Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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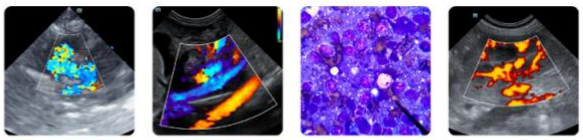

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Ro Lingle-Singla

SPECIES

Canine

BREED

Mix

SEX

Female Spayed

AGE

3/1/2021

WEIGHT

54 LBS/24.4942 KG

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

Fetterolf

INVOICE

22858

DATE

4-13-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings:
3/13/26 - Presented for approximately 3-week h/o bloody discharge from right eye. Discharge described as bright red, fresh blood with crusting that reforms throughout the day when knocked off. No visible scratch on skin currently. Client has been wiping pollen off dogs but purposely avoiding touching the affected eye. Patient is not pawing at or bothering the eye.

PE - Eyes: OD: Sanguineous discharge with crusting at medial canthus, no corneal abrasions on fluorescein stain, no cutaneous abrasions. Fresh blood and 2mm tissue chunk retrieved from behind nictitating membrane, raw appearing tissue on interior aspect of nictitating membrane; OS: Clear, no discharge or redness.

Follow up on 3/20/26 - Client reports no improvement in discharge despite good compliance with NeoPolyDex.
Exam: Limited ophtho recheck PE
Eyes: suspect mass vs ulcerated tissue on posterior aspect of third eyelid OD. Remainder of conjunctiva, sclera, and globe appear normal OD. OS clear, no discharge or redness.
- Discussed findings with ophthalmologist (Dr. Visser) via phone consultation
- Explained that current findings suggest possible mass rather than refractory conjunctivitis

3/23/26 - Dr. Visser removed mass, suspected Papilloma based on appearance and another dog in the home has a papilloma.

4/6/26 - Ocular Pathology Report - Diagnosis
1. Right third eyelid mass biopsy
a. Carcinoma of the gland of the third eyelid, incomplete excision, DDX complex carcinoma

4/7/26 - Presented for thoracic radiographs - Met Check. Verbal Report from Cypress:
Thorax: No pulmonary nodules identified. No pleural effusion present. Chest appears totally normal.
- Skeletal structures: No abnormalities noted, described as "unexciting"
- General condition: Patient appears to be eating well
Conclusions/Impressions: No radiographic evidence of pulmonary metastases. Results described as favorable with "a whole lot of you're great from that standpoint."
Performing AUS today to complete 'met check'. Dr. Visser will remove OD gland of the third eyelid on 4/14/26.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (6.46 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 (6.29 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.

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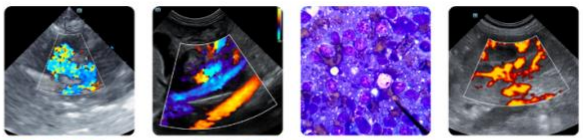

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Adrenal Glands

The left adrenal gland is normal in size (0.54 cm at cranial pole) (0.56 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 (0.96 cm at cranial pole) (0.52 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 subjectively normal-in-size 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 portal vein to caudal vena cava ratio is approximately 1: 1.

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 gastric lumen is mildly distended with ingesta and gas. 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 chyme. 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.

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

One- to two prominent mesenteric lymph nodes are visualized (one measuring 2.85 x 0.41 cm).

Free Abdomen

There is no obvious evidence of free fluid.

Other

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

ULTRASONOGRAPHIC FINDINGS

The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

*There is no obvious evidence of metastatic disease in the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider consultation with a board-certified oncologist for further recommendations.

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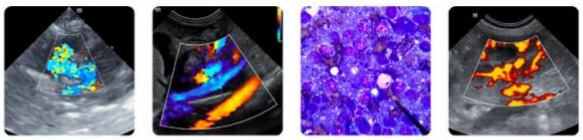

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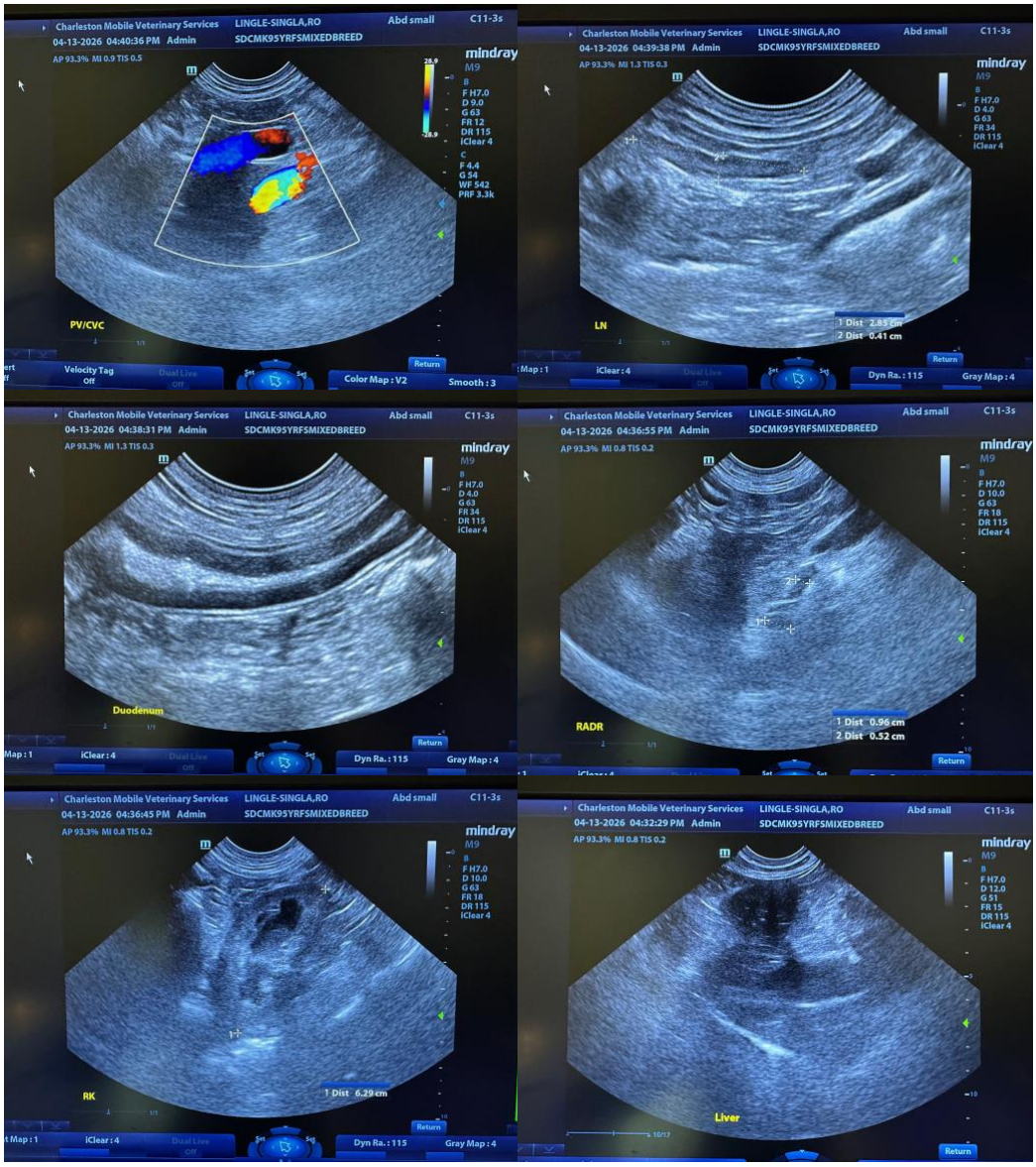

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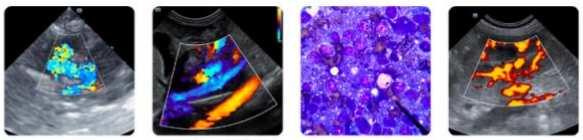

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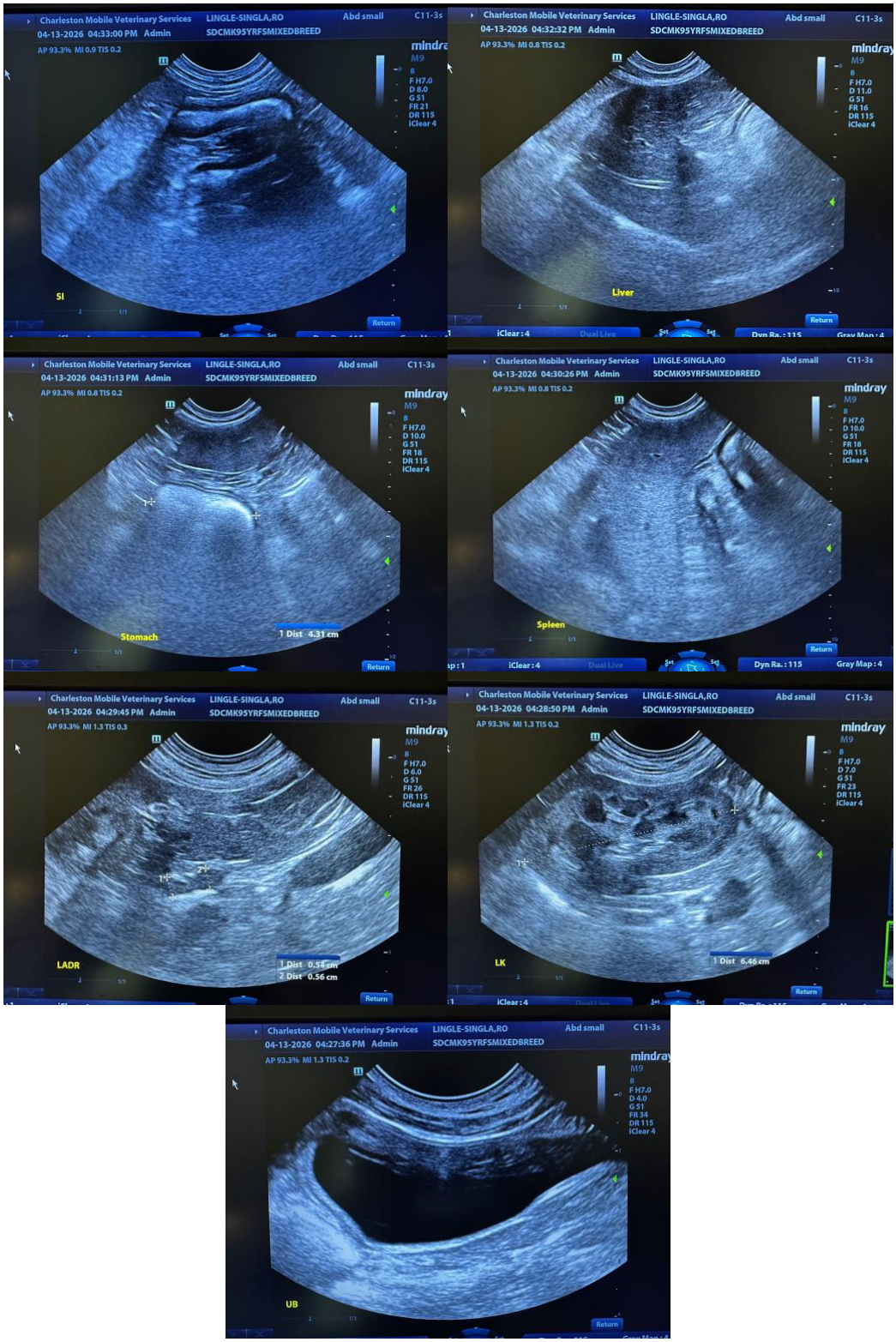

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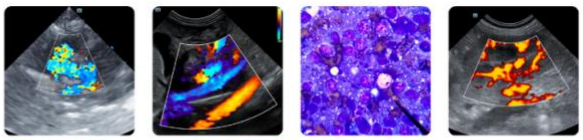

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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