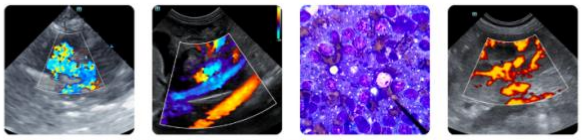


DATE

4-24-26

PATIENT

Jefferson Engel

SPECIES

Canine

BREED

Alaskan Malamute

SEX

Neutered Male

AGE

2/14/2015

WEIGHT

97.8lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Jacksonville Veterinary Hospital

REFERRING VET

Dr. Burk

INVOICE

22932

PRESENTING CLINICAL SIGNS

Patient History: Decreased appetite and lethargy Monday and Tuesday. Was seen at Urgent Vet Care. Bloodwork showed increased ALT and ALP. Radiographs showed enlarged liver. Treated with sq fluids, maropitant, famotidine. Appetite now improved. Appetite is usually very good with increased water intake previously reported. Patient has history of increased ALP and ALT. A previous LDDST was normal.
Exam: stiff hips, small 2-3 mm hard left anal sac mass

Current Medications: Bland low fat diet, Sucralfate 1 g q 8 hr, Gabapentin 300 mg q 12 hr
Labwork Results: Labwork not attached, reported as: Urgent Vet Care 4/20/26- CBC: platelets 92k (aggregates detected), WBCs 21.17, neutrophilia 18.33. chem10: ALT 433, ALP 1521. radiographs: hepatomegaly, stomach gassy and mildly distended. 6/25/26 LDDST PRE 3.5, POST 4 HRS 0.6, POST 8 HRS 0.5
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

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 5.0 cm, are normal.

The prostate is normal in size (1.24 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (8.01 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.89 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

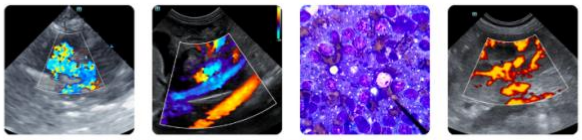
Adrenal Glands

The left adrenal gland is normal in size (0.93 cm at cranial pole) (0.72 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 (0.79 cm at cranial pole) (0.72 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 (1.85 cm in width at the level of the hilus) with a curled contour and rounding at the poles. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.



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Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. 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. A 1.7 cm nonobstructive cholelith is observed within the lumen, along with a small amount of echogenic- to mineralized debris/sand. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. 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 right limb is enlarged, with irregular peripheral contours. The parenchyma is hypoechoic and mottled, with small, cystic areas. A 3.7 x 3.1 cm mass appears to be arising from the parenchyma of the right limb. Surrounding mesentery is hyperechoic.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mass in the right cranial quadrant, suspected to be arising from the right limb of the pancreas. However, other origins (i.e., mesentery, lymph nodes, other) cannot be excluded. Neoplasia (i.e., carcinoma, round cell tumor) is suspected, with a lower possibility of a benign process (i.e., inflammatory). Adjacent peritonitis is present.
- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, Leptospirosis, chronic active hepatitis, copper-associated hepatotoxicity, infiltrative neoplasia (less likely)) is suspected.
- Nonobstructive cholelith with sand/debris

Secondary Findings

- Bilateral nonspecific age-related renal changes
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

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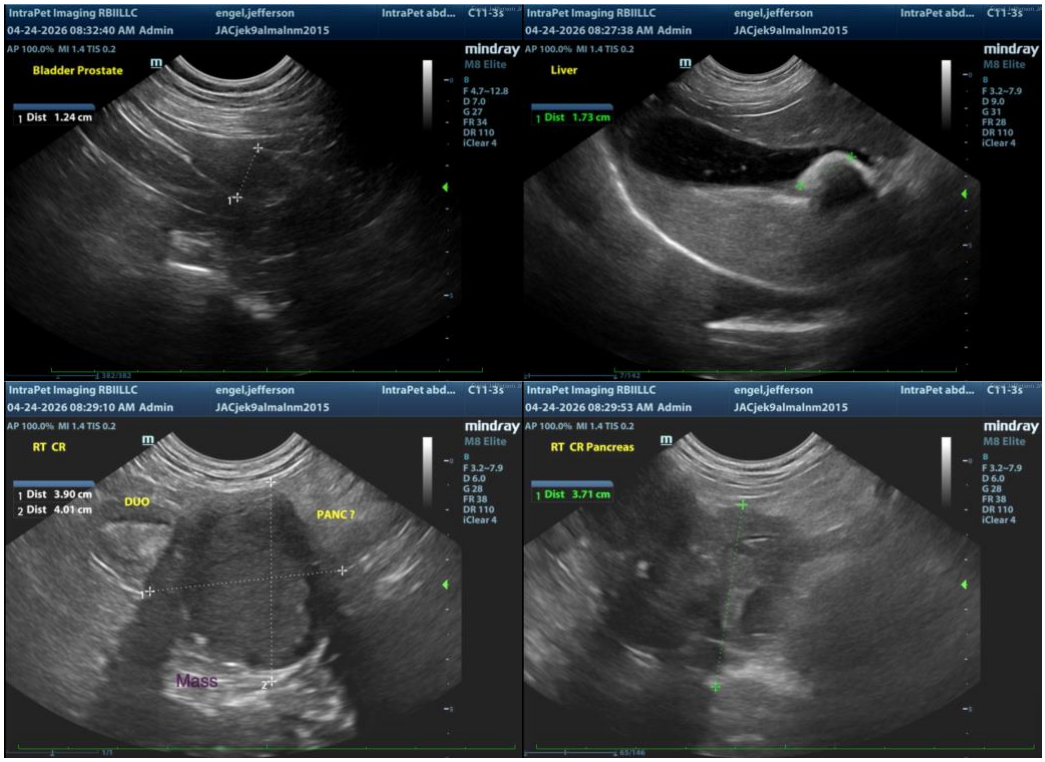
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

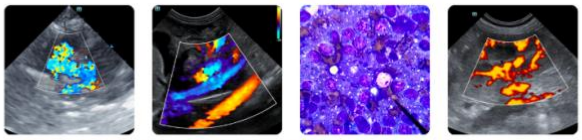
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspiration of the mass in the right cranial quadrant (if accessible and if clotting status is appropriate). A 25-gauge needle should be used. Depending on the results, consultation with a board-certified oncologist and/or surgeon may be indicated.
- If further testing is not pursued, palliative care is recommended.



Imaging performed by

IntraPet Imaging

IntraPet.com



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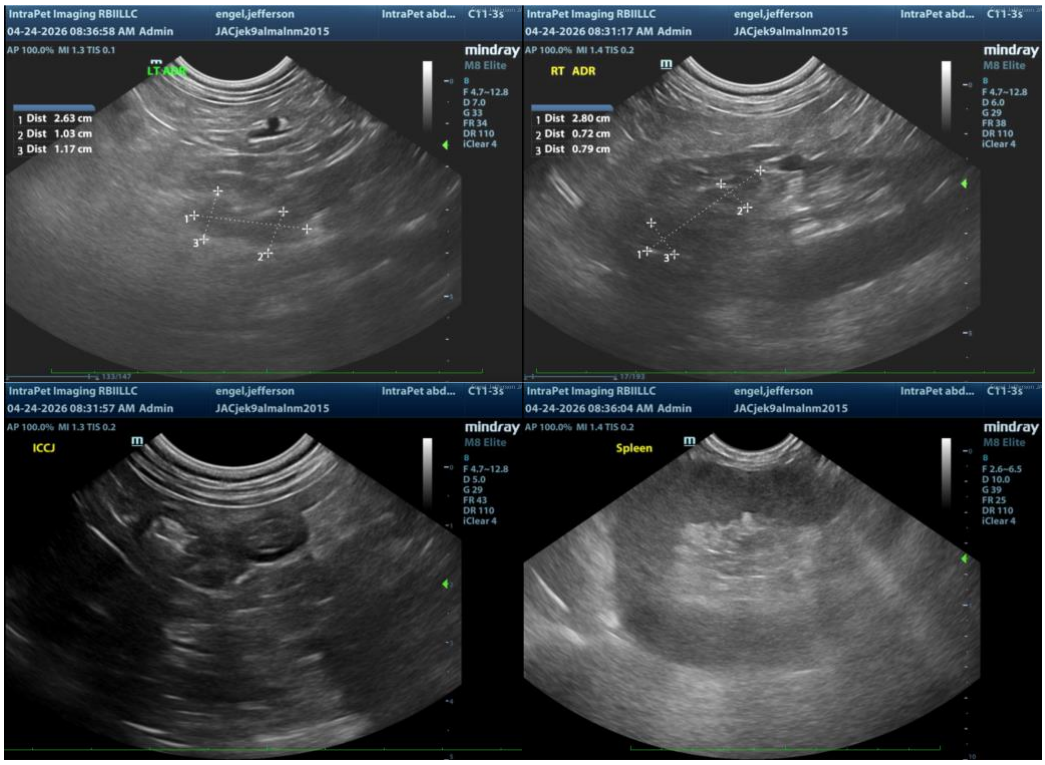

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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