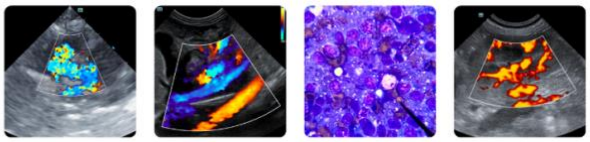


PATIENT

Daisy Zimmerman

SPECIES

Canine

BREED

Pitbull Terrier Mix

SEX

Female Spayed

AGE

8

WEIGHT

59 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jack Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

Gwenna Johnson VMD

INVOICE

22270

DATE

12-15-25

PRESENTING CLINICAL SIGNS

History: P presented for lethargy, decreased appetite, single urinary accident in house after loss of housemate 1 week ago. O concerned for stress secondary to this event vs. medical issue. Radiographs concerning for cranial abdominal organomegaly, irregular liver margins. Abdominal U/S recommended as next step.

Abnormal PE/Chem/CBC/UA Results: RBC 4.96 (5.84 - 8.95 M/µL) Hematocrit 33.5 (41.0 - 60.0 %) ALT 219 (18 - 121 U/L) AST 76 (16 - 55 U/L) ALP 552 (5 - 160 U/L) Cholesterol 362 (131 - 345 mg/dL) Amylase 2,939 (337 - 1,469 U/L) Lipase >1,800 (0 - 250 U/L)

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 is normal.

The left 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 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 (6.28 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.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.72 cm at cranial pole) (0.85 cm at caudal pole) with a normal shape. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (1.30 cm at cranial pole) (1.00 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.

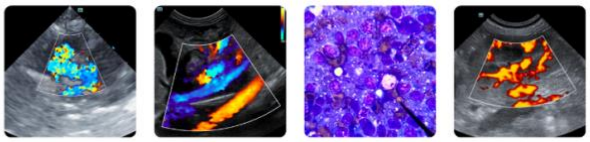
Spleen

The spleen is normal in size (2.02 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly heterogenous in appearance. A few, small, hyperechoic nodules are observed. A 1.2 x 0.85 cm ill-defined hypoechoic nodule is also observed at the medial aspect, approximately mid-body. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged, with irregular peripheral contours. A >10.0 cm heterogenous, cavitated mass is visualized approximately mid-liver. Smaller heterogenous nodules are also seen. There is minimal normal-appearing hepatic parenchyma. Hepatic vasculature is 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, gravity-dependent debris/sand/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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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 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

- Hepatic masses/nodules (the largest measuring >10.0 cm). Neoplasia (i.e., hemangiosarcoma, adenocarcinoma, round cell tumor) is suspected, with a lower possibility of an inflammatory process.
- Gallbladder debris/sand/sludge, non-mucocele
- The splenic changes could be consistent with a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, myelolipomas). Ultimately, emerging neoplasia is possible.

Secondary Findings

- Bilateral adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the hepatic and splenic changes, consider the following:

    1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases
    2. Abdominal CT scan for further evaluation
    3. +/- abdominal exploratory with biopsies
    4. If further diagnostics are not pursued, palliative care is recommended.

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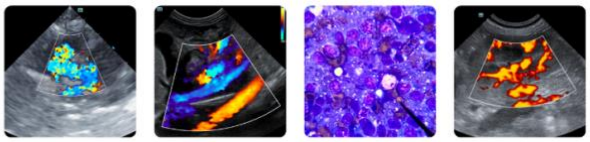

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SonoPath.com info@sonopath.com 1.800.838.4268

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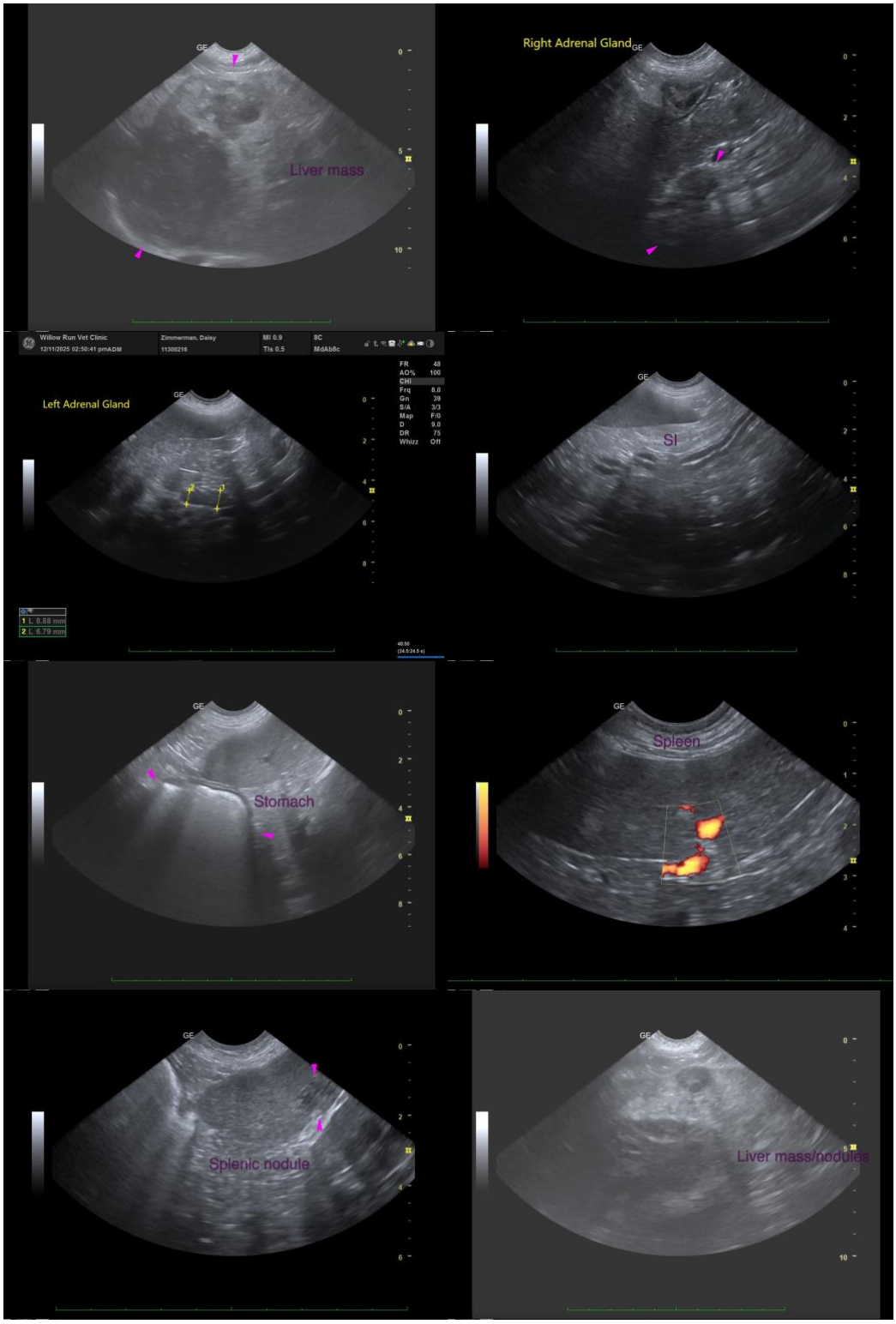

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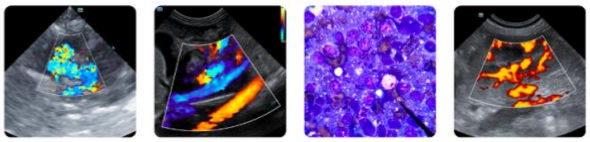

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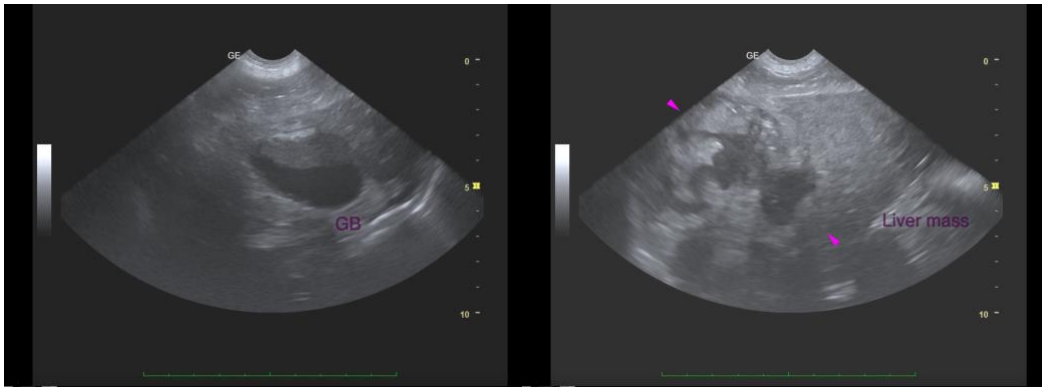

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com