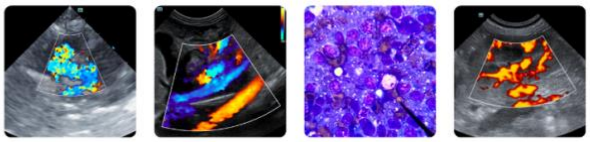


PATIENT

Bella Campa

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

8 years 3 mos

WEIGHT

33.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Mariusz Chmielinski DVM

HOSPITAL NAME

Apex Vet Services Ltd

REFERRING VET

Alpine 24/7 / ER

INVOICE

22345

DATE

12-27-25

PRESENTING CLINICAL SIGNS

History: inappetance for 7 days, lethargy occasionally eats only human food, no BM for the last 2 days.

Abnormal PE/Chem/CBC/UA Results: Vital Signs: Temperature [Celsius]:38.8, Heart Rate/min (HR):120, HR: Pulse Ratio: 1:1, Respiratory Rate/ min: 30, Respiratory Effort: 0, Mucus Membranes/ CRT: pink, moist/ CRT< 2 sec ,Mentation: BAR ,Hydration: Adequate , BP 125/ 60 (67) distended abdomen Anemia with reticulocytosis → regenerative anemia Severe thrombocytopenia Platelets markedly decreased Plateletcrit 0.03 MPV increased Leukogram: leukocytosis with neutrophilia Chemistry ALT 425 ↑ ALP 315 ↑ GGT normal Hyponatremia: Sodium 132 ↓ Hypocalcemia (mild): Calcium 1.97 ↓ Chloride low Protein abnormalities: Total protein 50 ↓ Albumin low-normal (22) BUN mildly increased Cholesterol low Bilirubin normal Pancreatic enzymes: within reference

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 mostly anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (6.53 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.

The right kidney is normal in size (7.19 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.

Adrenal Glands

The left adrenal gland is normal in size at the cranial pole, and mildly enlarged at the caudal pole (0.54 cm at cranial pole) (0.86 cm at caudal pole). Glandular echogenicity and detail are normal. Surrounding vasculature appears normal.

The right adrenal gland is normal in size (0.60 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.

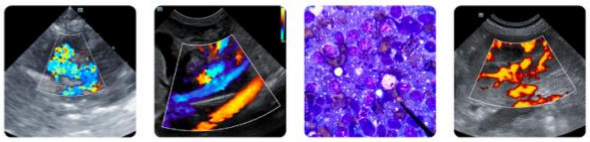
Spleen

The spleen is subjectively prominent-in-size, with irregular peripheral contours. At least one, heterogenous, expansile mass (measuring 2.7 x 2.6 cm) is visualized. The remaining parenchyma is heterogenous in appearance. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged, with slightly irregular peripheral contours. The parenchyma is isoechoic relative to the spleen, with diffuse, varying-sized, hypoechoic nodules throughout the organ. The parenchyma has a “moth-eaten” appearance. 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 small amount of echogenic debris is suspended 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
The mesentery in the cranial- to mid-abdomen is hyperechoic. A moderate-to-lg amount of free fluid is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic changes are more most concerning for infiltrative neoplasia (i.e., round cell tumor, other), with a lower possibility of a benign process (i.e., inflammatory disease, hepatotoxicosis, fibrosis, other).
- Splenic mass(es). Again, neoplasia is suspected with a lower possibility of a benign process.
- Ascites with cranial- to mid-abdominal peritonitis, likely secondary to hepatic and splenic pathology

Secondary Findings

- Mild left adrenomegaly at the caudal pole

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases
- Consider cytologic evaluation of the abdominal fluid, +/- liver and spleen (if clotting status can be stabilized). There is some risk of iatrogenic hemorrhage with the procedure. Twenty-five gauge-needles should be used. Depending on the results, consultation with a board-certified oncologist may be indicated.

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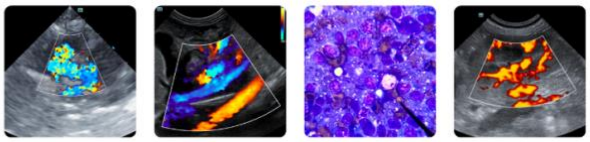

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Educational Teleconsultation Services™

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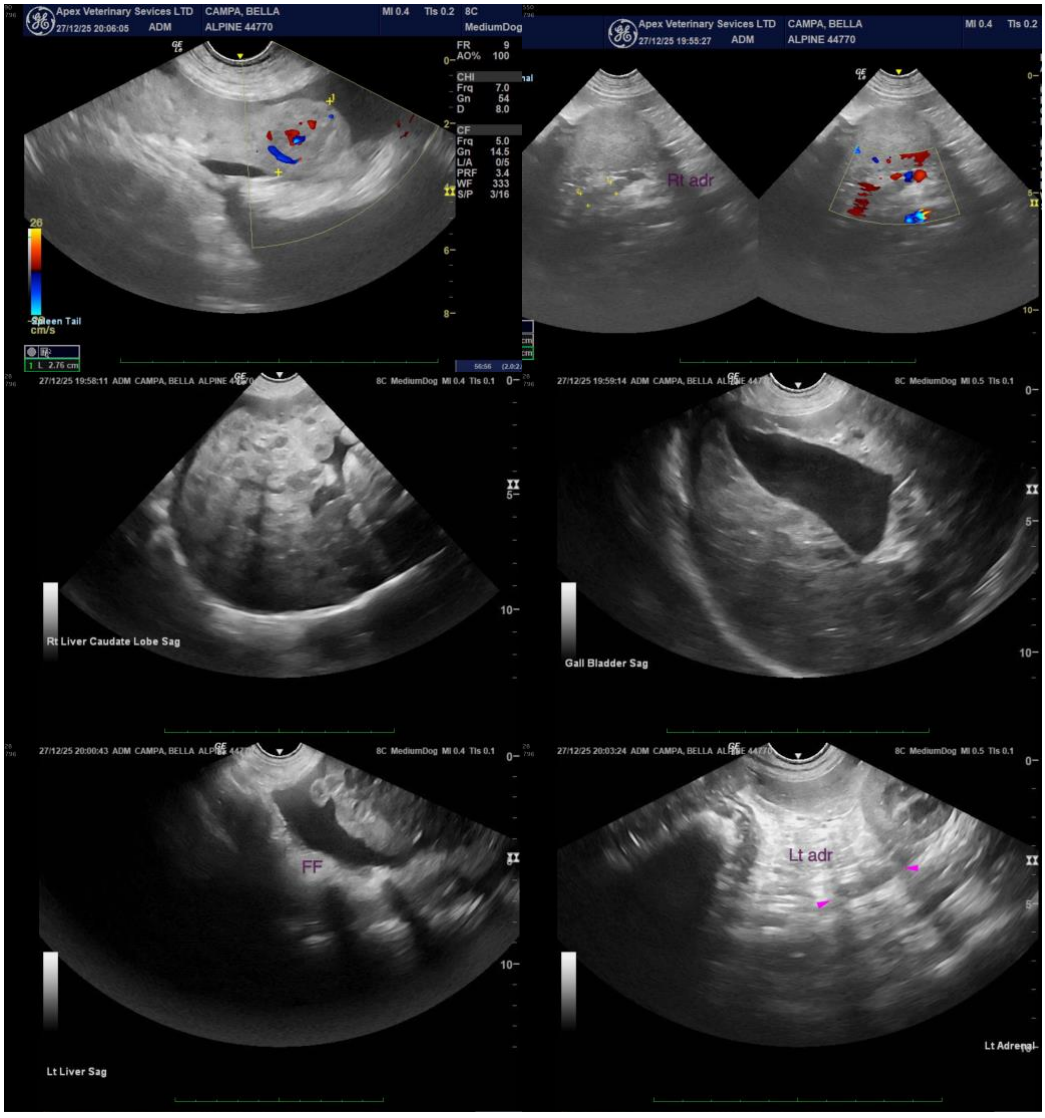

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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