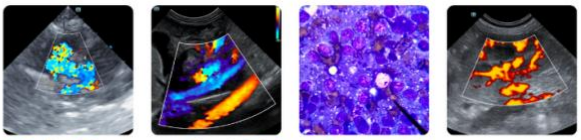


PATIENT

Cider Panse

SPECIES

Canine

BREED

German SH Pointer

SEX

Intact Male

AGE

11

WEIGHT

54 lbs

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Meghan Morse LVT CVT

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. Branning

INVOICE

22619

DATE

2-26-26

PRESENTING CLINICAL SIGNS

Radiographs: consistent w/ peritoneal effusion
Current meds: Gaba/traz for AUS
Abnormal PE/Chem/CBC/UA Results: pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness, and the mucosal surface is smooth. The bladder is moderately enlarged. A small- to moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is enlarged (at least 2.8 cm in width) with relatively smooth peripheral contours. The parenchyma is mildly heterogenous, with a few, small, cystic lesions observed within the parenchyma. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (7.65 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.

The right kidney is normal in size (7.95 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.

Left Adrenal Gland

The region of the left adrenal gland is evaluated. No obvious pathology is observed in this region.

Right Adrenal Gland

(See “Other” category).

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

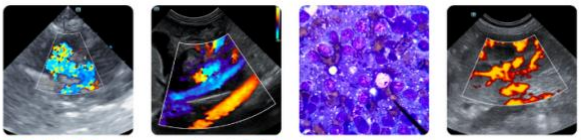
Spleen

The spleen is normal in size (2.21 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is prominent-in-size with scalloping of the caudal margin. The parenchyma is hypoechoic 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. (See also “Other” category).

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



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

Pancreas

(See "Other" category).

Lymph nodes

(See "Other" category).

Free Abdomen

A large amount of echogenic free fluid is present.

Other

In the right cranial quadrant, a 11.3 x 7.0 cm irregular, heterogenous, mass effect is visualized. Dilated vasculature is observed in this region.

The testicles are subjectively normal-in-size and symmetrical with homogenous parenchyma. Slightly echogenic fluid is observed within the scrotal sac.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large, irregular, mass effect in the right cranial quadrant, the origin of which is unclear. It may be arising from the right adrenal gland, liver, pancreas, lymph node, other. There is possible invasion into regional vasculature.
- Ascites, likely secondary to the mass effect.

Secondary Findings

- Minor bilateral age-related renal changes
- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.
- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, passive congestion, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A minimum database (including a CBC, chemistry panel, urinalysis, and T4) is recommended if not already performed.
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

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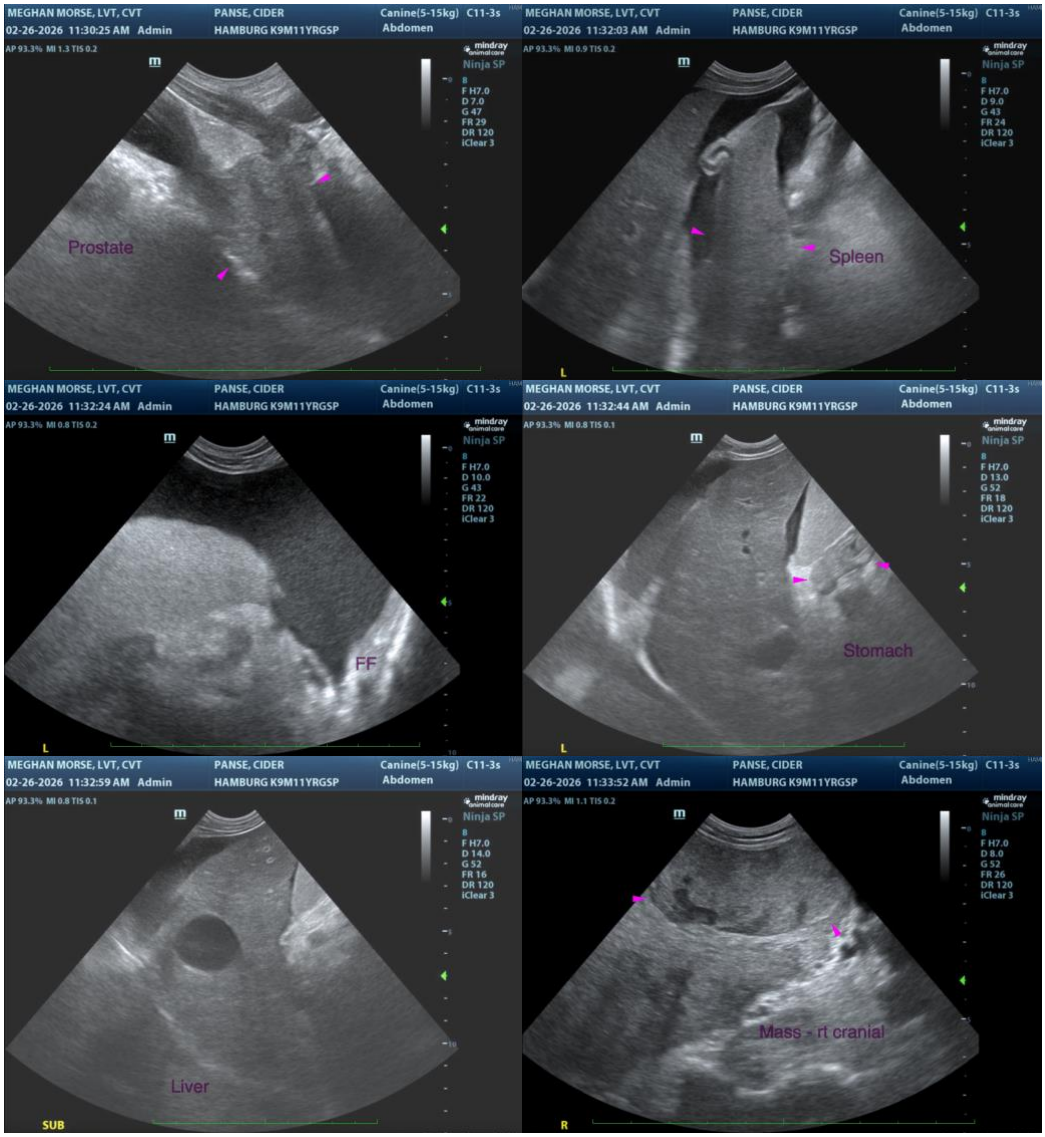
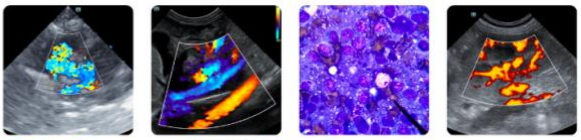
- Consider submission of the abdominal fluid for cytology evaluation.
- Also consider an abdominal CT scan to further evaluate the mass effect in the right cranial quadrant.
- Depending on the results of the above diagnostics, consultation with a board-certified oncologist and/or surgeon may be indicated.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath www.SonoPath.com
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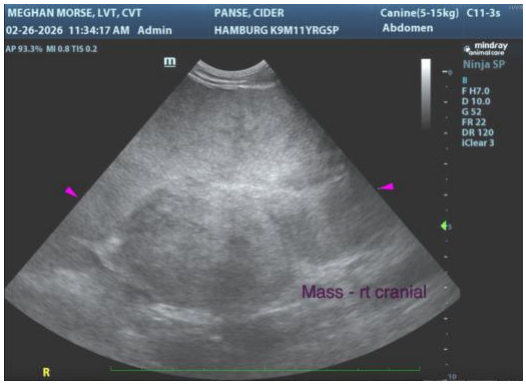

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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