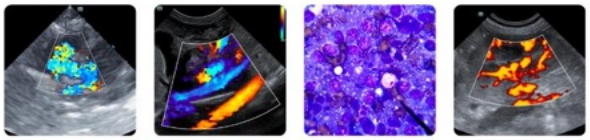


PATIENT

Kilo Lattanzo

SPECIES

Canine

BREED

Husky

SEX

Male, neutered

AGE

3 Yrs.

WEIGHT

48 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Keisha Smitley

HOSPITAL NAME

Geary VS

REFERRING VET

Dr. Geary

INVOICE

13360

DATE

11/19/25

PRESENTING CLINICAL SIGNS

History: Patient presented on 10/03 for vomiting a brown grainy texture. Patient has lost 5 pounds in a month. Patient is now vomiting daily - will vomit about 1 hour after eating with blood present. Explosive bloody diarrhea multiple times a day. Straining to move his bowels. Still eating and drinking well. Patient has been treated with Omeprazole, Cerenia, Sucralfate. Initially was concerned about a GI bleed Patient was treated for Giardia (positive on send out fecal) - was on Panacur and Metronidazole and patients GI symptoms seemed to improve on this. Lab work attached Abnormal PE/Chem/CBC/UA Results: Low Albumin Normal UPC Historically positive for Giardia (treated for this). USG 1.030, UPC 0.1, inactive sediment, CBC WNL, albumin 2.0, globulins 1.6, low cholesterol, 4DX negative, slightly low free T4, total T4 normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

No images of the urinary bladder provided.

The left kidney is normal in size (6.50 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 subjectively normal in size 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.

Adrenal Glands

The left adrenal gland is subjectively normal in length with a flattened contour (0.31 cm at the cranial pole)(0.31 cm at the caudal pole). The glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is prominent in size (2.20 cm in width at the level of the hilus) with smooth peripheral contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

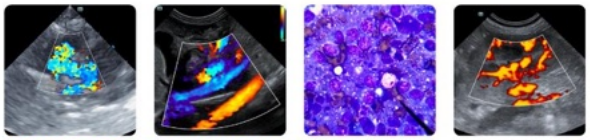
Liver

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 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.

Gastrointestinal

The gastric lumen is mildly fluid distended. The gastric wall is subjectively mildly thickened although wall thickness is difficult to determine due to rugal folds. The layering is intact. The small intestinal lumen is



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not dilated. The small intestinal wall thickness is normal 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 cluster of prominent hypoechoic mesenteric lymph nodes are visualized, one of the nodes measuring 1.36 x 1.23 cm. Surrounding mesentery is hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia (i.e., round cell tumor), lymphadenitis or lymphoid hyperplasia. Mild adjacent peritonitis is present.
- The splenic parenchymal changes could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation or emerging neoplasia (i.e., round cell tumor).
- Mild gastric fluid retention with wall changes suggestive of gastritis.
- The flattened left adrenal gland may be a normal variant for this patient or could be secondary to emerging hypoadrenocorticism. (The right adrenal gland is not definitively visualized).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
2. If hepatic and splenic cytology is inconclusive, consider ultrasound guided fine needle aspiration of the prominent mesenteric lymph nodes and/or endoscopic or surgical GI biopsies. If surgery is pursued, prominent lymph nodes should be biopsied and submitted for histopathology.
3. A GI panel including serum cobalamin, folate, TLI, PLI and resting cortisol is also recommended if not already performed.

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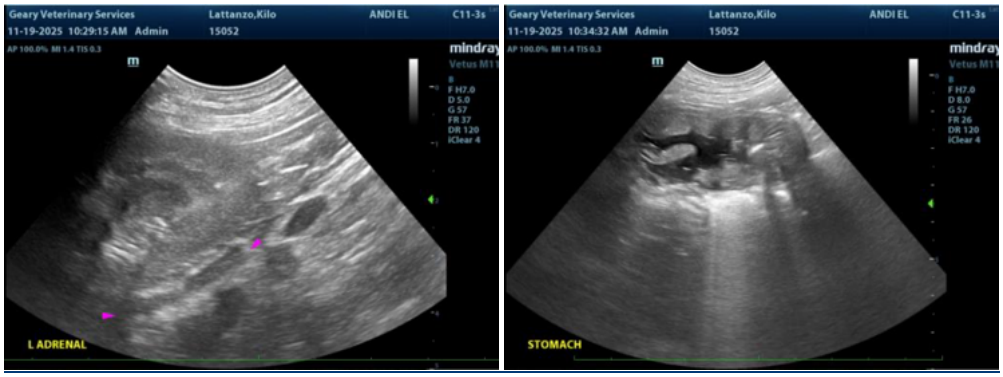

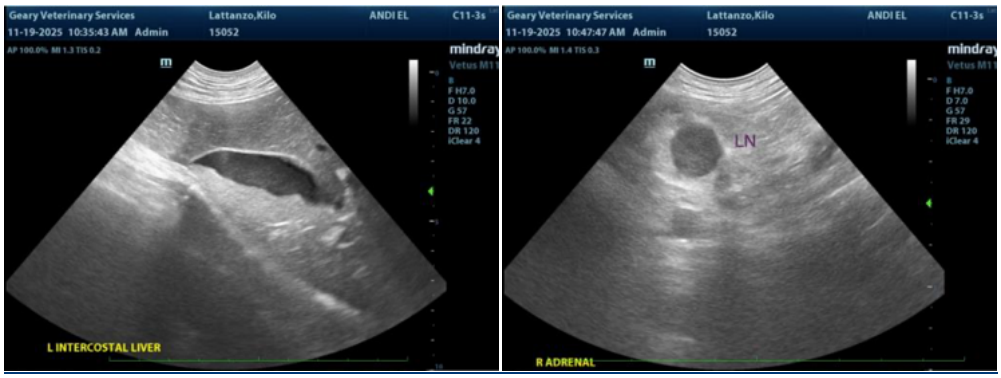

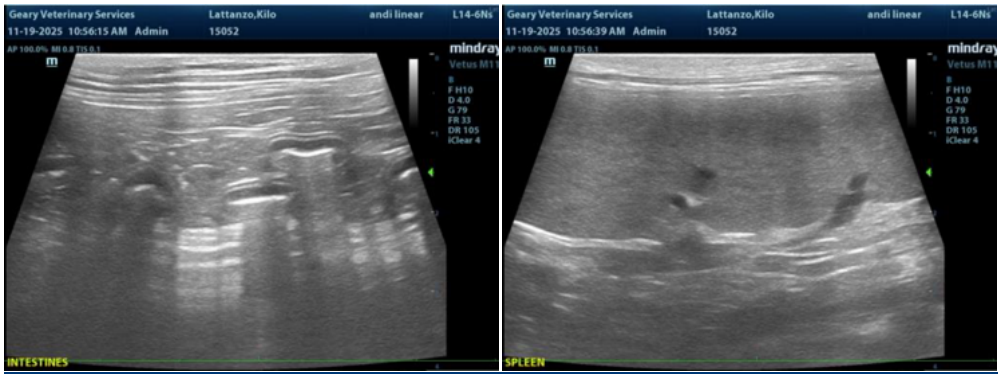

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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