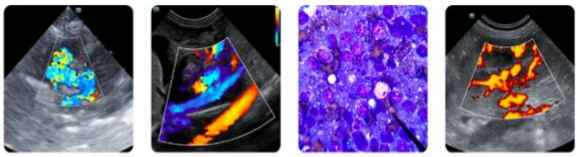


PATIENT

Gigi Burgard

SPECIES

Canine

BREED

Miniature Poodle

SEX

Spayed Female

AGE

11 Years

WEIGHT

11 Pounds

INTERPRETED BY

Tam Mengine DVM, DABVP (Canine/Feline Practice)

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Orchard Grove AH

REFERRING VET

Dr. Cassano

INVOICE

36395

DATE

3/27/26

PRESENTING CLINICAL SIGNS

- Abdominal mass
- Current meds: Gabapentin
- Abnormal PE/Chem/CBC/UA Results: HCT 28.6, Neuts 15K, Glob 4.7

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 2.0 cm.

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). The left kidney is 4.1 cm in length. The right kidney is 4.3 cm in length.

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. The left adrenal gland height is 5.6 mm at the cranial pole and 5.8 mm at the caudal pole. The right adrenal gland height is 4.4 mm at the cranial pole and 4.7 mm at the caudal pole.

Spleen

A 5.8 cm x 5.2 cm heterogenous mass is noted in the body of the spleen, which disrupts the splenic capsule. The surrounding omentum is hyperechoic. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal

Liver

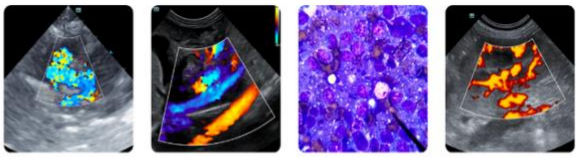
The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. 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 2.4 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.



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The visible portions of the colon are of normal thickness, up to 1.2 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 free fluid noted within the abdomen. There is hyperechoic, inflamed omental fat noted in the region of the splenic mass. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

Other

The region of the right auricle is visualized, and there is no evidence of metastatic disease. Cardiac systolic function is subjectively normal.

ULTRASONOGRAPHIC FINDINGS

- Large heterogenous splenic mass without evidence of metastasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

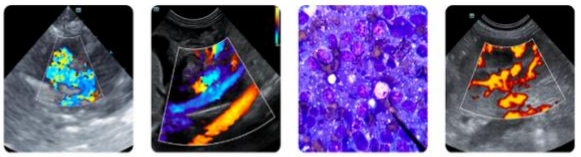
The splenic mass could represent either a benign hemangioma, hematoma or malignancy. Recommendations include:

- Three view chest radiographs to rule out metastasis
- Splenectomy with histopathology
- Alternately, fine needle aspirate could be performed for cytology but may not be diagnostic as compared to histopathology.
- If surgery is not elected, initiation of therapy with Yunnan Bai Yao and I'm-Yunity may serve to decrease risk of acute hemorrhage. More information, including dosing for these therapies can be found here:

  https://penntoday.upenn.edu/news/compound-derived-mushroom-lengthens-survival-time-dogs-cancer-penn-vet-study-finds

  https://www.mspca.org/angell_services/yunnan-baiyao-to-use-or-not-to-use/

New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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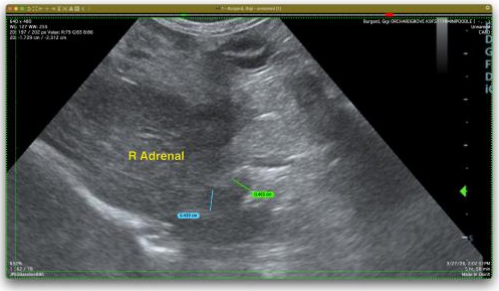

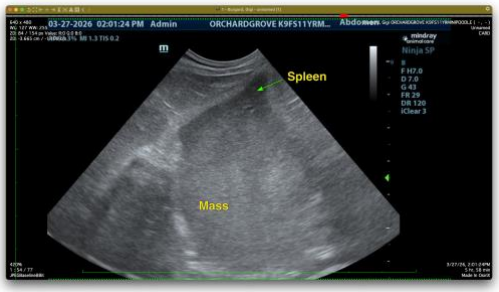

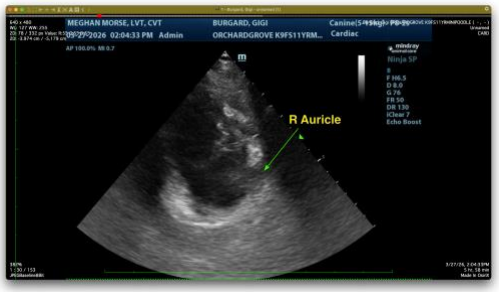

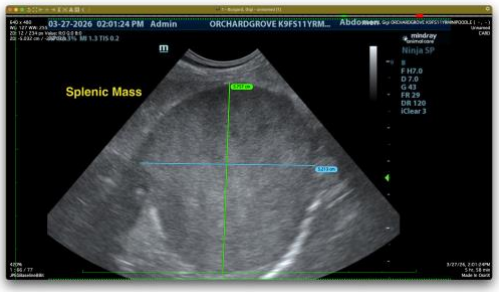

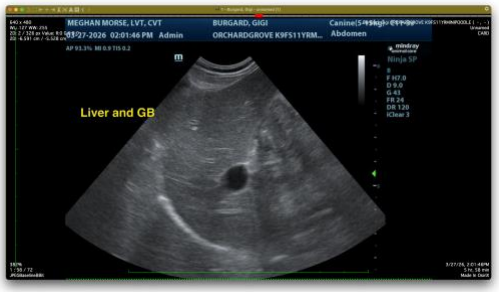

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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