the absence of gastrointestinal symptoms

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the large, cavitated mass is typical of a splenic mass, however the origin cannot be confirmed with certainty as no normal splenic tissue is seen. Other possible origins would include a pancreatic mass, or a very large lymph node. Fine needle aspiration could be considered of clotting parameters are normal, however splenic masses such as hemangiosarcoma and hemangiomas often provide non-diagnostic aspirates. Thus, if three view chest radiographs show no evidence of metastasis, the ideal means to diagnosis would be either a CT scan or abdominal exploratory, with removal of the mass if feasible.

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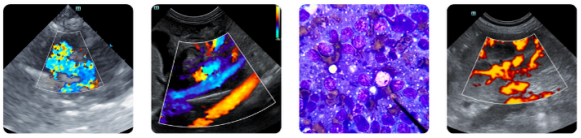

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com