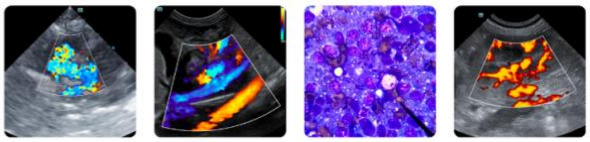


PATIENT

Max O'Donnell

SPECIES

Canine

BREED

Labrador Retr

SEX

Neutered Male

AGE

14

WEIGHT

70

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Betsy LaCroix

HOSPITAL NAME

Inspire AH Highlands Ranch

REFERRING VET

Dr. Betsy LaCroix

INVOICE

22462

DATE

1-26-26

PRESENTING CLINICAL SIGNS

History: Patient has lost about 10-15 lbs in the last month, increased incidence of vomiting. Will occasionally cry out in pain. On prn carprofen. Took to vet in Reno and was diagnosed with a retroperitoneal mass. Additional diagnostics were declined at that point. Also has had intermittent soft stool and hyporexia. Is also on omeprazole for chronic GERD.

Abnormal PE/Chem/CBC/UA Results: Non-weight-bearing lame on RH leg after driving out from Reno to Denver. Pain mostly focused on right stifle region. Has mass effect in region and possible lytic changes to proximal tibia on lateral rad (dfdx- OSA versus Valley Fever since living in Nevada his entire life). Has disuse atrophy on RH leg. Very uncomfortable on palpation of abdomen. Thoracic rads show a few possible mets. BW was declined.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The region of the prostate is not visualized due to its pelvic location.

The left kidney is normal in size (7.56 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.93 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

(See ***"Other"*** category).

Spleen

The spleen is subjectively normal-in-size (2.09 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few, small, hyperechoic nodules are visualized at the lateral aspect (one measuring 0.70 x 0.86 cm). Splenic vasculature is normal.

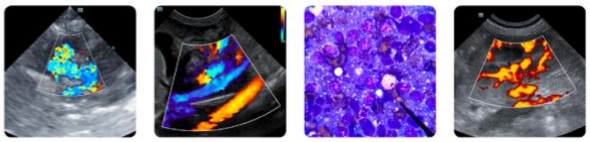
Liver

The liver is subjectively enlarged, with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen, and slightly heterogenous in appearance. A 5.3 x 4.8 cm hyperechoic-to-heterogenous mass is observed at the caudal aspect mid- to right-liver. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of gravity-dependent, echogenic-to-mineralized debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is normal-to-mildly-thickened (up to 0.56 cm) with retention of the normal layering pattern. The small intestinal lumen is not dilated. The small



PATIENT

Max O'Donnell

SPECIES

Canine

BREED

Labrador Retr

SEX

Neutered Male

AGE

14

WEIGHT

70

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Betsy LaCroix

HOSPITAL NAME

Inspire AH Highlands Ranch

REFERRING VET

Dr. Betsy LaCroix

INVOICE

22462

DATE

1-26-26

intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

Other

In the midabdominal region, in what is thought to be the retroperitoneal space, a >10.0 cm irregular heterogenous mass is visualized. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large mid-abdominal mass, thought to be retroperitoneal. The origin of the mass is unclear. It may be arising from one of the adrenal glands, mesentery, other. Neoplasia (i.e., carcinoma, sarcoma, round cell tumor) is suspectedwith a low possibility of a non-neoplastic process. Adjacent peritonitis is present.
- Caudal hepatic mass, mid- to right-liver. Considerations include neoplasia (i.e., adenoma, adenocarcinoma, sarcoma, round cell tumor) vs a benign process (i.e., large regenerative nodule, inflammatory focus, other).

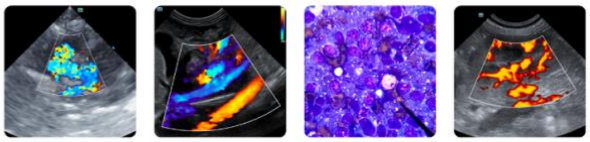
Secondary Findings

- Minor gallbladder debris/sand (non-mucocele)
- Bilateral nonspecific age-related renal changes
- The hyperechoic splenic nodules likely represent benign myelolipomas, with a lower possibility of more insidious splenic pathology.
- Minor retained gastric wall. The gastric wall changes are suggestive of gastritis, with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider fine-needle aspiration of the midabdominal mass (assuming normal clotting status). A 25-gauge needle should be used. Depending on the cytology results, consultation with a board-certified oncologist and/or surgeon may be warranted. If tissue sampling is not pursued, palliative care is recommended. Survival time for this patient is unclear and should be based on the patient's quality of life.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

PATIENT

Max O'Donnell

SPECIES

Canine

BREED

Labrador Retr

SEX

Neutered Male

AGE

14

WEIGHT

70

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Betsy LaCroix

HOSPITAL NAME

Inspire AH Highlands Ranch

REFERRING VET

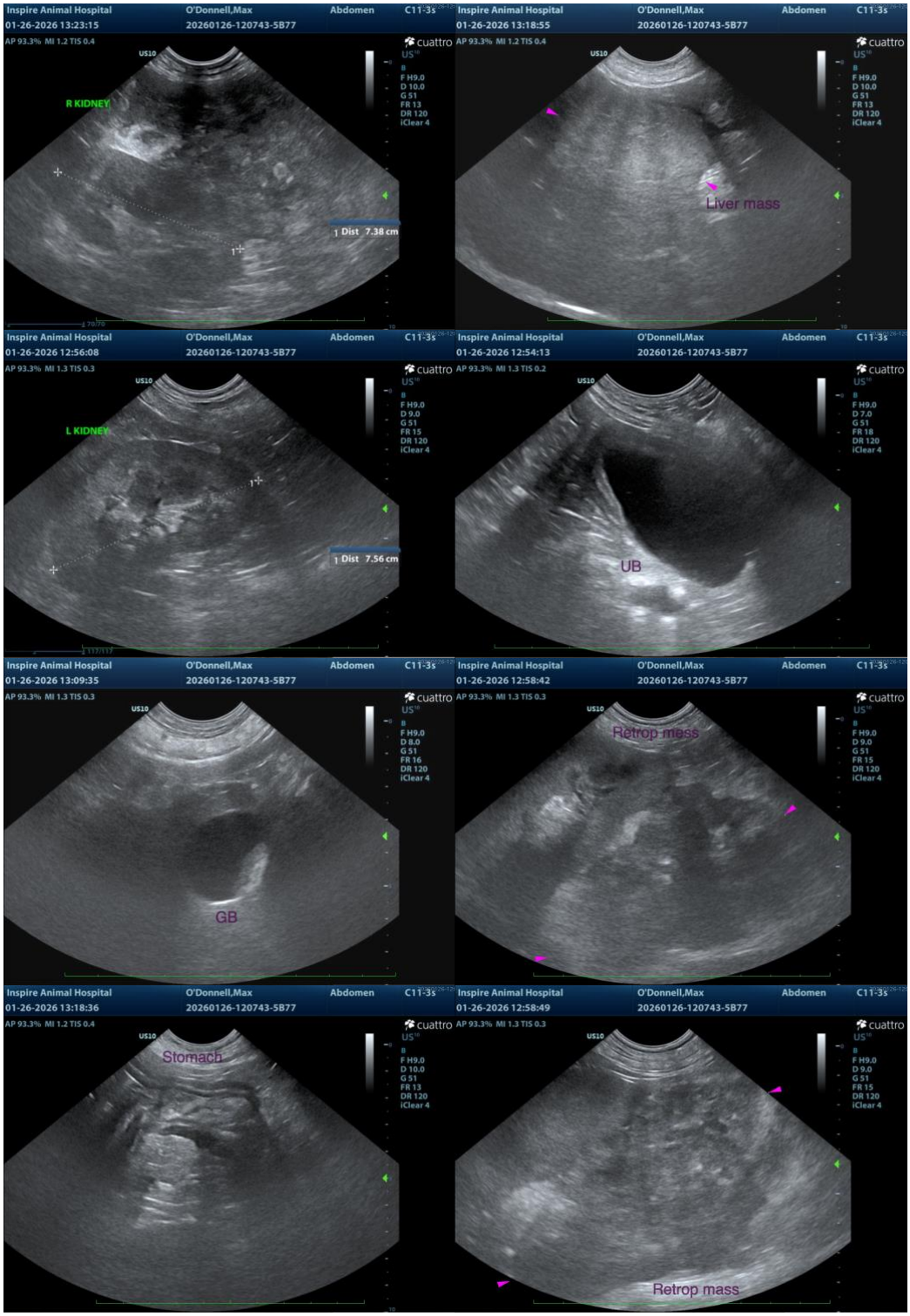
Dr. Betsy LaCroix

INVOICE

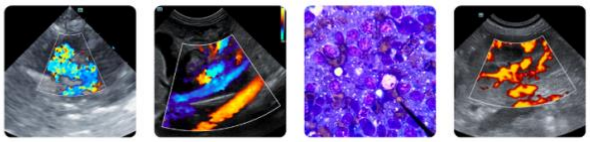
22462

DATE

1-26-26



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Max O'Donnell

SPECIES

Canine

BREED

Labrador Retr

SEX

Neutered Male

AGE

14

WEIGHT

70

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Betsy LaCroix

HOSPITAL NAME

Inspire AH Highlands Ranch

REFERRING VET

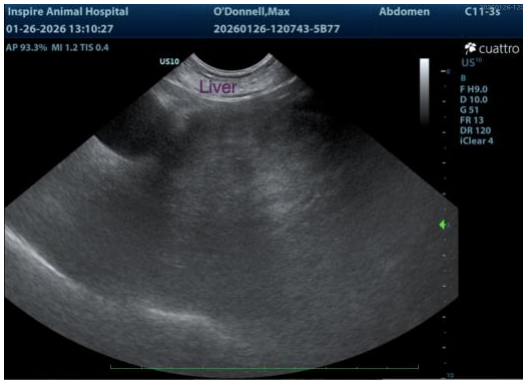
Dr. Betsy LaCroix

INVOICE

22462

DATE

1-26-26



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