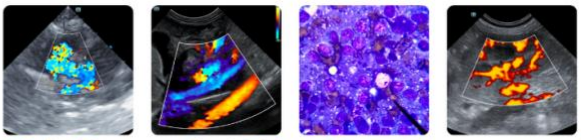


PATIENT

Ryder Schwanewede

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

10

WEIGHT

100 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr. Santo

INVOICE

22618

DATE

2-26-26

PRESENTING CLINICAL SIGNS

History: Vomiting x 2 r/o FB vs Mass. Painful cranial Abd
Abnormal PE/Chem/CBC/UA Results: CBC/Chem 17 - WNL Radiographs - soft round tissue opacity structure occupying gastric pylorus

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness, and the mucosal surface is smooth. The bladder is mildly distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The region of the prostate is not visualized due to its pelvic location.

The left kidney is normal in size (7.39 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 (7.53 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild 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 enlarged (0.72 cm at cranial pole) (0.86 cm at caudal pole) with an irregular shape. A 2.36 x 1.72 cm hyperechoic- to heterogenous macronodule/mass is observed at the cranial- to mid-aspect. Glandular echogenicity and detail at the caudal aspect are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is normal in size (1.74 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.

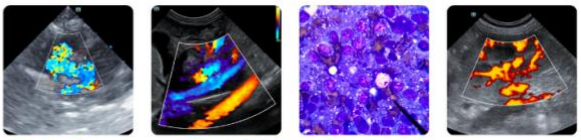
Liver

The liver is 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.

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.

Gastrointestinal

The gastric lumen is moderately dilated, with partially shadowing material. The gastric wall is normal- to mildly-thickened (up to 0.59 cm) with retention of the 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.



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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gastric luminal contents may represent foreign material, or less likely, normal ingesta.

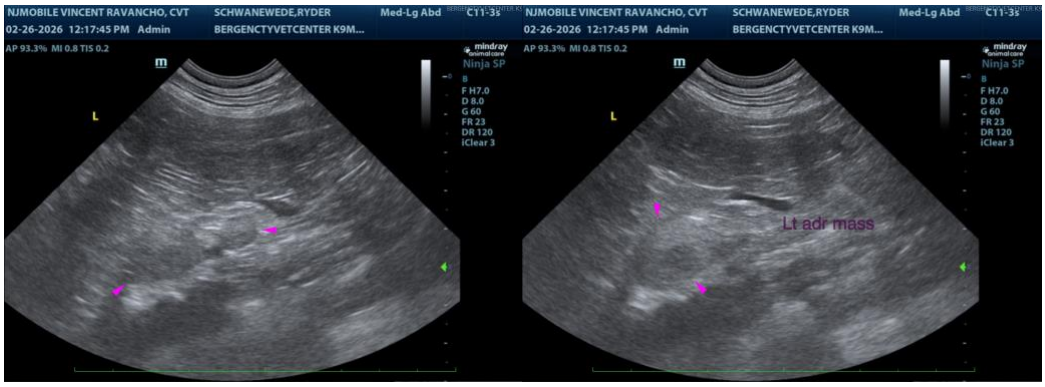
Secondary Findings

- Left adrenal macronodule/mass. Considerations include focal nodular hyperplasia, adenoma, emerging adenocarcinoma, pheochromocytoma, other.
- Minor bilateral age-related renal changes

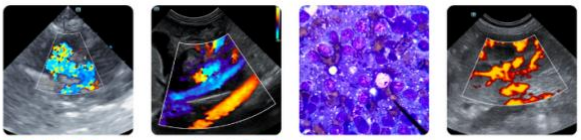
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- To further evaluate for gastric foreign material, consider a barium study, upper GI endoscopy, or abdominal exploratory. If a more conservative approach is desired, consider a 12-hour fast followed by a repeat abdominal ultrasound to reassess the stomach.
- Regarding the left adrenal nodule, consider the following:

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Baseline blood pressure measurement
3. Further testing for a functional tumor (i.e., low-dose dexamethasone suppression test, urine/blood metanephrine levels) particularly if the patient is exhibiting appropriate clinical signs.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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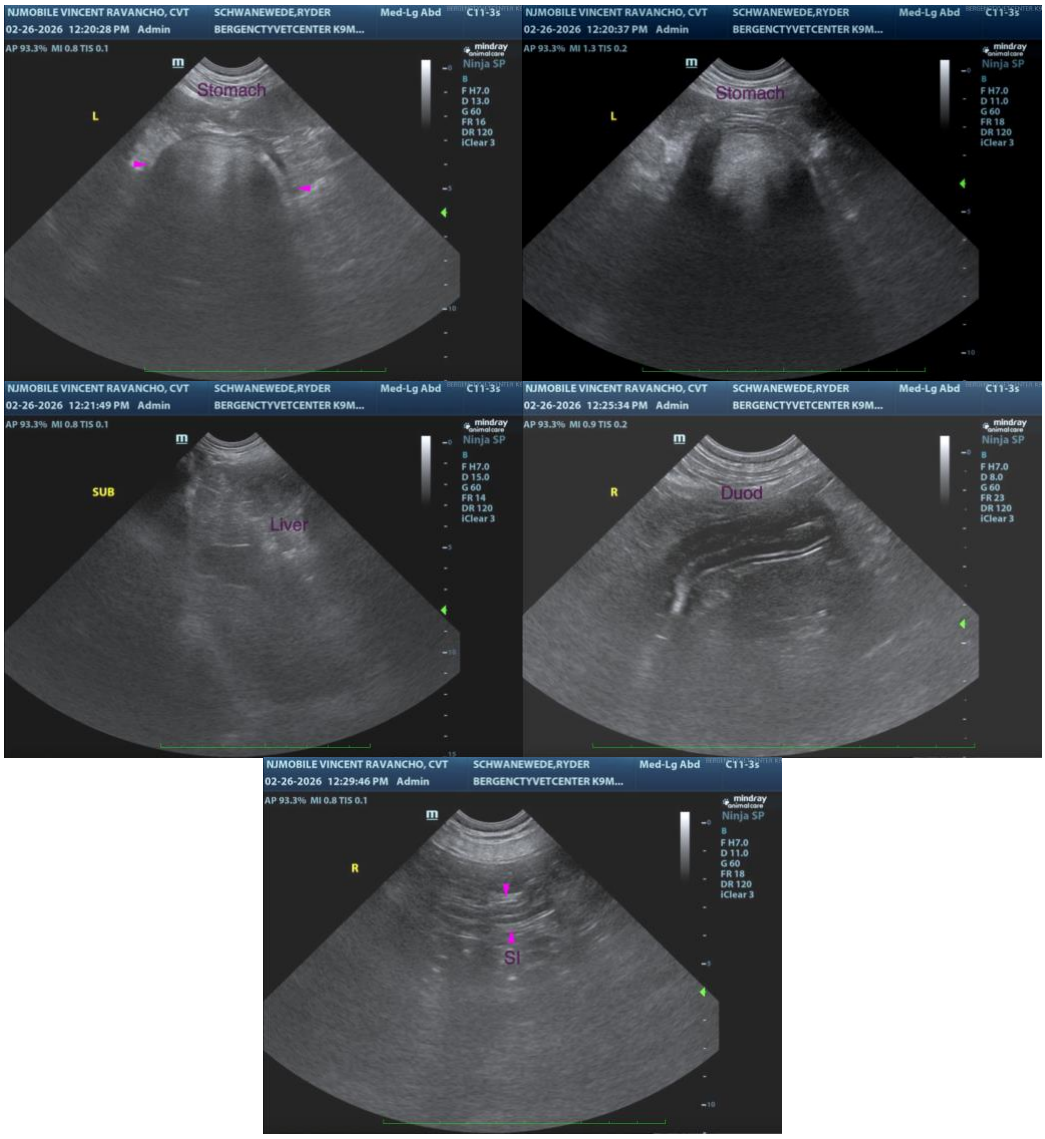

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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