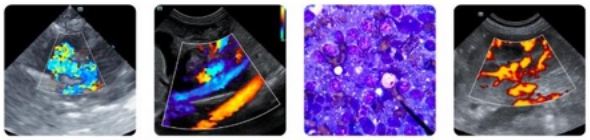

PATIENT

Hoagy Charlier

SPECIES

Canine

BREED

Golden Retriever

SEX

Male, neutered

AGE

10 Yrs.

WEIGHT

78 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Michele Pfannenstiel

HOSPITAL NAME

Mill Brook AC

REFERRING VET

Dr. Michele Pfannestiel

INVOICE

13646

DATE

4/14/26

PRESENTING CLINICAL SIGNS

History: Oral melanoma excised July 25 Leiomyosarc at cecal wall excised July 25-> cleared by onc in Dec 25 4 to 6m hx of intermittent V++ Did screening 3vABX (see report) Did AUS cause of suspect splenic mass Abnormal PE/Chem/CBC/UA Results: Urinalysis (04/13/2026, Freecatch): The sample was dark yellow and turbid with a specific gravity of 1.031. Dipstick analysis was significant for 2+ protein, trace ketones, 2+ blood, and 1+ bilirubin. Sediment examination revealed marked pyuria (50-75 WBC/hpf), hematuria (10-15 RBC/hpf), and rare cocci.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (7.05 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 (7.05 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.

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is normal in size (0.80 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is prominent in size (2.77 cm in width at the level of the hilus) with smooth peripheral 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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly distended with ingesta and gas. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally gas distended. The small intestinal wall

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thickness is normal 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
The abdominal lymph nodes are normal/not visible.

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

ULTRASONOGRAPHIC FINDINGS

- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.

*A splenic mass is not definitively identified in the available images. However, given the patient's size and splenic contour, a deep mass may be difficult to visualize.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

To further evaluate for a splenic mass, consider an abdominal CT scan. Three-view thoracic radiographs are recommended prior to anesthesia. Depending on results, a splenectomy with submission of the spleen for histopathology may be indicated.

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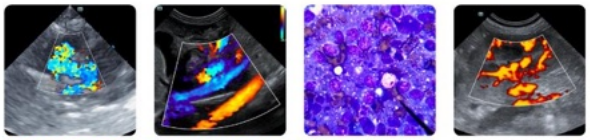

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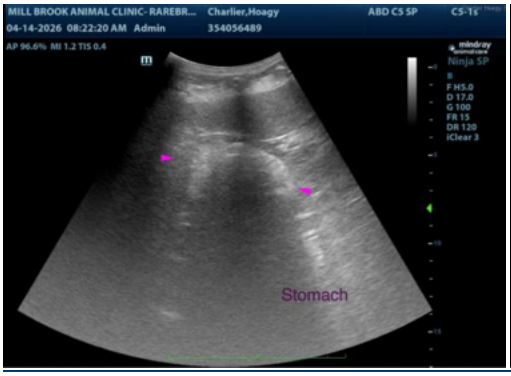

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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