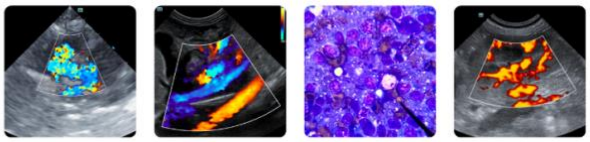


PATIENT

Gus Jones

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

7 years 8 mos

WEIGHT

52.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Jessie Evoniuk

HOSPITAL NAME

State Avenue VC

REFERRING VET

Dr Jessie Evoniuk

INVOICE

22704

DATE

3-16-26

PRESENTING CLINICAL SIGNS

- Presents for progressive inappetence x several weeks; currently refusing kibble, wet food, homemade chicken/rice, treats, steak, weight loss, intermittent vomiting and diarrhea.
- No recent travel outside Glendive area
- No routine medications or supplements prior to current illness
- Food change coincided with onset; packaging change noted
- Water reservoir recently noted with malodor and swirly debris
- Previous abdominal scan at Dawson Vet: concern for nodules

March 2 bloodwork: ALP >2400. ALT 285. Total bilirubin 1.8. BUN 3 (low). WBC 30.57. Neutrophils 26.91. HCT 54

Current medications: Clavicillin 375 mg, 1 tab BID (prescribed March 2)/ Fast Track canine gel, 4 mL PO SID Abnormal PE/Chem/CBC/UA Results: Lethargic, sarcopenia, weight loss March 16, 2026: WBC 29.17, NEU 25.17, EOS 0.97, HGB 19.3, RDWc 21.7, MPV 14.1 March 3, 2026 (from other clinic)- WBC 30.57, LYM 1.01, NEU 26.91, EOS 1.27, LYM% 3.3, MON% 3.5, NEU% 88.0, EOS% 4.2, BAS% 1.0, HGB 19.1, RDWc 35, RDWs 14, MPV 12.1, PCT 0.24, PDWc 40.3, PDWs 21.3, ALP >2400, ALT 285, TBil 1.8, BUN 3, HEM 10, LIP 135, ICT 2 March 12, 2026 (from other clinic)-Abdominal ultrasound performed: liver with nodular diffuse hypoechoic appearance, bowel loops difficult to assess - Abdominal radiographs: spleen with mildly nodular appearance on ventral distal aspect, stool in distal colon, small intestines tortuous appearance

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is slightly irregular. 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 mildly enlarged (8.59 cm in length) with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. Adjacent perirenal fat is mildly hyperechoic.

The right kidney is mildly enlarged (9.01 cm in length) with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Mild- to moderate pyelectasia is present (0.39 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. Adjacent perirenal fat is mildly hyperechoic.

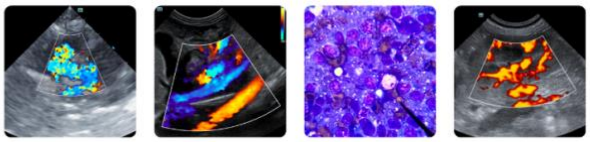
Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is normal in size (0.68 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

The caudal pole of the right adrenal gland is visualized and is normal in size (0.63 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal capsular contour. The parenchyma is subtly mottled in appearance. At least one, small, myelolipoma is observed in the region of the hilus. Splenic vasculature is



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normal.

Liver

The liver is subjectively enlarged, with swollen/slightly irregular peripheral contours. The parenchyma is isoechoic- to hyperechoic relative to the spleen, and diffusely heterogenous, with ill-defined hypoechoic nodules throughout the organ (one of the larger measuring approximately 2.0 cm in its longest dimension). 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. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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. In an approximately 6.0 cm small segment of small intestine, the wall is variably thickened (up to 1.02 cm) and hypoechoic with loss of the normal layering pattern. In the remainder of segments, there is disruption in the normal 1:3 muscularis: mucosal ratio. The colonic wall appears normal. There is no obvious 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

A 2.5 x 1.5 cm hypoechoic gastric lymph node is visualized. A few prominent hypoechoic mesenteric lymph nodes is also seen (one measuring 4.3 x 1.5 cm). Surrounding mesentery is slightly hyperechoic.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- 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, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.
- The small intestinal wall thickening is concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of a focal inflammatory process.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia, lymphadenitis, or lymphoid hyperplasia.
- Bilateral renomegaly with cranial retroperitonitis. Differentials include interstitial nephritis or emerging neoplasia, with adjacent retroperitonitis. There is also evidence of chronic age-related changes.

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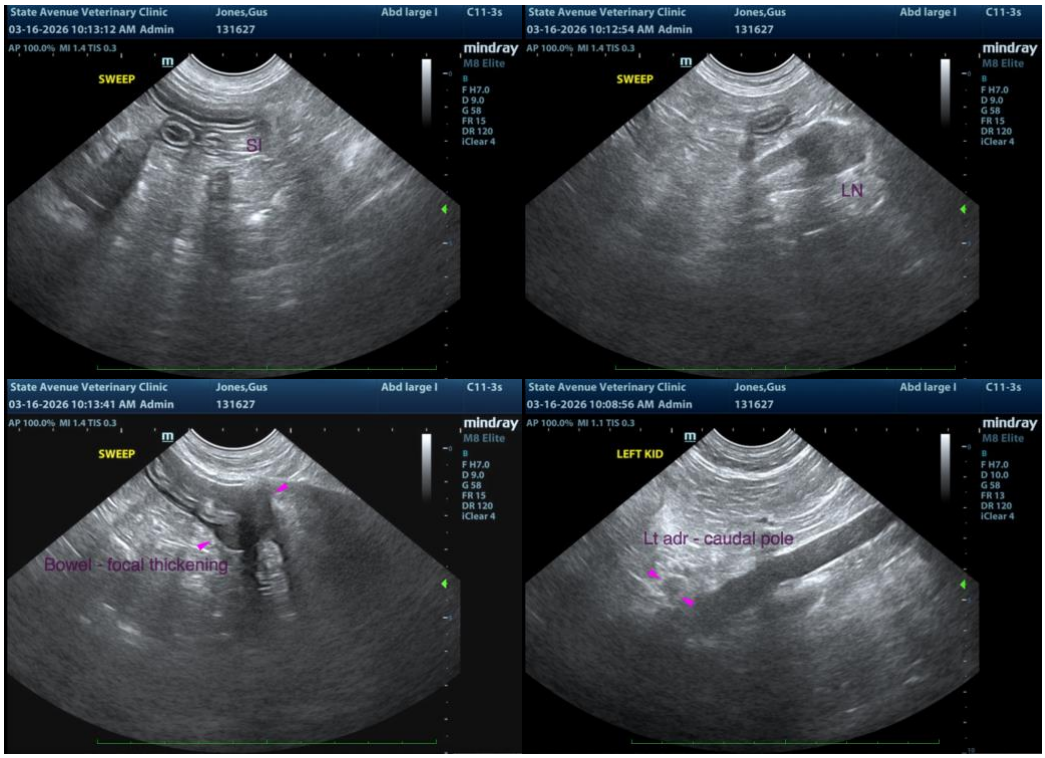
Secondary Findings

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspirates of the liver, enlarged abdominal lymph nodes, and thickened bowel segment (if accessible and if clotting status is appropriate). Twenty-five gauge-needles should be used. Depending on the cytology results, consultation with a board-certified oncologist or further workup may be indicated.
- Also consider Leptospirosis testing (i.e., blood and urine PCR, serology), particularly if clinical suspicion for disease is high.



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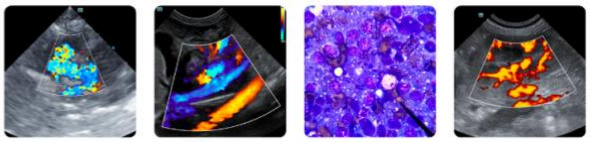

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SonoPath.com | info@sonopath.com | 1.800.838.4268

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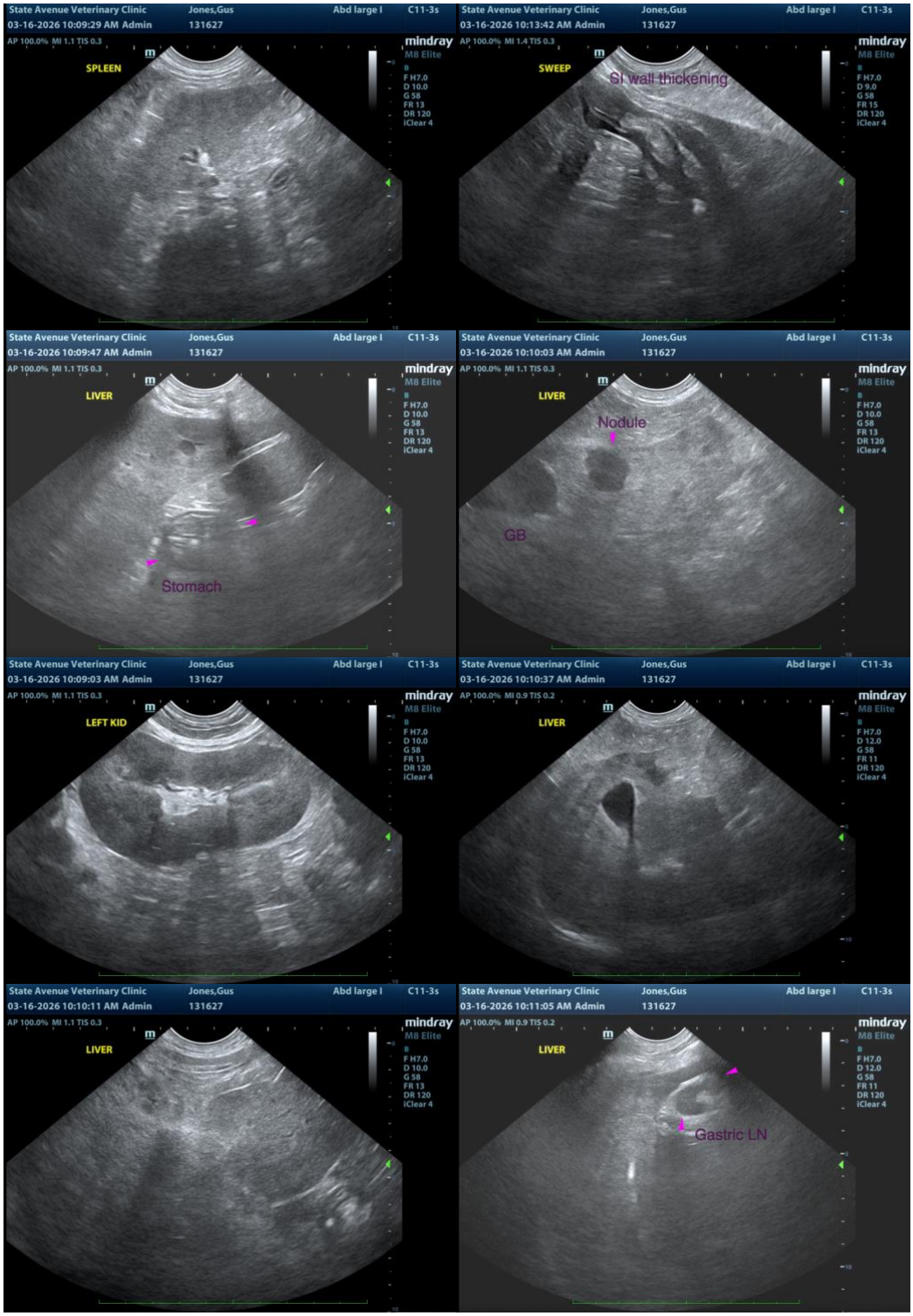

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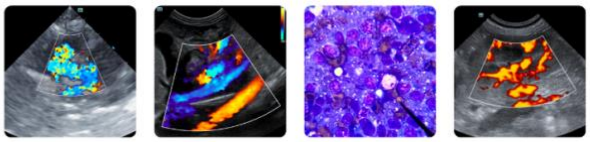

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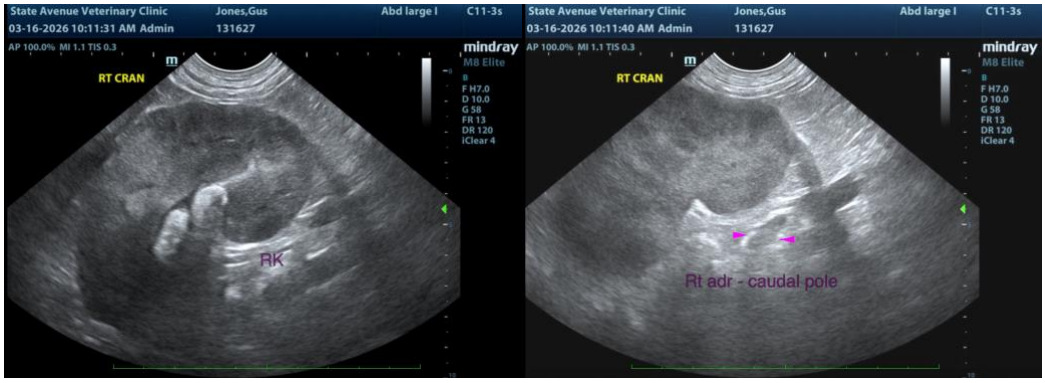

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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