Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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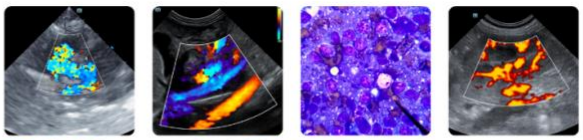

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Buddy Lanham-Reeves

SPECIES

Canine

BREED

Lab

SEX

Male Intact

AGE

3/3/2015

WEIGHT

84 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Sun Dog Cat Moon

REFERRING VET

Dr Pruitt

INVOICE

22779

DATE

3-31-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Muscle wasting temporalis and along epaxial musculature - suspect cachexia. Severe periodontal disease. Palpable abdominal mass - do not suspect free fluid; unsure which organ associated with. Recently began eating cat feces.
Abnormal lab-work values: Results pending – Bloodwork obtained on 3/30 revealed an ALP >2000. ALT 642. GGT 25. CBC unremarkable. T4 normal. USG 1.029 with 1+ proteinuria and an inactive sediment.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 4.0 cm, are normal.

The prostate is enlarged (3.97 cm in width) with smooth peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat, and heterogenous in appearance. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (9.91 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. Renal vasculature is normal.

The right kidney is normal in size (10.17 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. Trace pyelectasia is present (0.12 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.65 cm at cranial pole) (0.55 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.

The right adrenal gland is normal in size (0.98 cm at cranial pole) (0.51 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 (1.61 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. A 3.0 x 2.2 cm heterogenous mass is observed approximately mid-body. In addition, a 2.0 x 1.0 cm hypoechoic- to heterogenous macronodule is seen, also mid-body. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is mildly- to moderately distended. The wall is thin and smooth. A small amount of mobile echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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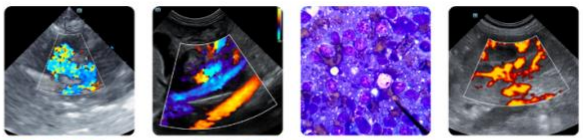

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Gastrointestinal
The gastric lumen is moderately-distended with ingesta consistent with a post-prandial presentation. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with gas and chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas
A portion of the pancreas is obscured by the gastric distention. In the visualized portion of the right limb, the pancreas is normal to prominent-in-size, with minimal deviation from the normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is not overtly dilated.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
There is no obvious evidence of free fluid.

Other
The testicles are subjectively normal-in-size (Left 3.76 x 2.20) (Right 3.59 x 1.94) and symmetrical with homogenous parenchyma.

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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.

- Splenic mass and smaller macronodule – both mid-body. Considerations include neoplasia (i.e., sarcoma, round cell tumor) vs a benign process (i.e., lymphoid hyperplasia or similar).

Secondary Findings

- Minor pancreatic parenchymal remodeling in the right limb

- 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. Prostatic neoplasia is also possible, but considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If an aggressive approach is desired, consider the following:

    1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

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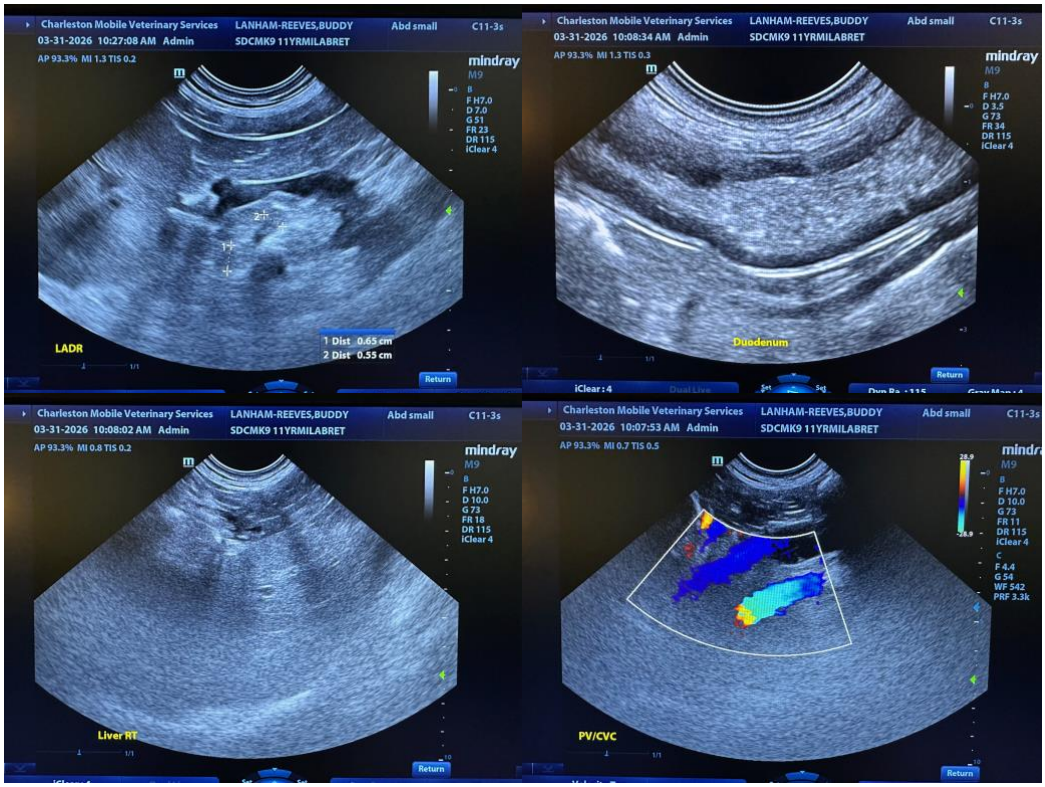
2. If there is no evidence of pulmonary metastatic disease, consider an abdominal exploratory with a splenectomy and submission of the spleen for histopathology, along with liver biopsies, aerobic and anaerobic bile cultures, and hepatic copper quantitation.

- If a more conservative approach is desired, consider empirical treatment for cholangiohepatitis (i.e., broad-spectrum antibiotics, hepatic antioxidants). If liver values do not begin to improve within 10-14 days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling revisited. If liver values do improve, treatment should be continued for 4-6 weeks, and one week beyond normalization of the ALT. If a conservative approach is pursued, serial sonographic monitoring (i.e., every 1-2 months) of the splenic lesions is also recommended to assess for growth.
- Given the elevated liver values, Leptospirosis testing (i.e., blood and urine PCR, serology) can also be considered, particularly if the clinical suspicion for disease is high.



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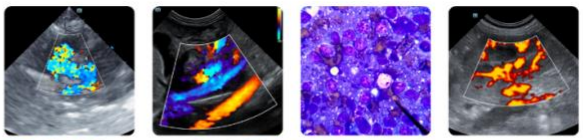

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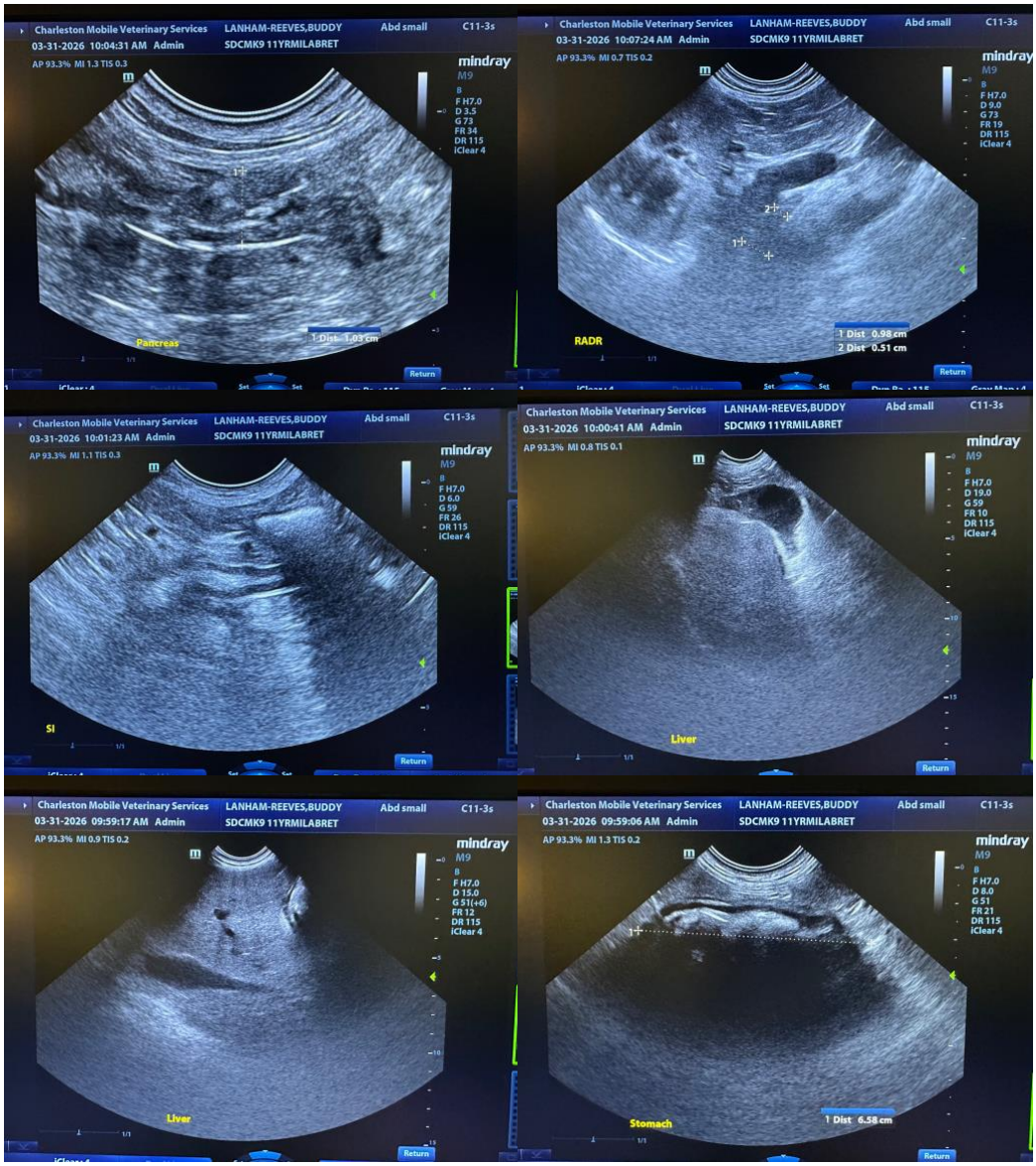

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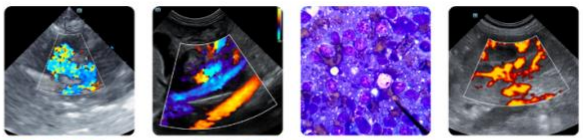

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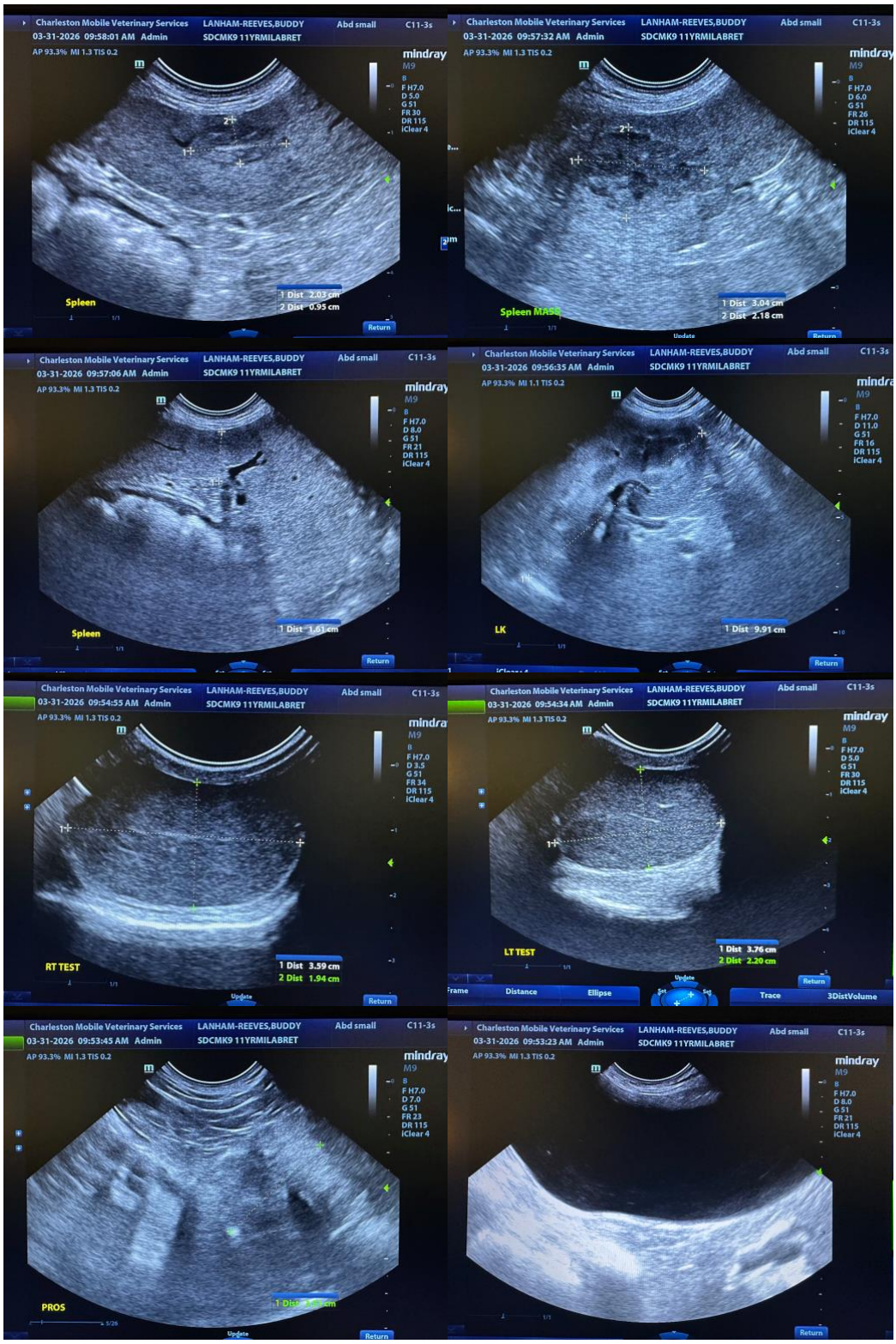

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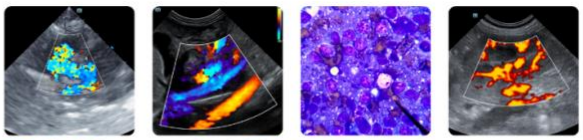

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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