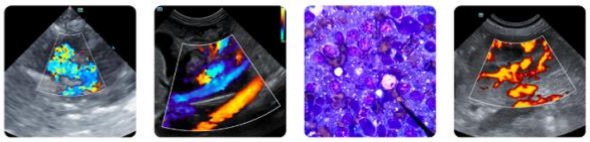

PATIENT

Ajax Sipos

SPECIES

Canine

BREED

Coonhound Mix

SEX

Neutered Male

AGE

10

WEIGHT

71 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Desen Ertunc, DVM

HOSPITAL NAME

Humboldt VMG

REFERRING VET

Sarah Schroer, DVM

INVOICE

22690

DATE

3-14-26

PRESENTING CLINICAL SIGNS

History: Owner reported abdominal mass at annual exam on 2/20; good appetite, normal behavior at home

Abnormal PE/Chem/CBC/UA Results: PE: large cranial abdominal mass; mild weight loss (4.5lb in the last year) CBC: Hemoglobin 14.0 14.6 - 21.7 g/dL, MCHC 30.6 32.3 - 38.0 g/dL, Reticulocyte Hemoglobin 21.9 23.8 - 28.3 pg. All other values WNL. Chem: IDEXX SDMA a 18 0 - 14 µg/dL Creatinine 0.9 0.5 - 1.5 mg/dL, ALP 203 5 - 160 U/L, all other values WNL. U/A: US.S.G.= 1.024, inactive sediment

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

One video clip and two still images are available for interpretation. The bladder is moderately distended. The walls are normal in thickness with a smooth mucosal surface. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed.

The prostate is normal in size (1.05 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.67 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 (6.41 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.

Adrenal Glands

No images provided.

Spleen

A >10.0 cm heterogenous, cavitated mass is arising from the parenchyma. The mesentery effacing the serosal surface of the mass is hyperechoic. In the remainder of the visualized portion of the spleen, the margins are curvilinear, and the parenchyma is subtly mottled in appearance.

Liver

The liver is normal- to prominent-in-size, with slightly irregular peripheral contours. At least two- to three heterogenous , slightly cavitated masses are observed within the parenchyma (the largest measuring 6.0 cm in diameter on the left side). The remaining hepatic parenchyma is heterogenous in 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. Several polypoid-like lesions are arising from the mucosal surface. A small amount of suspended echogenic debris 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. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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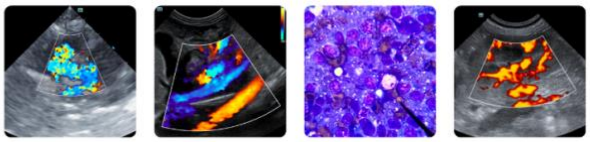

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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
There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

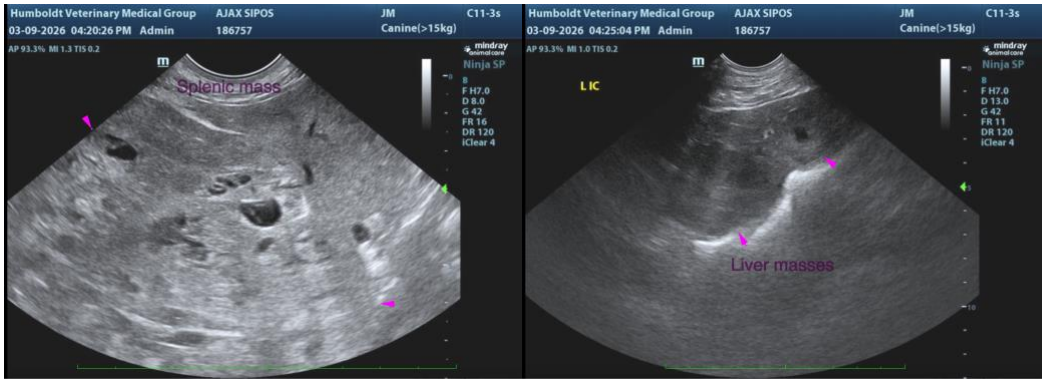
- Large splenic mass. Neoplasia (i.e., hemangiosarcoma) is suspected, with a low possibility of a non-neoplastic process. Mild adjacent peritonitis is present.
- The hepatic masses are concerning for metastatic lesions or emerging primary hep tumors, with a lower possibility of benign lesions (i.e., regenerative nodules, inflammatory foci, other).

Secondary Findings

- Minor bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- An abdominal CT scan can be considered to further evaluate the extent of masses. However, given the likelihood of metastatic neoplasia in the abdomen, surgery is not likely to be of benefit in extending the patient's survival time. Therefore, palliative care should be considered in lieu of aggressive diagnostics and treatments.



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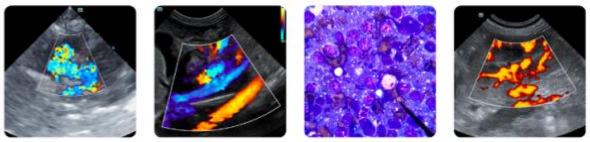

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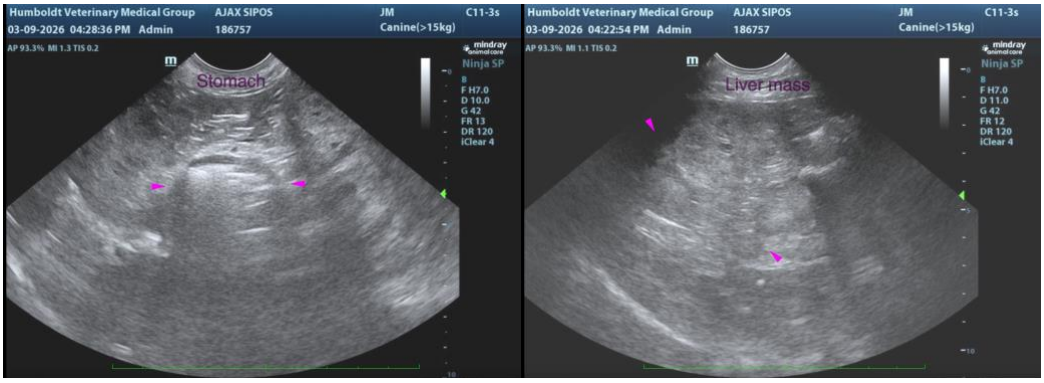

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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