Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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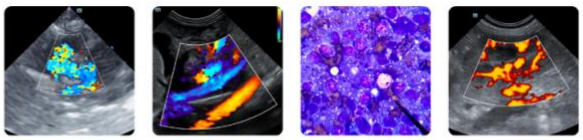

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Brody Burke

SPECIES

Canine

BREED

Pitbull Terrier Mix

SEX

Neutered Male

AGE

11

WEIGHT

80 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

Central VH Summerville

REFERRING VET

Dr Cordoza

INVOICE

22243

DATE

11-13-25

PRESENTING CLINICAL SIGNS

Patient presented for mobility issues and is seeming uncomfortable/painful – panting constantly. Abdominal radiograph concerning for a possible mass. Globulin 3.9. Mild leukocytosis with a neutrophilia and monocytosis. Thoracic radiographs unremarkable.

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 visible portion of the proximal urethra are normal.

The prostate is normal in size (1.28 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 (6.89 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to 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 (7.24 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild 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 (0.63 cm at cranial pole) (0.54 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 enlarged (1.96 cm at cranial pole) (1.64 cm at caudal pole) (3.89 cm in length) and irregular with a mass effect. The parenchyma is heterogenous with loss of glandular detail. There is no obvious evidence of vascular invasion.

Spleen

The spleen is normal in size (1.97 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size. The parenchyma is hypoechoic relative to the spleen. At the caudal aspect, left mid-liver, a, 1.98 x 1.81 cm heterogenous, slightly expansile nodule is visualized. There is a possible second target-like lesion mid-liver (measuring 2.1 cm). The remaining parenchyma is relatively homogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with gas and ingesta. 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 segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering

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pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
A portion of the pancreas is obscured by the mass effect in the cranial- to mid-abdomen. In the visualized portion no obvious abnormalities are seen

Lymph Nodes
(See "Other" category).

Free Abdomen
Trace free fluid is observed.

Other
In the cranial- to mid-abdomen, a >13.7 cm multi-lobulated, cavitated mass is visualized. Surrounding mesentery is hyperechoic. In addition, in the caudal abdomen, just cranial to the urinary bladder, a 2.5 x 2.0 cm cavitated mass is seen. Within the cavitation, echogenic fluid is visualized. Surrounding mesentery is hyperechoic.

A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Cranial- to mid-abdominal mass effect, the origin of which is unclear. It may be arising from lymph nodes, mesentery, other. Neoplasia (i.e., round cell tumor, sarcoma, carcinoma) is suspected with a low possibility of an inflammatory process. Adjacent peritonitis is present.
- The smaller caudal abdominal mass could be consistent with a metastatic lesion, abscess, granuloma, other. A metastatic lesion is favored. Mild adjacent peritonitis is present.
- The liver nodule(s) could be consistent with a metastatic lesion, emerging primary hepatic tumor, regenerative nodule, inflammatory focus, other.
- Right adrenal mass effect. Neoplasia (i.e., adenocarcinoma, pheochromocytoma) is suspected, with a lower possibility of hyperplasia, adenoma, adrenalitis, other.

Secondary Findings

- Minor bilateral, nonspecific, age-related renal changes
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

*Ultrasound-guided fine-needle aspiration of the cranial- to mid-abdominal mass was performed at the end of this study without incident.

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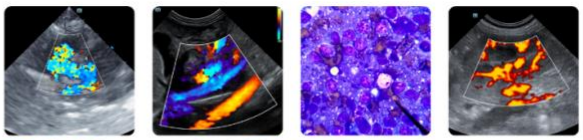

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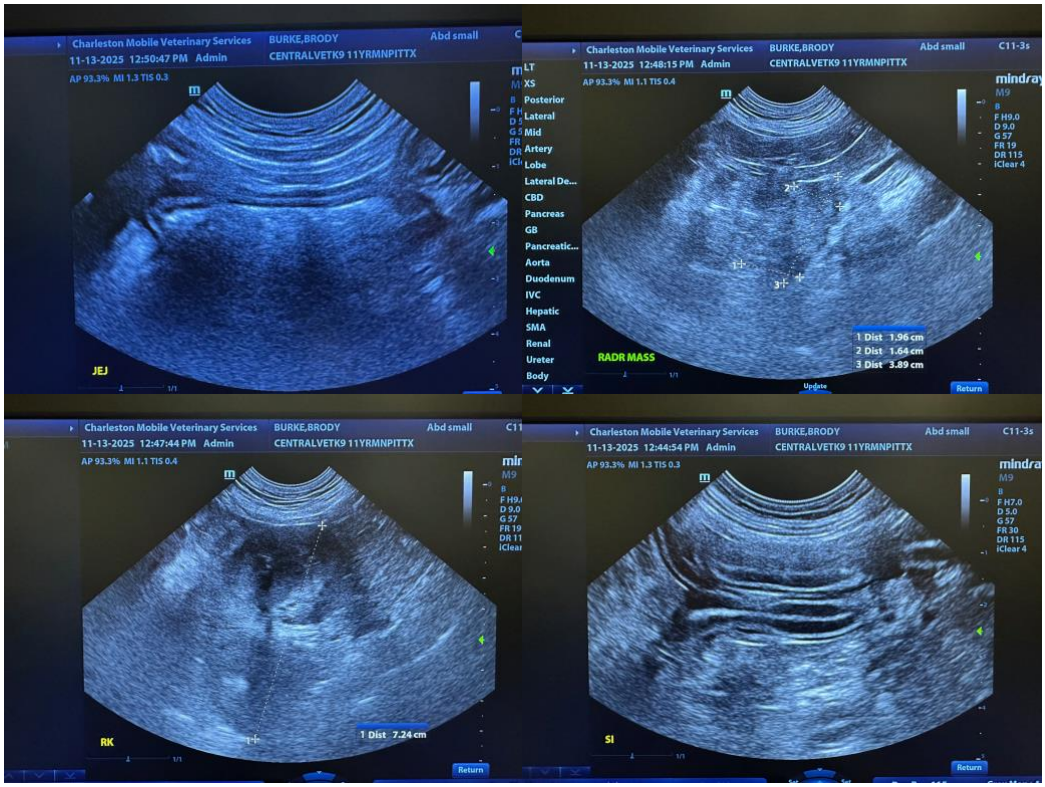
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Depending on cytology results, consultation with a board-certified oncologist and/or surgeon may be indicated. In the meantime, palliative care is recommended.



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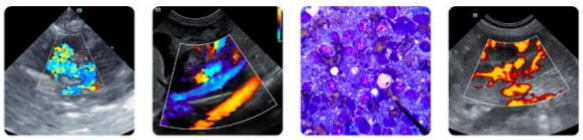

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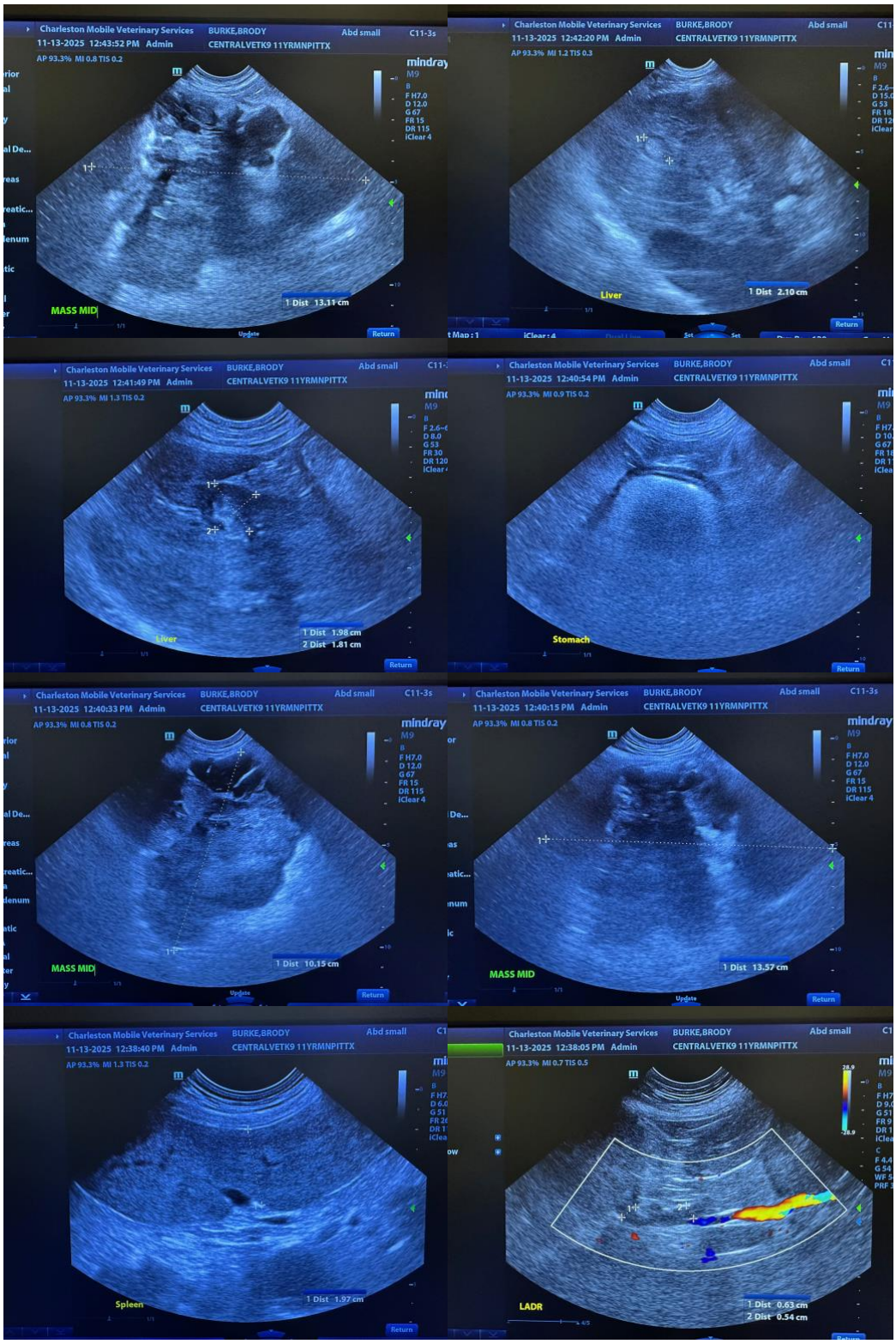

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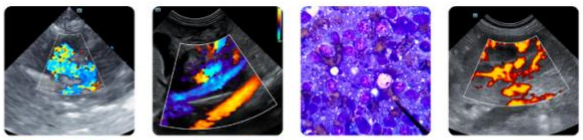

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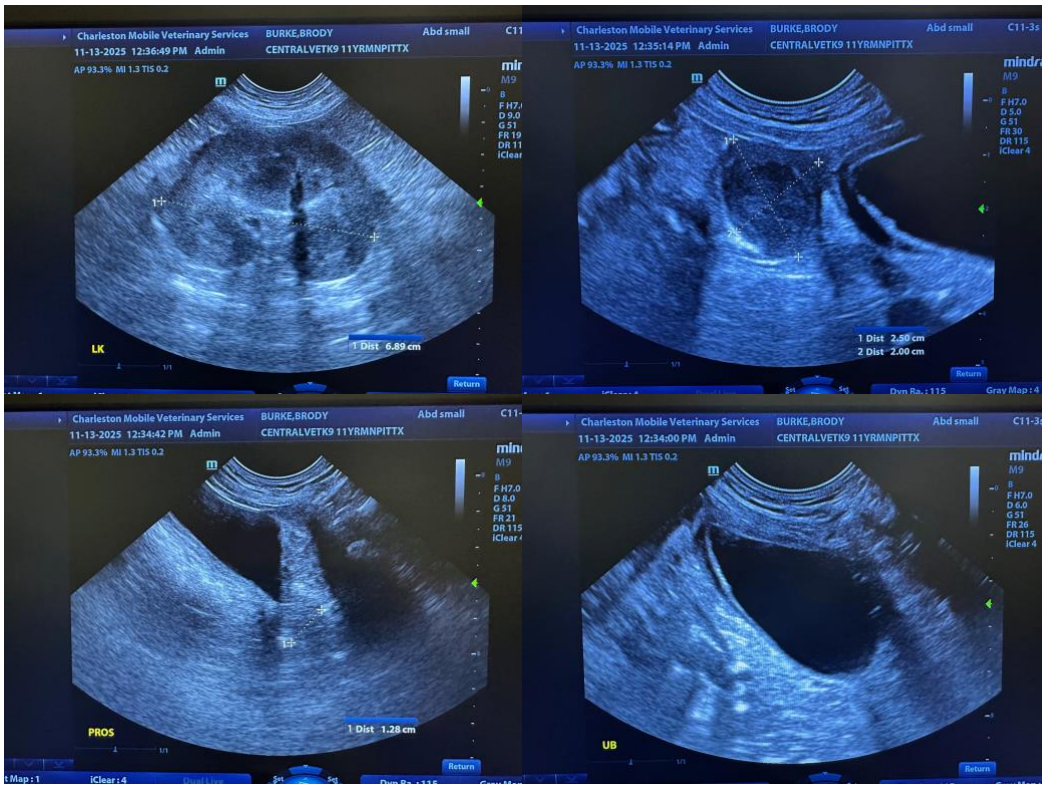

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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