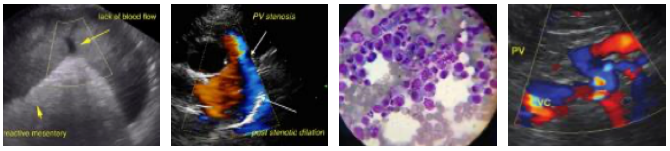
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Hank Jackson

SPECIES
Canine

BREED
Golden Retriever

SEX
Male, neutered

AGE
10 Yrs,.

WEIGHT
73.6 lbs.

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

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging Michigan

REFERRING VET
Milford VC

INVOICE
13173

DATE
4/11/22

PRESENTING CLINICAL SIGNS

History: Presented for wellness exam and vaccines, 30# weight loss over 1 year-pendulous abdomen. Patient has no clinical signs and is BAR.
Abnormal PE/Chem/CBC/UA Results: High SDMA,,ALP, GGT and Lipase - low lymphocytes and t4 suspect euthyroid Radiographs suggestive of neoplasia- abd mass- ALP 444, GGT 48, SDMA 30

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.34 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is mildly enlarged (9.18 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and hyperechoic and there is mild loss of corticomedullary distinction. Mild pyelectasia is present (0.53 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is mildly enlarged (9.21 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and hyperechoic and there is mild loss of corticomedullary distinction. Moderate pyelectasia is present (0.74 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.58 cm at cranial pole) (0.63 cm at caudal pole) (3.66 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

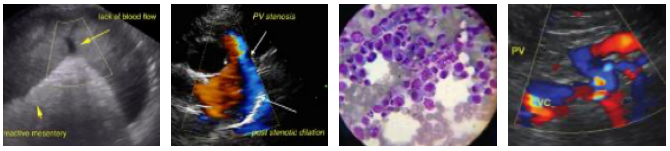
The right adrenal gland is enlarged (2.32 cm at cranial pole) (2.89 cm at caudal pole) (0.43 cm in length) with a mass effect at the cranial aspect. The parenchyma is mildly heterogeneous with some low of glandular detail. Surrounding vasculature appears normal with no obvious evidence of vascular invasion.

Spleen

The spleen is prominent in size (1.75 cm in width at the level of the hilus) with slightly irregular peripheral contours. A 3.5-4 cm irregular hypoechoic to heterogeneous extremely vascular mass is arising from the parenchyma. The lesion causes capsular expansion. The remaining parenchyma is homogeneous. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and heterogeneous in appearance with a few small ill-defined hyperechoic



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Hank Jackson

SPECIES
Canine

BREED
Golden Retriever

SEX
Male, neutered

AGE
10 Yrs,.

WEIGHT
73.6 lbs.

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

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging Michigan

REFERRING VET
Milford VC

INVOICE
13173

DATE
4/11/22

nodules. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A large amount of aggregated echogenic suspended sludge in a partially stellate pattern is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately distended with ingesta and gas. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. In the region of the pyloric antrum, the wall is mildly thickened (up to 0.85 cm) with retention of the normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The base and right limb of the pancreas are prominent to enlarged with irregular peripheral contours. The parenchyma is diffusely heterogeneous with several small irregular hypoechoic nodules throughout the organ. The pancreatic duct is not overtly dilated.

Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

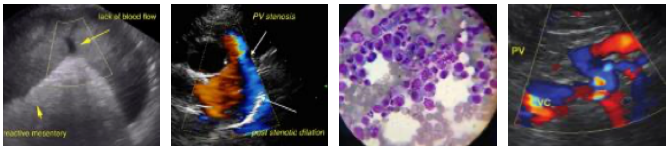
Primary Findings:

- Splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma, round cell tumor) is considered likely with a lower possibility of benign pathology.
- The gallbladder changes are consistent with an emerging mucocele.
- Right adrenal mass effect. Differentials include neoplasia (i.e., adenoma, adenocarcinoma, pheochromocytoma) or a benign process such as nodular hyperplasia.
- The bilateral renal changes are consistent with chronic interstitial nephrosis/nephritis. The bilateral pyelectasia could be consistent with pyelonephritis, age-related remodeling and/or PU/PD, if applicable.
- The pancreatic changes could be consistent with chronic pancreatitis with benign nodular hyperplasia. Alternatively, neoplasia (i.e., metastatic disease) is possible.

Secondary Findings:

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- The pyloric antral wall thickening is most consistent with inflammation or hypertrophy. However, emerging neoplasia cannot be completely excluded.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Hank Jackson

SPECIES

Canine

BREED

Golden Retriever

SEX

Male, neutered

AGE

10 Yrs,.

WEIGHT

73.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Milford VC

INVOICE

13173

DATE

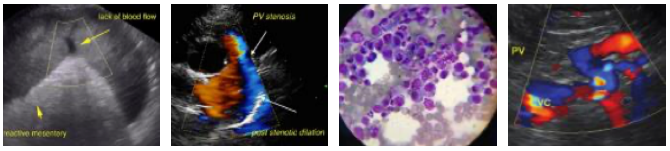
4/11/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If there is no evidence of pulmonary metastatic disease and an aggressive approach is desired, consider splenectomy with submission of the spleen for histopathology. If surgery is pursued, biopsies of the liver and pancreas are also recommended.
- A prophylactic cholecystectomy should also be considered due to the likelihood of an emerging mucocele. Referral to a board certified surgeon is recommended due to the potential for perioperative complications.
- Given the renal changes, a urine culture and UPC (if proteinuria is present) are recommended along with serial monitoring of the patient's renal values to assess for the development of renal failure.

SonoPath
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Hank Jackson

SPECIES

Canine

BREED

Golden Retriever

SEX

Male, neutered

AGE

10 Yrs,.

WEIGHT

73.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Milford VC

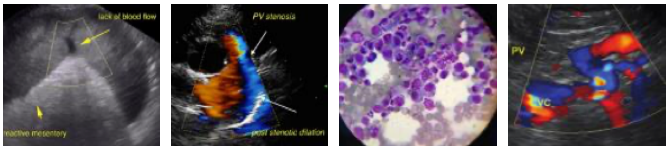
INVOICE

13173

DATE

4/11/22

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Hank Jackson

SPECIES

Canine

BREED

Golden Retriever

SEX

Male, neutered

AGE

10 Yrs,.

WEIGHT

73.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Milford VC

INVOICE

13173

DATE

4/11/22

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, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com