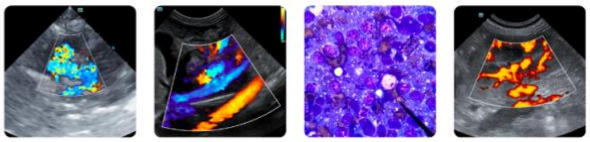


PATIENT

Tommy Gordon

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

13

WEIGHT

7.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson VC

REFERRING VET

Boules Maher

INVOICE

22311

DATE

12-22-25

PRESENTING CLINICAL SIGNS

History: Presented for straining to urinate. Past history of seizures, not on medications, has not had episode for a long time.

Abnormal PE/Chem/CBC/UA Results: Abdomen distended and tense. Enlarged bladder - expressible during sedation for AUS. Rectal exam: Normal, feces mild smaller/drier. No urolith visible on x-rays. UA: mild proteinuria. Kidney profile: NSF (BUN, CRE, CA, ALB, PHOS, electrolytes). Mild hyperglycemia. FNA+Cytology pending of cranial abdominal mass-like structure

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended. The wall is normal in thickness with a smooth mucosal surface. No cystic calculi are observed. The region of the trigone is normal. The proximal urethra (visible to a depth of 3.0 cm) is dilated (up to 0.86 cm). The mesentery effacing the serosal surface of the urethra is slightly hyperechoic.

The prostate is mildly enlarged (1.15 cm in width) with a normal shape. Parenchyma is homogenous. The prostatic urethra is dilated (0.86 cm in diameter).

The left kidney is normal in size (4.27 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. A few nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.24 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 normal in size (0.54 cm at cranial pole) (0.44 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 (0.49 cm at cranial pole) (0.32 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.

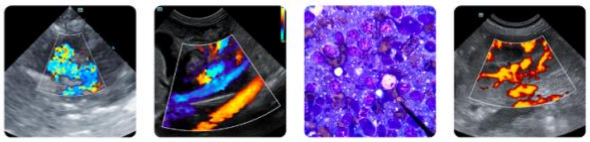
Spleen

The spleen is normal in size (1.10 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Approximately mid-spleen, a 1.0 cm ill-defined, hypoechoic, heterogenous, slightly cavitated lesion is visualized. A few, ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of mostly g-d,



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echogenic-to-mineralized debris/sand is observed within the lumen. 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 is normal in thickness with a normal layering pattern and appropriate mural detail. The ileocecocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern. (See also ***"Other"*** category).

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. (See also ***"Other"*** category).

Lymph Nodes

One-to-two prominent mesenteric lymph nodes are visualized (one measuring 0.81 x 0.55 cm). (See also ***"Other"*** category).

Free Abdomen

Trace free fluid is observed

Other

In the midabdominal region, a 3.6 x 2.0 cm hypoechoic mass is visualized. The mass is hypoechoic relative to surrounding omental fat, and slightly heterogenous in appearance. Surrounding mesentery is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Midabdominal mass, the origin of which is unclear. It may be arising from bowel, lymph node, pancreas, mesentery, other. Neoplasia (i.e., carcinoma, sarcoma, round cell tumor) is suspected, with a lower possibility of a focal inflammatory process. Mild adjacent peritonitis is present.
- Urethral dilation without obvious evidence of intraluminal obstruction in the available images. Considerations include urethral stone, stricture, tumor, other.
- Equivocally prostatomegaly
- The prominent mesenteric lymph nodes could be consistent with metastatic disease, lymphoid hyperplasia, or lymphadenitis.

Secondary Findings

- Minor bilateral age-related renal changes with nonobstructive nephrocalcinosis
- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy. Correlation with the patient's liver values is recommended.
- Gallbladder changes/sand, non-mucocele

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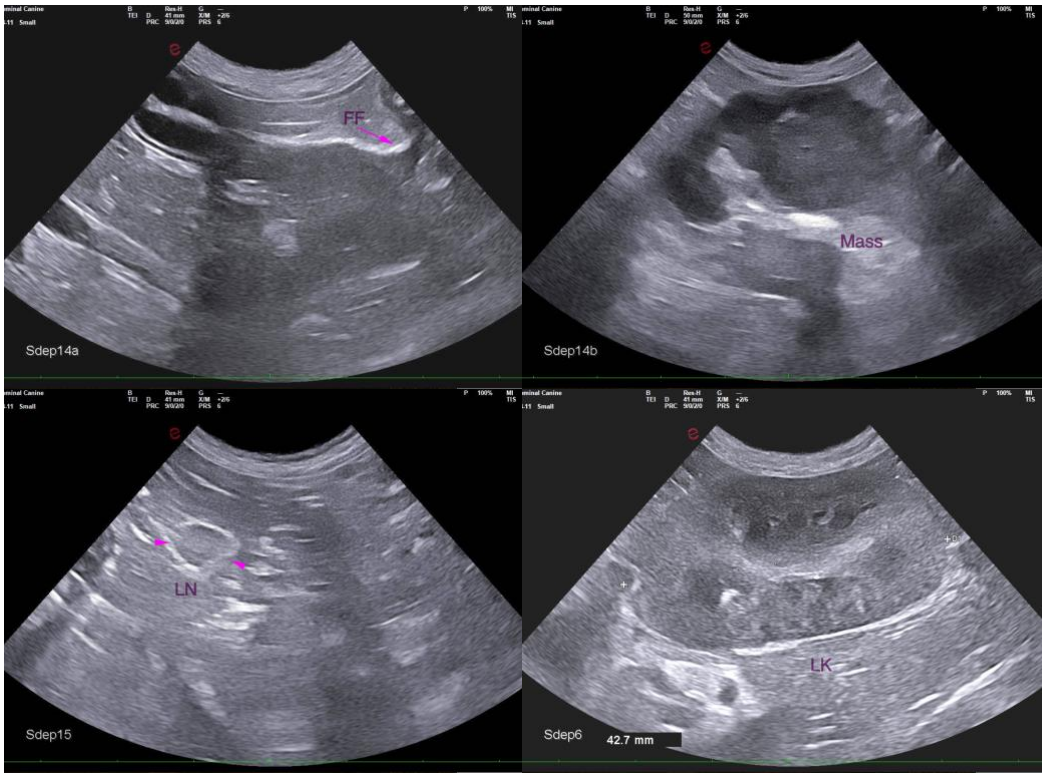
- The heterogenous splenic nodule could be consistent with a myelolipoma, focus of lymphoid hyperplasia or similar, or an emerging neoplastic process.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases. Depending on the results the thoracic radiographs and cytology from the mass, consultation with a board-certified oncologist and/or surgeon may be warranted.

- Regarding the stranguria, consider the following:

1. Caudal abdominal/pelvic radiographs to assess for urethroliths.
2. Also consider passing a urinary catheter to assess for obstruction.
3. A urine culture and sensitivity is also recommended.
4. Also consider a urine BRAF test to evaluate for lower urinary tract neoplasia, particularly if clinical suspicion for disease is high.



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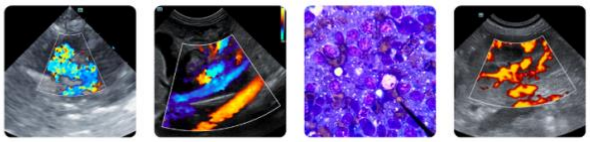

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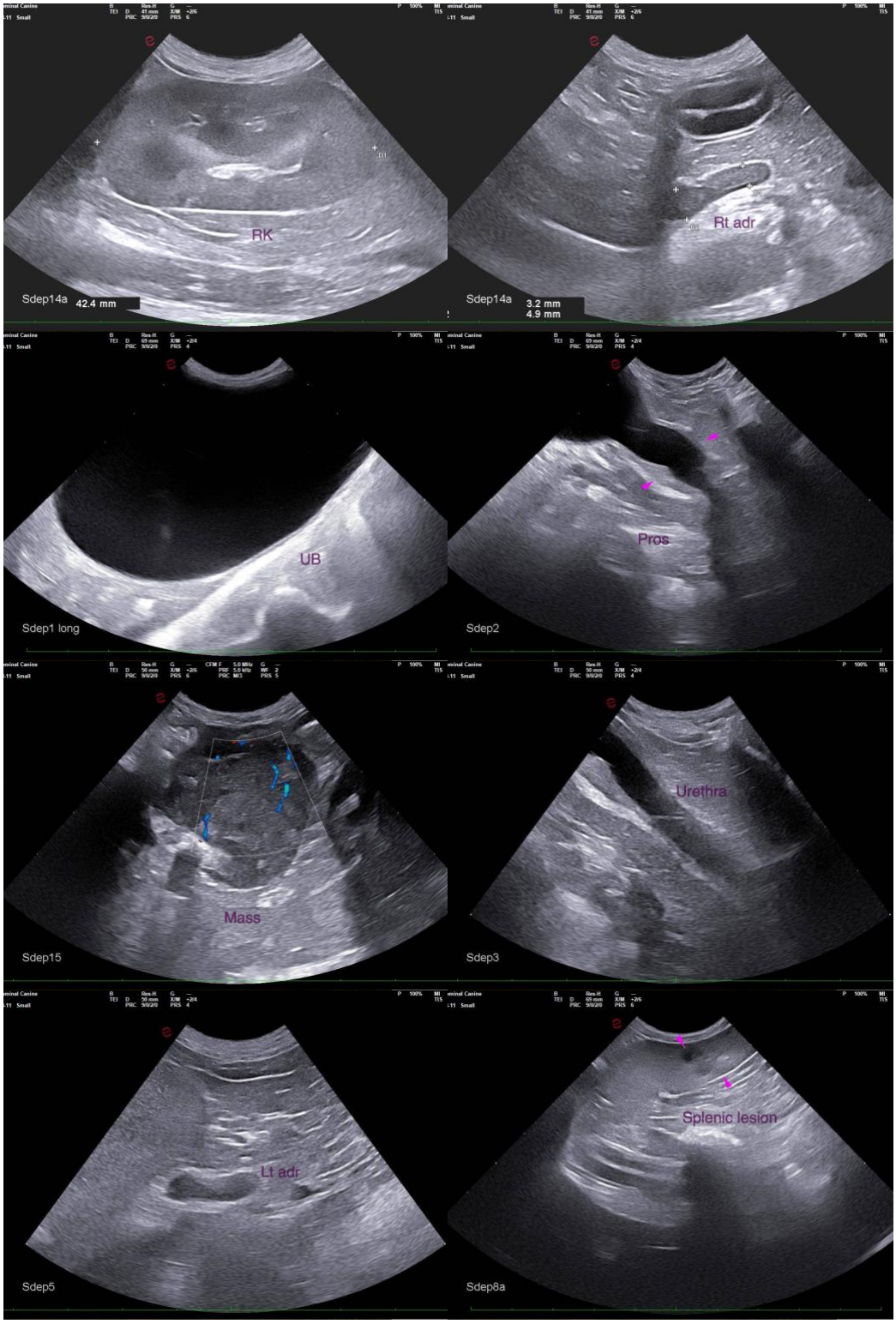

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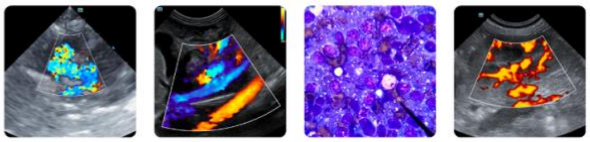

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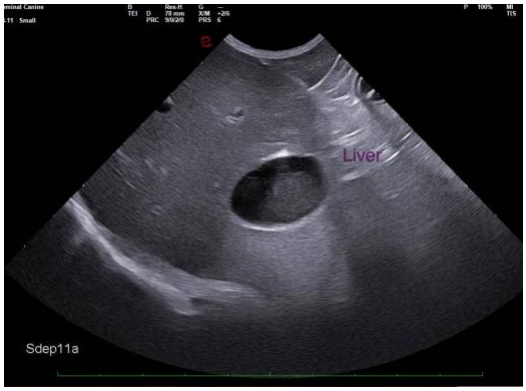

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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