DATE

11/24/25

PATIENT

Donk Wyatt

SPECIES

Canine

BREED

Boxer

SEX

Male, neutered

AGE

12/1/2016

WEIGHT

63.8 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Middle River VC

REFERRING VET

Dr. Zulty

INVOICE

13370

PRESENTING CLINICAL SIGNS

Patient History: Weight loss, some lethargy

Current Medications: Omeprazole 20mg SID, bland diet.
Labwork Results: Labwork not attached, reported as: lat. thoracic view (11/20/25) reveals possible craniodorsal mediastinal mass, 2nd area of ill-defined radiolucency cr. ventral lung field. labwk (11/20/25) reveals HCT 38.5, alt 173, alkphos 434, amylase 4,279, lipase > 1,800, T4 0.8
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Dexdomitor/Torbugesic.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

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 is normal.

The left kidney is normal in size (7.01 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.

The right kidney is normal in size (7.16 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. A cortical infarct is suspected. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.61 cm at cranial pole) (0.63 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 (0.76 cm at cranial pole) (0.66 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 normal in size (1.83 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. 1-2 ill-defined hypoechoic nodules/areas are visualized, one of the areas measuring 0.50 cm in its longest dimension. 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 scant amount of suspended echogenic debris is observed within the lumen. In addition, a suspected 0.50 cm non-obstructive cholelith is seen within the lumen. The cystic and common bile ducts are normal/not seen.

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 intestinal wall is normal in thickness 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 obvious 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 1.03 x 0.56 cm medial iliac lymph node is visualized. A few prominent mesenteric lymph nodes are also seen, one of the nodes measuring 2.5 x 0.5 cm. At least 2 prominent periportal lymph nodes are also seen, one measuring 2.4 x 1.9 cm.

Free Abdomen
There is no obvious evidence of free fluid.

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

ULTRASONOGRAPHIC EXAMINATION OF THE THORAX

In the left cranial thorax/mediastinum, a cluster of prominent hypoechoic lymph nodes are visualized, one of the nodes measuring 2.2 x 1.2 cm. In addition, a 5.6 x 2.4 cm hypoechoic to heterogeneous, vascular mass is seen. Cavitations are observed within the mass.

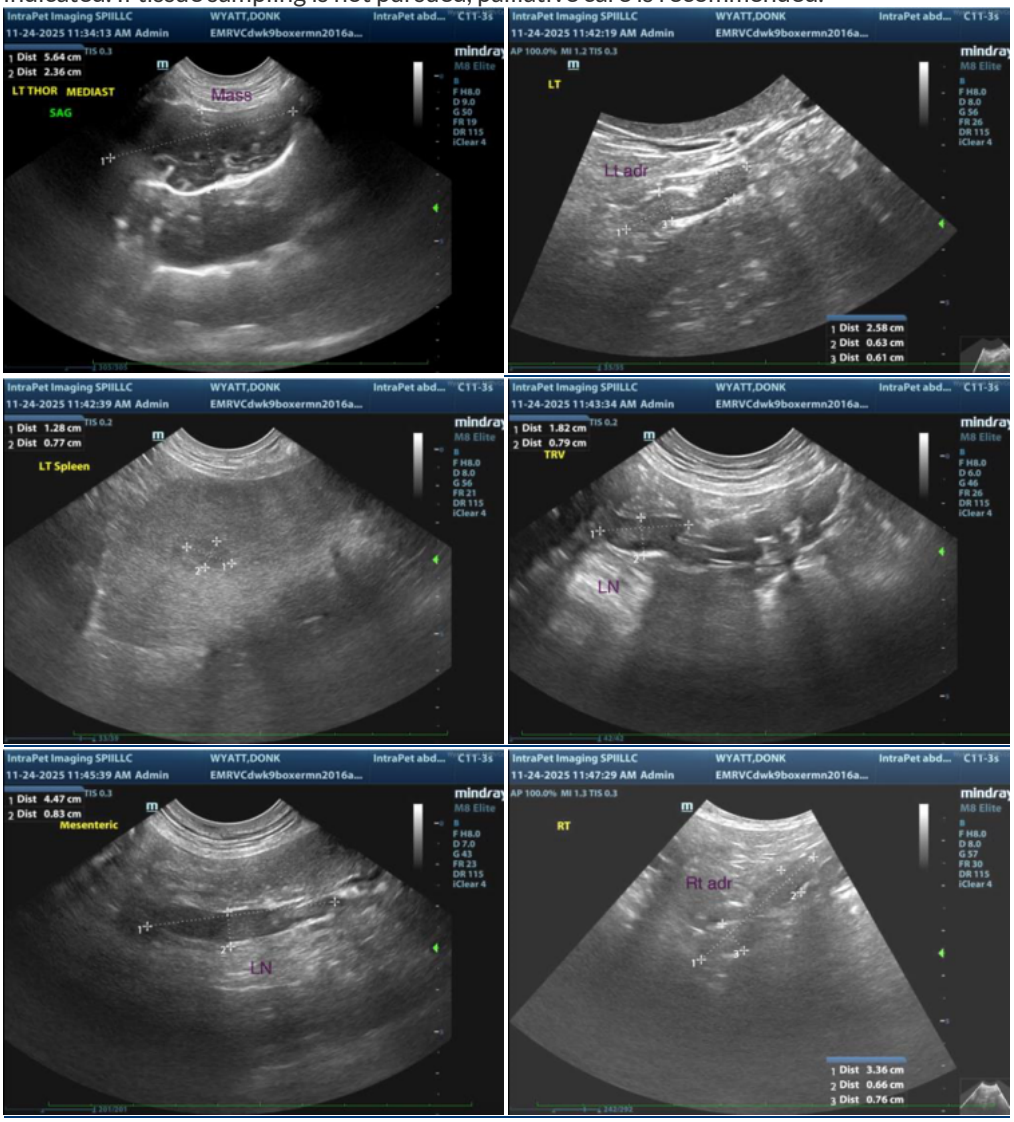
ULTRASONOGRAPHIC FINDINGS

Primary Findings:
- Mediastinal mass. Neoplasia (i.e., lymphoma, thymoma) is suspected with a lower possibility of a focal inflammatory process. The regional lymphadenopathy could be consistent with infiltrative neoplasia or reactive change.
- The abdominal lymphadenopathy could be consistent with emerging neoplasia (i.e., lymphoma), lymphoid hyperplasia or lymphadenitis.

Secondary Findings:
- Small non-obstructive cholelith
- Right cortical infarct
- The splenic nodule(s) could be consistent with benign foci (i.e., lymphoid hyperplasia or similar) with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspiration of the mediastinal mass is recommended (if clotting status is appropriate). A 25-gauge needle should be used. Depending on the results, consultation with a board-certified oncologist may be indicated. If tissue sampling is not pursued, palliative care is recommended.

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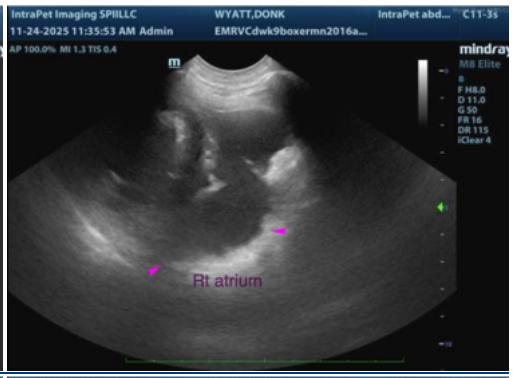
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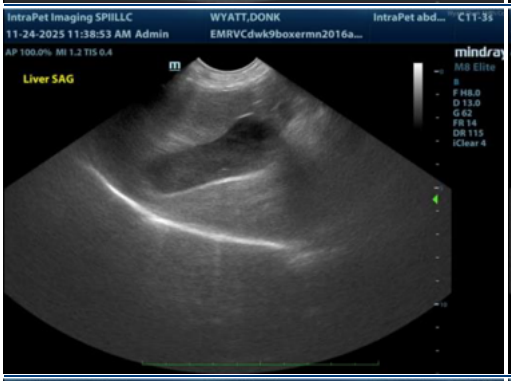
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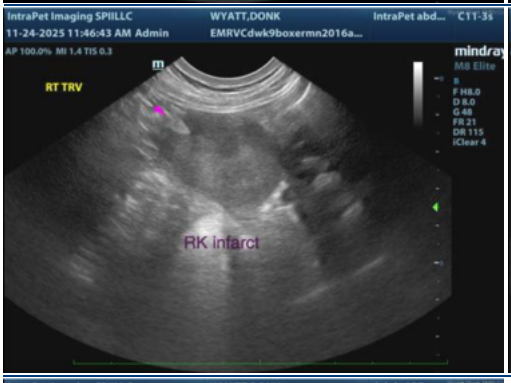
Stomach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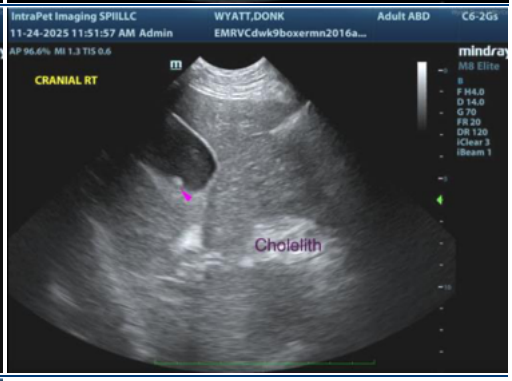
RT TRV
RK infarct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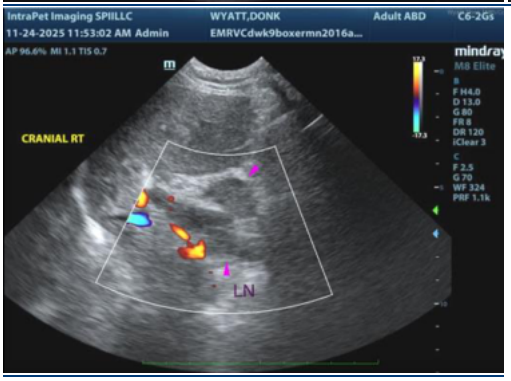
CRANIAL RT
Cholelith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LN

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.

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