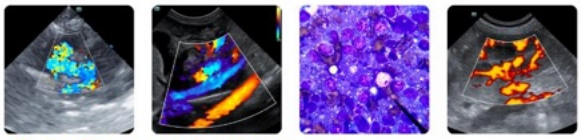


DATE

11/25/25

PATIENT

Harlem Gallant

SPECIES

Canine

BREED

Mixed breed

SEX

Female, spayed

AGE

9/1/2010

WEIGHT

36 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Beltway AH

REFERRING VET

Dr. Smith

INVOICE

13378

PRESENTING CLINICAL SIGNS

Patient History: Weight loss.

Current Medications: None listed.
Labwork Results: Diagnostics not attached, reported as: Hepatomegaly. Density @ stomach.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
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 in the region of the apex is slightly irregular. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (5.66 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. Trace pyelectasia is present. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.47 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.72 cm at cranial pole) (0.75 cm at caudal pole) with slightly swollen peripheral contours. The cranial pole is hypoechoic. The caudal pole is heterogeneous in appearance. There is loss of glandular detail. Surrounding vasculature appears normal.

The right adrenal gland is mildly enlarged (1.27 cm at cranial pole) (0.66 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 normal in size (1.62 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with irregular peripheral contours. Numerous varying sized hypoechoic to heterogeneous masses/nodules are observed throughout the organ, the largest measuring 6.2 cm in its longest dimension on the right side. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The gall bladder is being compressed to some degree by a hepatic mass. The wall is thin and smooth. A small amount of echogenic to mineralized debris is observed

within the lumen, some of which is adhered to the mucosal surface and some of which is suspended. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is 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

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Numerous hepatic masses/nodules. Neoplasia (i.e., carcinoma, sarcoma, round cell tumor) is suspected with a lower possibility of a multifocal inflammatory process, regenerative nodules, other.

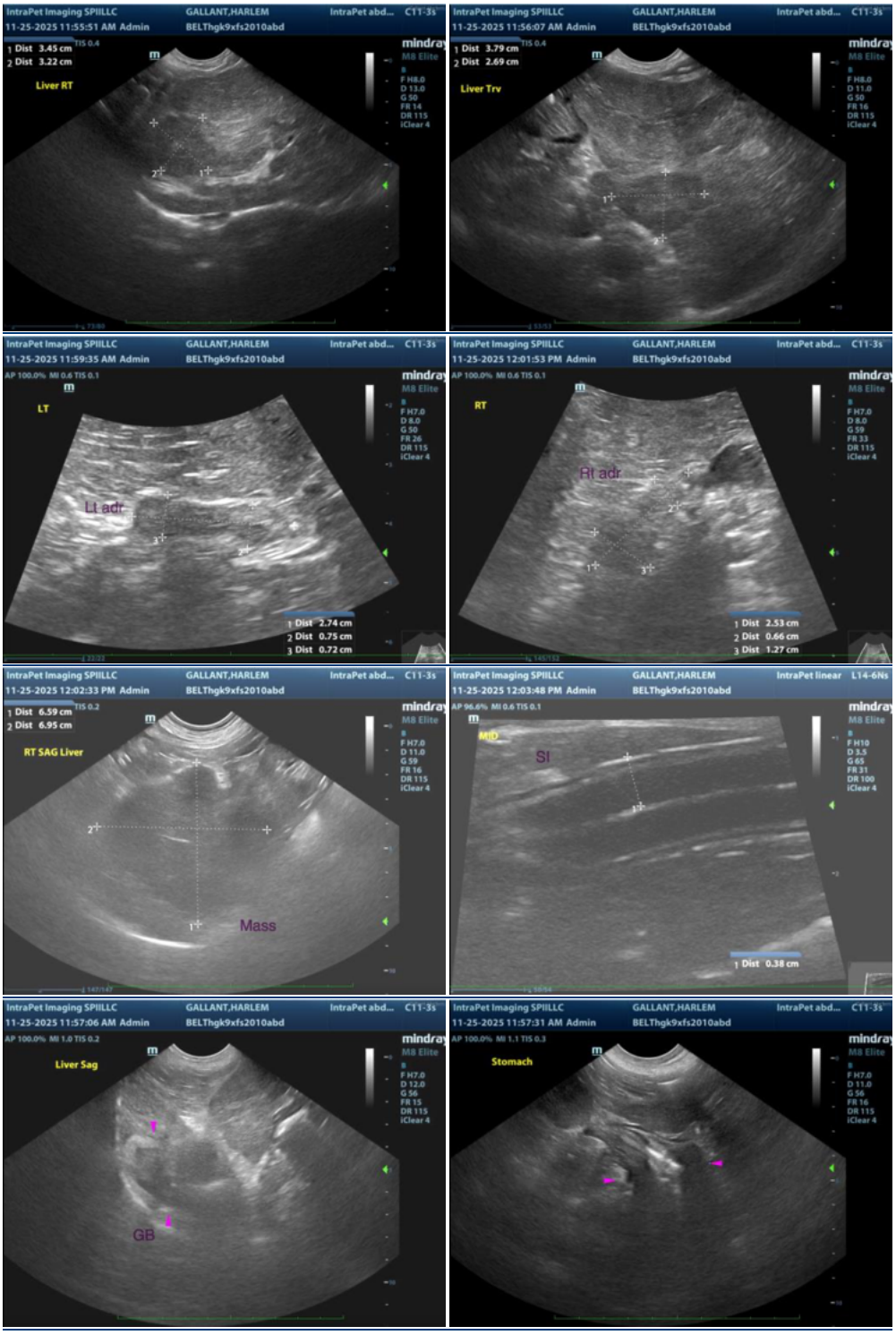
Secondary Findings:

- Gallbladder debris/sand, non-mucocele
- Mild bilateral age-related renal changes with subtle dystrophic mineralization
- Bilateral adrenomegaly with heterogeneity/loss of glandular detail

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

2. Consider fine needle aspiration of the hepatic masses assuming normal clotting status. A 25-gauge needle should be used. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis. If hepatic tissue sampling is not pursued, palliative care is recommended.



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