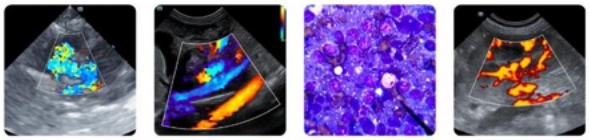


PATIENT
Luna Hall

SPECIES
Canine

BREED
Female, spayed

SEX
Female, spayed

AGE
11 Yrs.

WEIGHT
26 kg.

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

IMAGING PERFORMED BY
Dr. Patti Mayfield

HOSPITAL NAME
Broken Top VC

REFERRING VET
Dr. McSwain

INVOICE
13440

DATE
1/28/26

PRESENTING CLINICAL SIGNS

- 1/8/26: Incontinent, polydipsia, hyporexia

Completed course of Amoxi/Clav 5 days ago (for emperical UTI treatment)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and 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 visible portion of the proximal urethra are normal.

The left kidney is normal in size (6.31 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal to slightly enlarged (6.96 cm in length) with an irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. At the lateral aspect, a 4.2 x 1.9 cm ill-defined multi-septated cystic lesion is observed at the lateral aspect. A similar appearing lesion measuring 2.5 x 1.9 cm is also observed at the caudal pole. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal. A small amount of subcapsular fluid is present. Peri-renal fat is hyperechoic.

Adrenal Glands

The left adrenal gland is enlarged (1.40 cm at cranial pole) (1.37 cm at caudal pole) with swollen irregular peripheral contours. The parenchyma is heterogeneous with loss of glandular detail. Surrounding vasculature appears normal.

The right adrenal gland is enlarged (1.42 cm at cranial pole) (1.40 cm at caudal pole) with swollen peripheral contours. The parenchyma is heterogeneous with loss of glandular detail. Surrounding vasculature appears normal.

Spleen

The spleen is overall enlarged with irregular peripheral contour. A 3.9 x 3.5 cm heterogeneous, cavitated expansile mass is observed approximately mid-spleen. Several additional heterogeneous nodules/masses are also seen within the parenchyma. Splenic vasculature appears normal with no evidence of thrombosis.

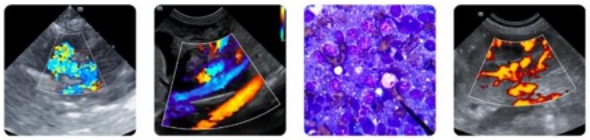
Liver

The liver is subjectively enlarged with irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and slightly mottled in appearance. A 4.5 x 3.7 cm hypoechoic mass appears to be arising from the caudal aspect left to mid-liver. In addition, a 3.8 x 3.4 cm heterogeneous mass appears to be arising from the parenchyma mid to right liver. The mesentery surrounding the mass is hyperechoic. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. The duodenal papilla is normal in size (0.33 cm in width).

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small



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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

A 1.35 x 0.87 cm medial iliac lymph node is visualized.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Multiple splenic masses. Neoplasia (i.e., sarcoma, round cell tumor, other) is strongly suspected with a low possibility of a non-neoplastic process.
- Suspected hepatic masses (vs other origin (i.e., mesentery)). Again, neoplasia (i.e., metastatic lesions) are suspected with a lower possibility of a non-neoplastic process (i.e., inflammatory lesions, other).
- The right renal lesions are also concerning for metastatic disease +/- concurrent thrombosis. There is evidence of bilateral, age-related renal changes.

Secondary Findings:

- Bilateral adrenomegaly
- The prominent media iliac lymph node is most consistent with reactive change with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Fine needle aspiration of the splenic masses can be considered (assuming normal clotting status). 25-gauge needles should be used. It should be noted that iatrogenic hemorrhage is a potential risk of aspiration. Therefore, if pursued, the patient should be monitored sonographically for several minutes post-procedure to assess for hemorrhage. If further testing is not pursued, palliative care is recommended.

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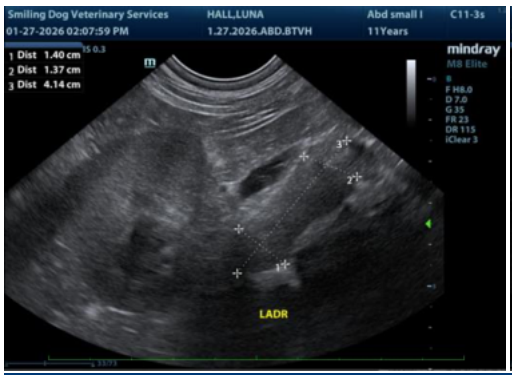

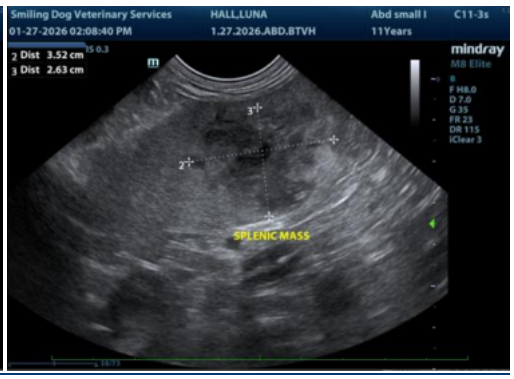

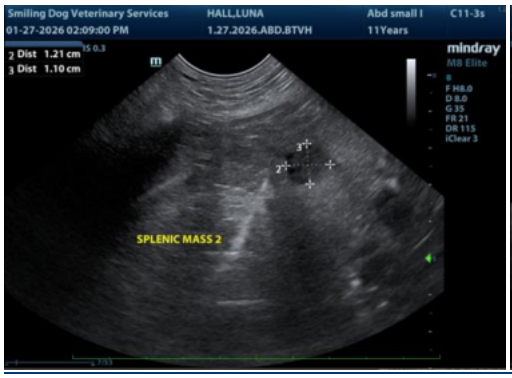

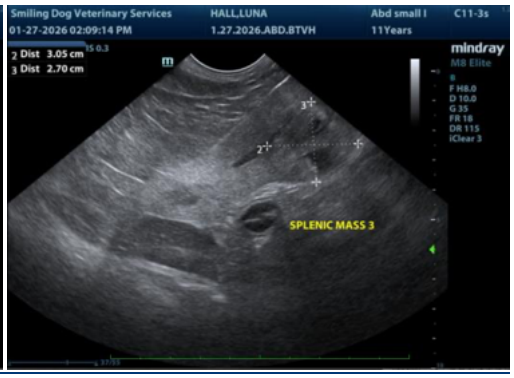

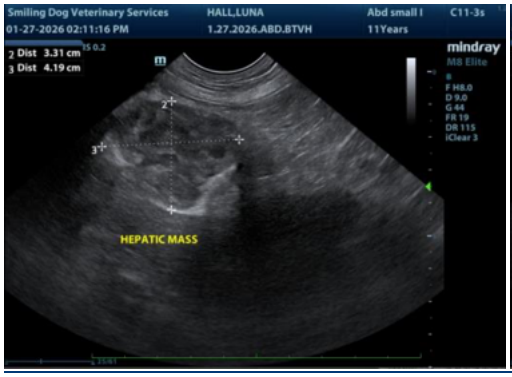

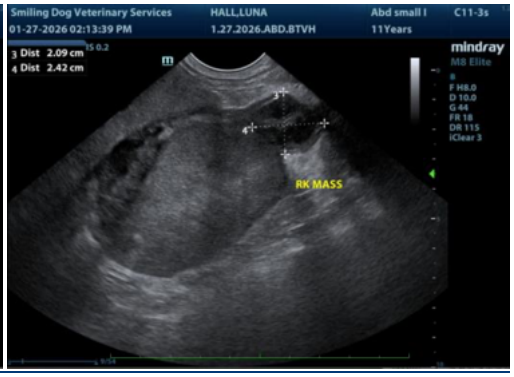

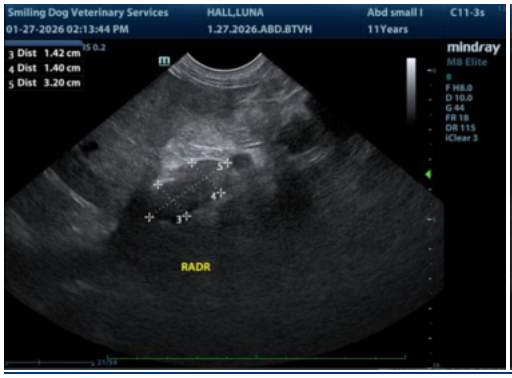

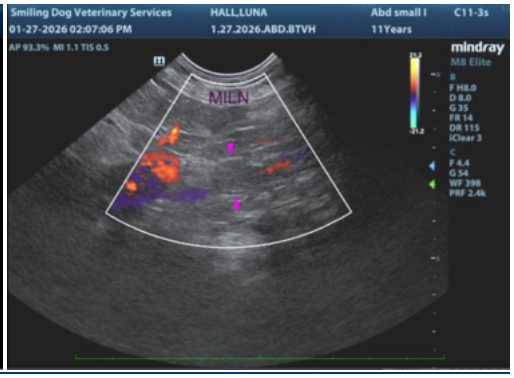

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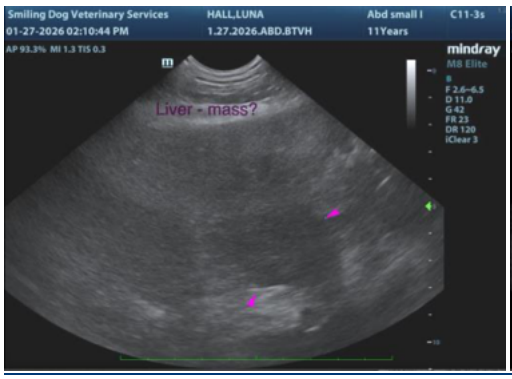

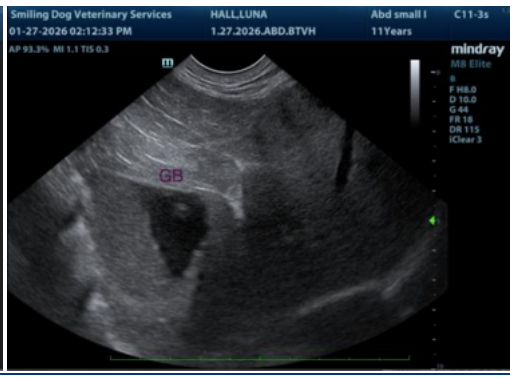

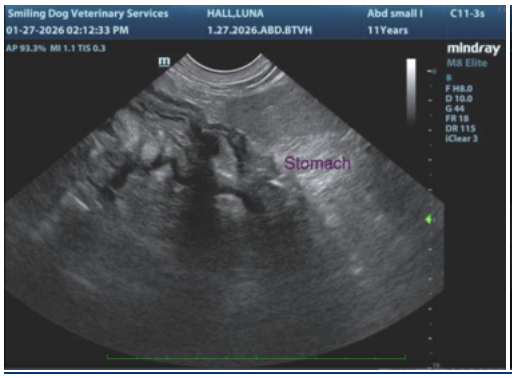

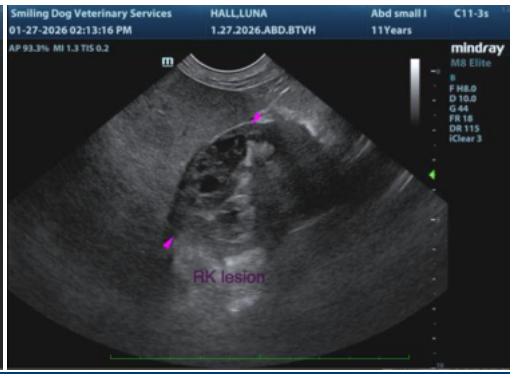

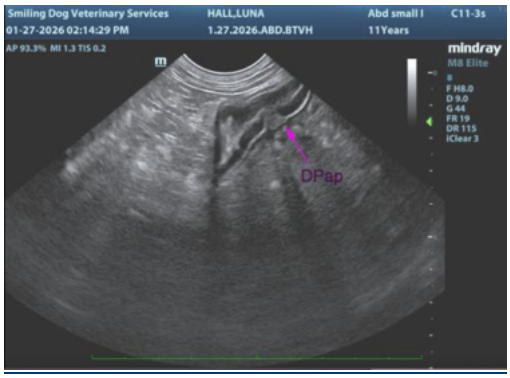

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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