PATIENT

Finn Donohoe

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male Neutered

AGE

03-24-2015

WEIGHT

82.4 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Salt Marsh AH

REFERRING VET

Drs Samantha Thompson/Christina Wiles

INVOICE

22362

DATE

1-2-2026

PRESENTING CLINICAL SIGNS

Clinical Exam Findings:
- Presented as new patient to us on 12-26-25
- Finn has a history of IBD and osteoarthritis. O typically manages IBD flare-ups with addition of Cerenia and sometimes metronidazole to medication regimen. Started Cerenia yesterday.
- Pet has had a decreased appetite over the last few days. Normal diet is RC Potato and White Fish. Pet refused food last night and this morning.
- Lethargy began last night (12-25-25).
- Drinking ok.
- No coughing, sneezing.
- No vomiting or diarrhea present.

Will email blood work
Current Medications: Will email will blood work.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3 cm, are normal.

The prostate is normal in size (0.90 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (7.87 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (8.38 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.68 cm at cranial pole) (0.58 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.96 cm at cranial pole) (0.59 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is enlarged (3.52 cm in width at the level of the hilus) with swollen peripheral contours, and an undulating medial margin. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. The

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portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The lumen is mildly fluid-distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas
The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes
At least one prominent hypoechoic mesenteric lymph node is visualized (measuring 3.43 x 0.85 cm).

Free Abdomen
The mesentery surrounding the spleen is hyperechoic. Trace free fluid is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic parenchymal changes are concerning for infiltrative neoplasia (i.e., round cell tumor) with a lower possibility of lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, other. Mild adjacent peritonitis is present.
- The prominent mesenteric lymph node could be consistent with lymphoid hyperplasia, lymphadenitis, or emerging neoplasia (i.e., round cell tumor).

Secondary Findings

- Mild gastric ileus

*Fine-needle aspiration of the spleen was performed at the end of this study without incident

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's vague clinical signs, consider three-view thoracic radiographs to assess cardiopulmonary status.
- Also consider a GI panel including serum cobalamin and folate, TLI and PLI, particularly given the history of inflammatory bowel disease.
- Depending on the results of the above diagnostics as well as the splenic cytology, further work-up may be indicated.

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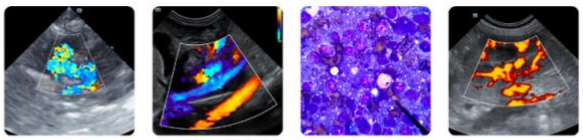

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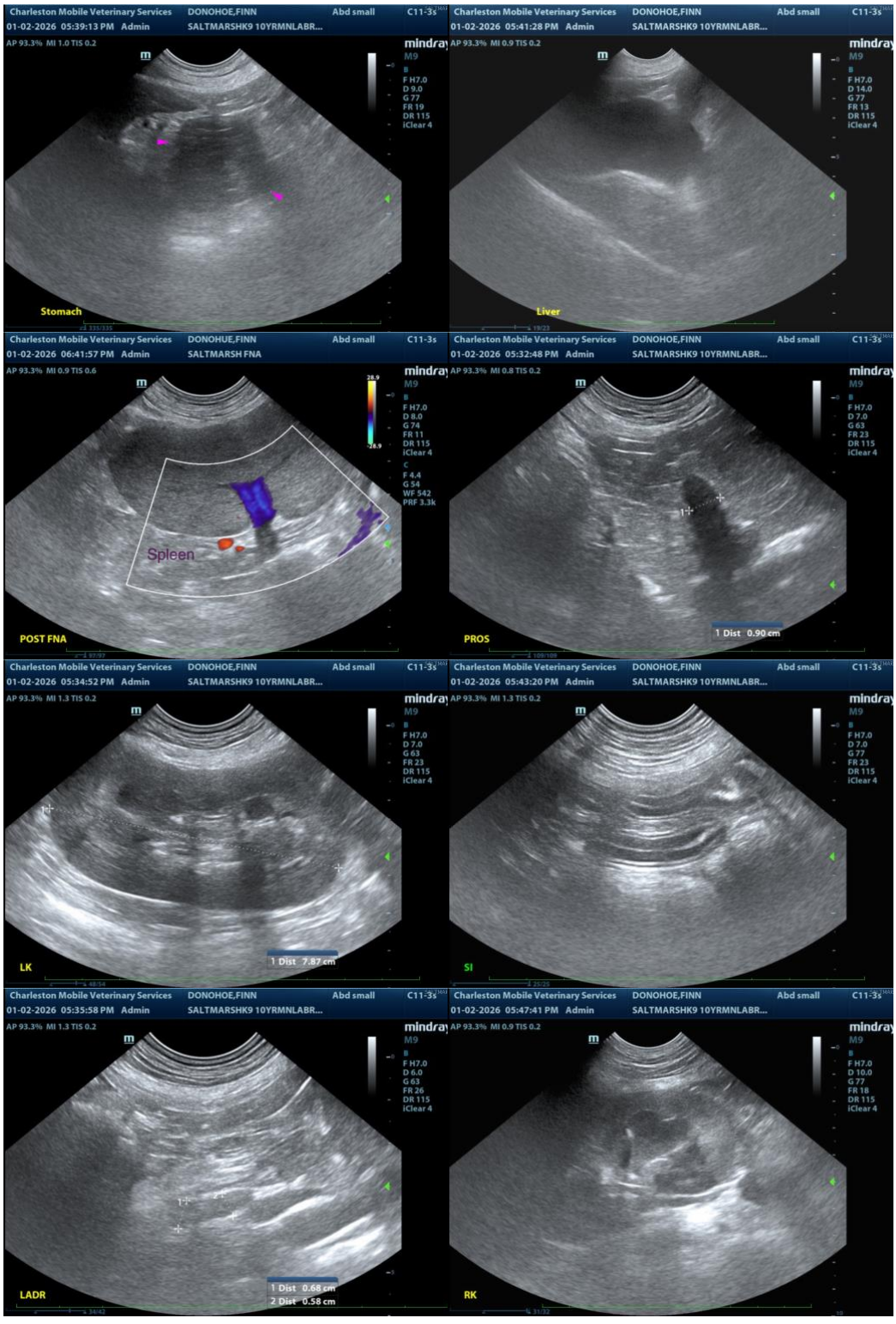

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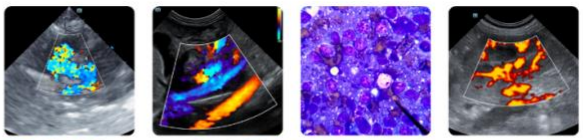

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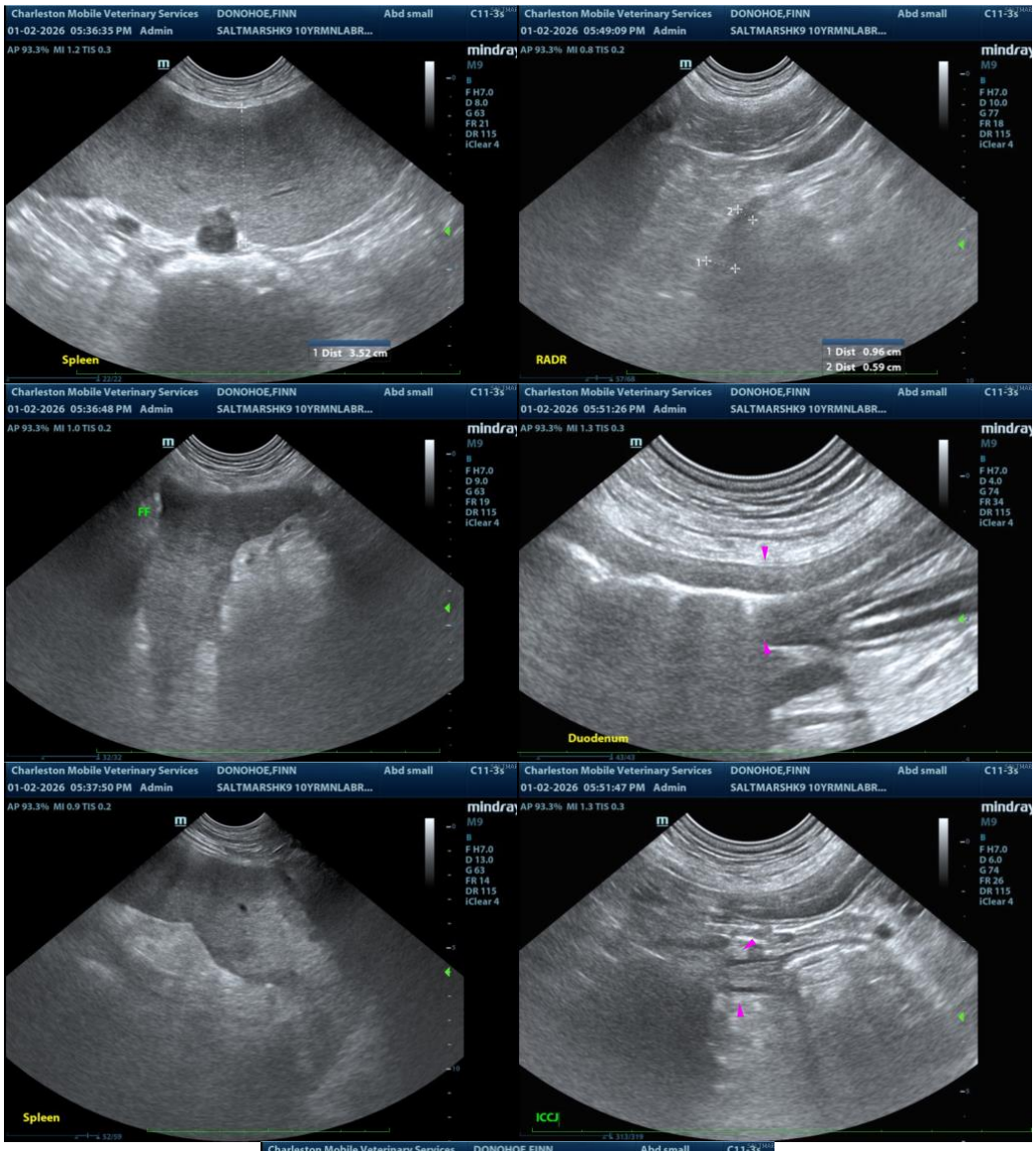

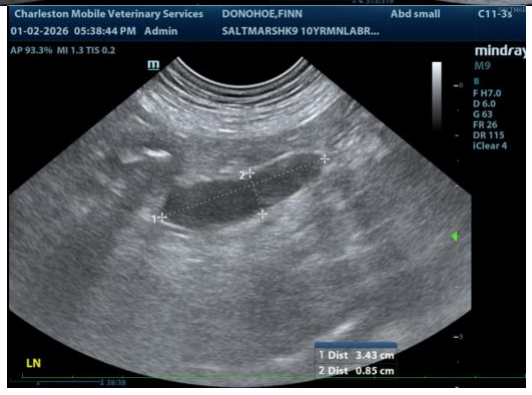

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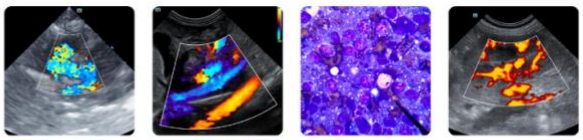

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com