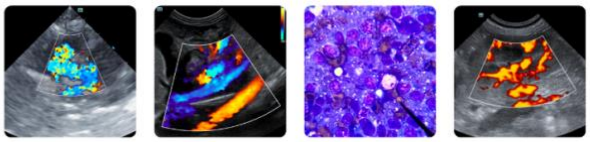


PATIENT

Marcy Smith

SPECIES

Canine

BREED

Labradoodle

SEX

Female Spayed

AGE

12 years 6 mos

WEIGHT

34.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Paul Kim

INVOICE

22231

DATE

11-8-25

PRESENTING CLINICAL SIGNS

History: Patient presented with lethargy and decrease in appetite. O reported that her abdominal area began looking swollen on Thursday, and the P had labored breathing and panting. Patient also came in on 11/4/25 for decrease in appetite but increased water intake and urination Friday night and Saturday morning. On Monday 11/3 she vomited once and started having diarrhea with some blood, and began having some heavy breathing and panting.

42 still images and 12 video clips are available for interpretation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The majority of the wall is normal in thickness with a smooth mucosal surface. There is no evidence of cystic calculi. A scant amount of suspended echogenic debris is observed within the bladder lumen. In the region of the cystourethral junction, an approximately 0.94 cm irregular nodule is visualized. The proximal urethral wall is also subjectively thickened. The proximal urethral lumen is not overtly dilated.

The left kidney is normal in size (6.61 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.

One still image of the right kidney is available for interpretation showing a normal size (6.69 cm in length) 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.

Adrenal Glands

One still image of the left adrenal gland is available for interpretation. The caudal pole is visualized and is normal to slightly small in size (0.39 cm in width) with a normal shape. Glandular echogenicity and detail are normal. Surrounding vasculature appears normal.

The right adrenal gland is not definitively visualized in the available images.

Spleen

In the visualized portion of the spleen, it appears subjectively prominent-in-size. A 4.3 cm isoechoic to slightly hypoechoic swelling/mass is observed at one of the poles. The remaining parenchyma is relatively homogenous in appearance.

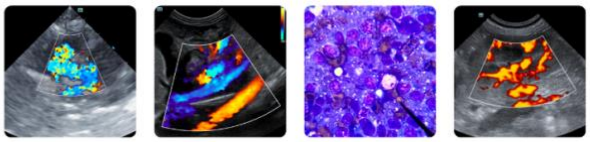
Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen, with a few, small, ill-defined isoechoic to hypoechoic nodules. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic to mineralized suspended debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen. The duodenal papilla is normal-in-size (0.31 cm in width).

Gastrointestinal

The 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



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

Pancreas

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

There is a questionable prominent lymph node (1.2 cm in diameter) in the left cranial- to mid-abdomen.

Free Abdomen

A small amount of free fluid is present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Possible splenic swelling/mass. Neoplasia (i.e., round cell tumor, sarcoma) is suspected. However, a benign process (i.e., lymphoid hyperplasia or similar) cannot be excluded.
- The gallbladder changes could be consistent with cholestasis, fasting, or a developing mucocele.
- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.
- Suspected urinary bladder nodule at the cystourethral junction with possible thickening of the proximal urethral wall. Differentials include neoplasia (i.e., transitional cell carcinoma vs focal cystitis/urethritis. A neoplastic process is favored.
- Mild ascites

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Questionable prominent lymph node in the left cranial- to mid-abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A minimum database (including a CBC, chemistry panel, urinalysis, and T4) is recommended if not already performed.
- Fine-needle aspiration of the abdominal fluid is recommended (if accessible and if clotting status is appropriate). A 25-gauge needle should be used.
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Regarding the urinary bladder changes, consider a urine BRAF test to further evaluate for

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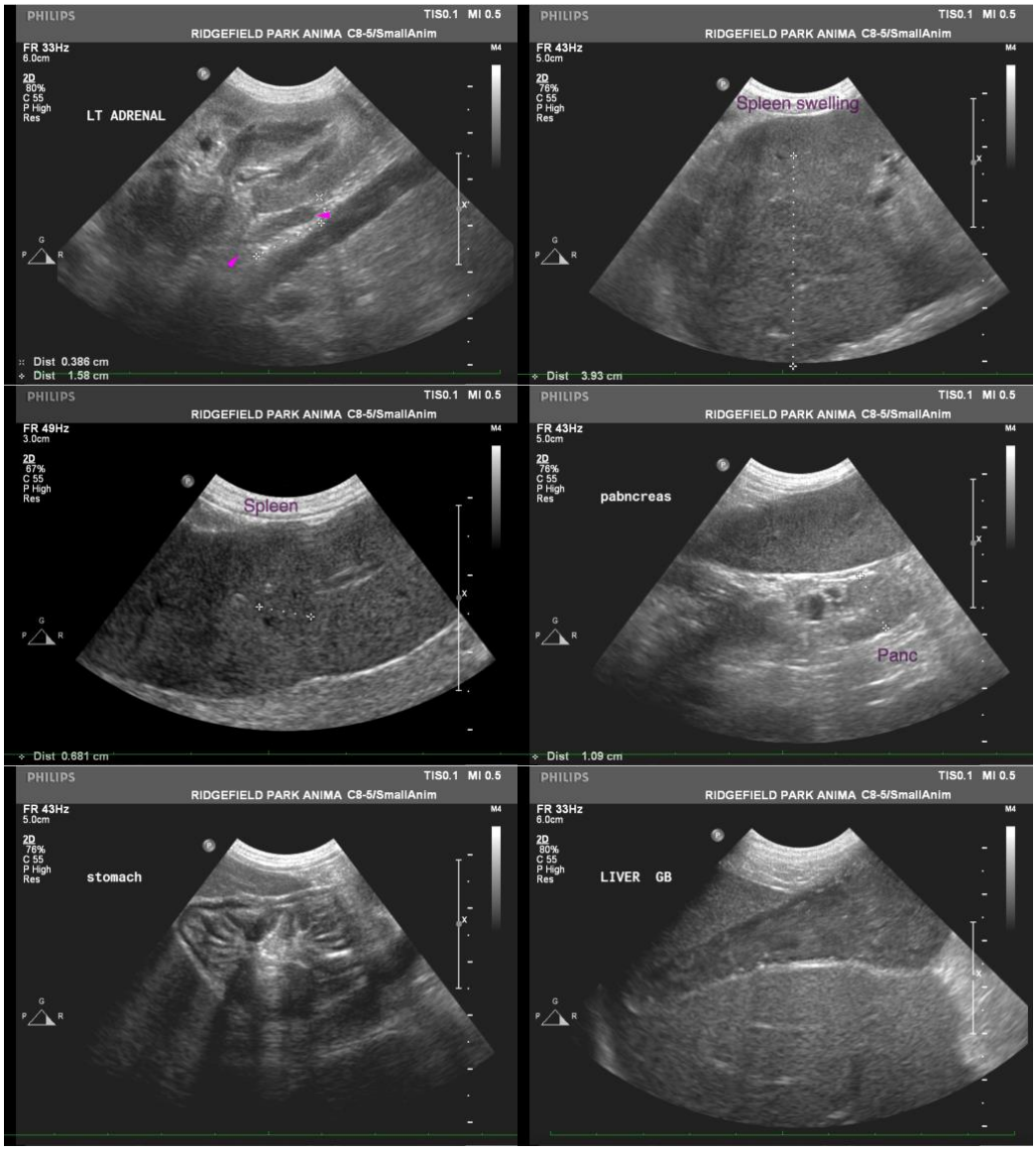
neoplasia. A positive test confirms neoplasia. However, a negative test does not rule out the possibility of cancer, and further testing (i.e., biopsies) may be necessary to get a definitive diagnosis.

- Regarding the splenic changes, consider an abdominal CT scan or an abdominal exploratory for further evaluation.
- Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) is recommended. Serial sonographic monitoring (e.g., every 6-8 weeks) of the gall bladder is recommended to assess for progression to a fully formed mucocele. If progression occurs, a cholecystectomy may be warranted.



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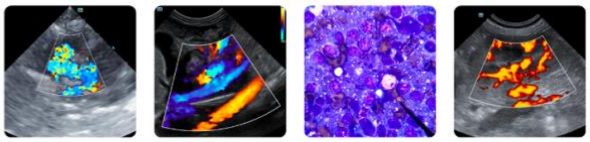

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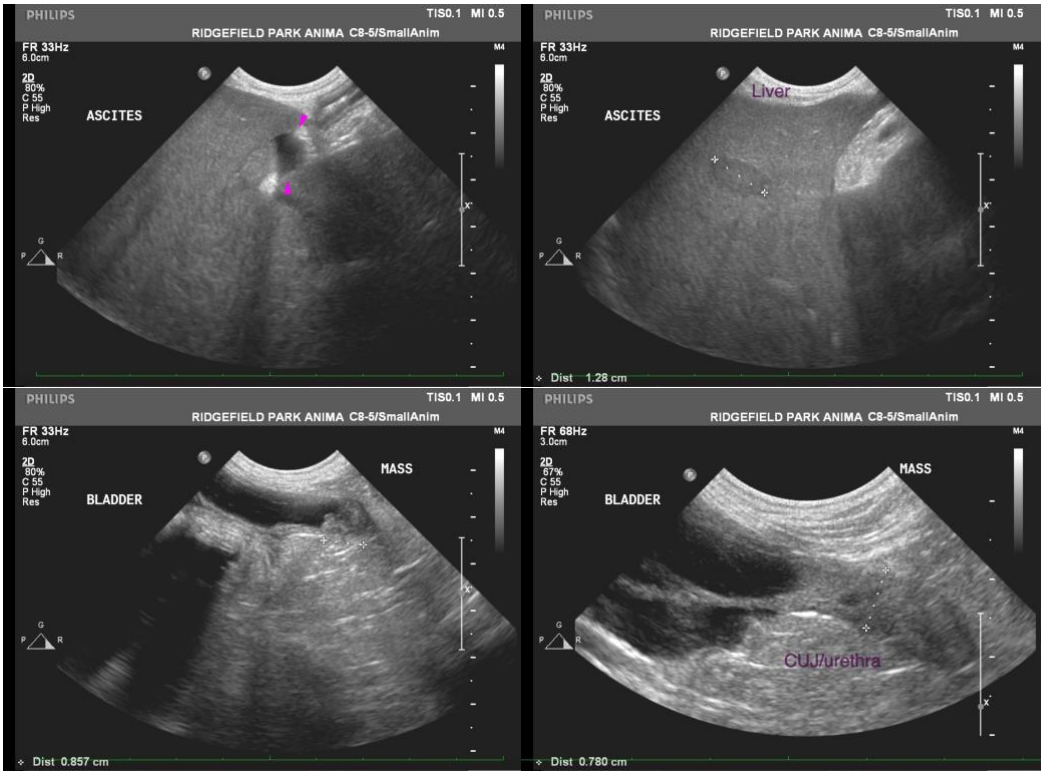

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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