

PATIENT PRESENTING CLINICAL SIGNS

Moonlight Henry Abnormal lab-work values: Mildly elevated T. Bil 0.8 mg/dL CBC WNL T4 2.3 ug/dL WNL
 Current Medications: Nexgard

SPECIES Radiographic Findings Soft Mass 50 x 56 mm right axillary area - Adipocyte's suspect lipoma Firm mass caudal left proximal pelvic limb gluteal area 9 x 9 mm - Mast Cells, Eosinophils, RBC's, Anisocytosis and Anisokaryosis MCT
Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Labrador Retr *Urinary System*

SEX

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 and visible portion of the proximal urethra are normal.

Female Spayed

AGE

The left kidney is normal in size (6.68 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

11

WEIGHT

The right kidney is normal in size (6.73 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

73 lbs

INTERPRETED BY

Adrenal Glands

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

The left adrenal gland is normal in size (0.51 cm at cranial pole) (0.54 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.

IMAGING PERFORMED BY

The right adrenal gland is normal in size (1.78 cm at cranial pole) (0.71 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.

Sara Hansen

HOSPITAL NAME

Spleen

The spleen is prominent-in-size (2.54 cm in width at the level of the hilus) with smooth peripheral contours. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Echo Hollow VH

REFERRING VET

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.

Dr Thaden

INVOICE

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

22317

DATE

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

12-22-25



PATIENT

Moonlight Henry

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.

SPECIES

Canine

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

BREED

Labrador Retr

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

SEX

Female Spayed

Primary Findings

The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

AGE

11

Secondary Findings

Bilateral nonspecific age-related renal changes

WEIGHT

73 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

Consider fine-needle aspiration of the spleen to further evaluate for mast cell infiltration (assuming normal clotting status). A 25-gauge needle should be used. If a splenic aspirate is pursued, the patient should be pretreated with diphenhydramine to reduce the risk of mast cell degranulation with the procedure. Three-view thoracic radiographs are also recommended to assess for neoplasia in the chest.

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

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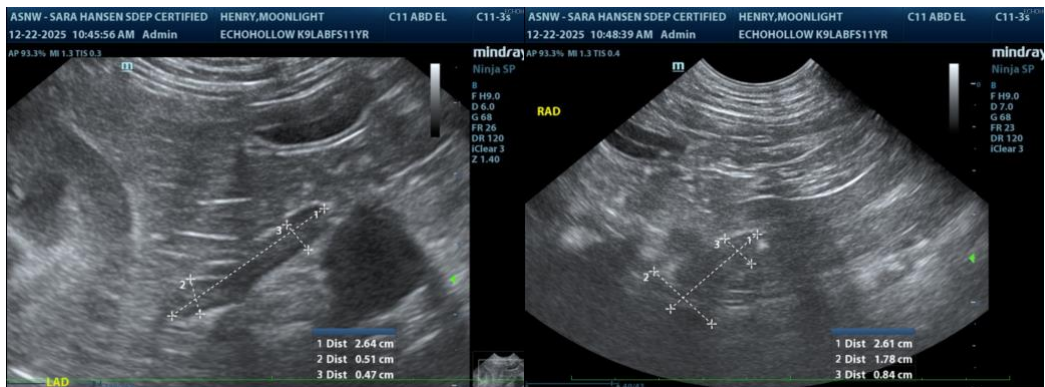
Dr Thaden

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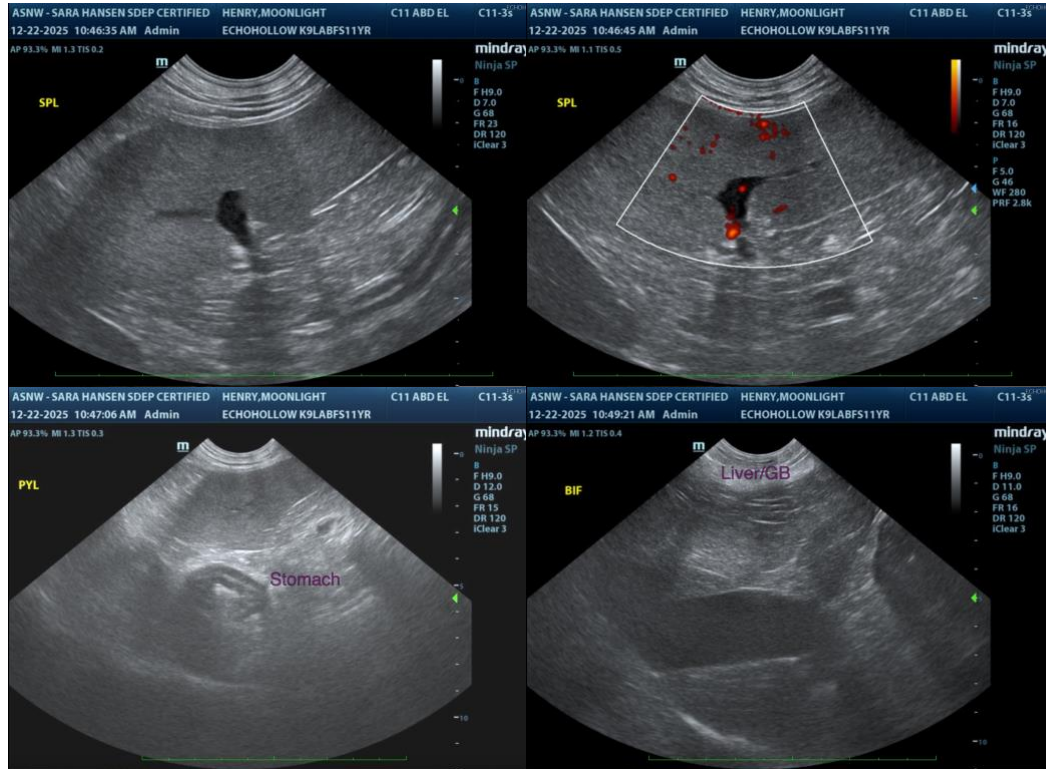
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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