Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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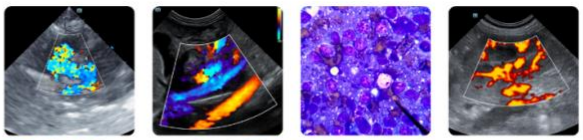

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Gracie Davies

SPECIES

Canine

BREED

Boykin Spaniel

SEX

Female Spayed

AGE

11

WEIGHT

16.2 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

Island Pet
Urgent Care

REFERRING VET

Dr Maston

INVOICE

22857

DATE

4-9-26

PRESENTING CLINICAL SIGNS

Patient presented with a recent history of intermittent anxiousness, panting and restlessness. Initially was happening during the night but now has had some episodes during the day. Baseline lab work unremarkable. Supplements for sundowning were attempted and seemed to initially help with the episodes, but they have still persisted.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. The bladder is moderately distended. Luminal contents are mostly anechoic. 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 left kidney is normal in size (5.89 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 (5.83 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 left adrenal gland is normal in size (0.54 cm at cranial pole) (0.65 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 normal in size (1.75 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is normal- to prominent-in-size with slightly irregular peripheral contours. Multiple varying-sized heterogenous, slightly cavitated nodules/masses are observed throughout the organ (one of the larger lesions measuring 4.4 x 3.5 cm). The remaining parenchyma is subtly mottled in appearance. Hepatic vasculature and intrahepatic 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. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. The duodenal papilla is normal-in-size (0.23 cm in width).

Gastrointestinal

The gastric lumen is not distended. 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 not dilated. The small

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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
The pancreas is diffusely prominent-in-size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is mildly hyperechoic.

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

Free Abdomen
Multiple areas of mesentery throughout the abdomen are hyperechoic. A small- to moderate amount of free fluid is present.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic lesions are concerning for a neoplastic process (i.e., hemangiosarcoma, round cell tumor, sarcoma, other). However, a multifocal inflammatory disease or other benign process cannot be completely excluded.
- The ascites may represent neoplastic effusion, hemorrhage, increased hydrostatic pressure (if applicable), low oncotic pressure (if applicable), other. The areas of hyperechoic omentum likely represent reactive change, with a lower possibility of infiltrative neoplasia

Secondary Findings

- The pancreatic changes are suggestive of mild pancreatitis (rule out acute vs chronic).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider cytologic evaluation of the abdominal fluid (assuming normal clotting status). A 25-gauge needle should be used.
- Depending on the results of the above diagnostics, consultation with a board-certified oncologist may be indicated. If further testing is not pursued, palliative care is recommended.

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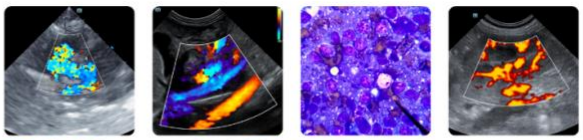

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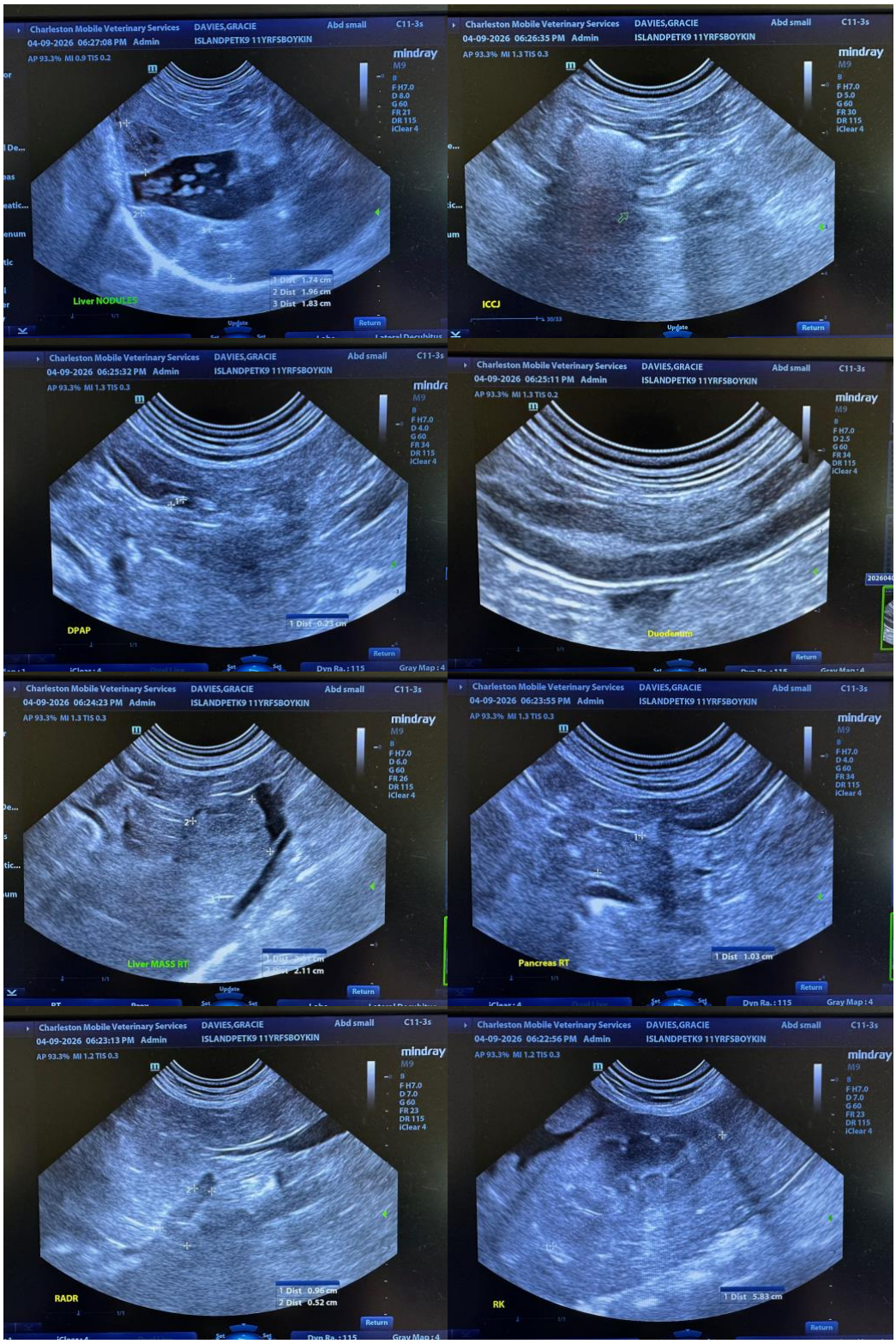

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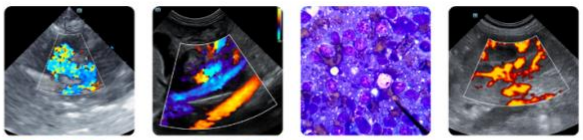

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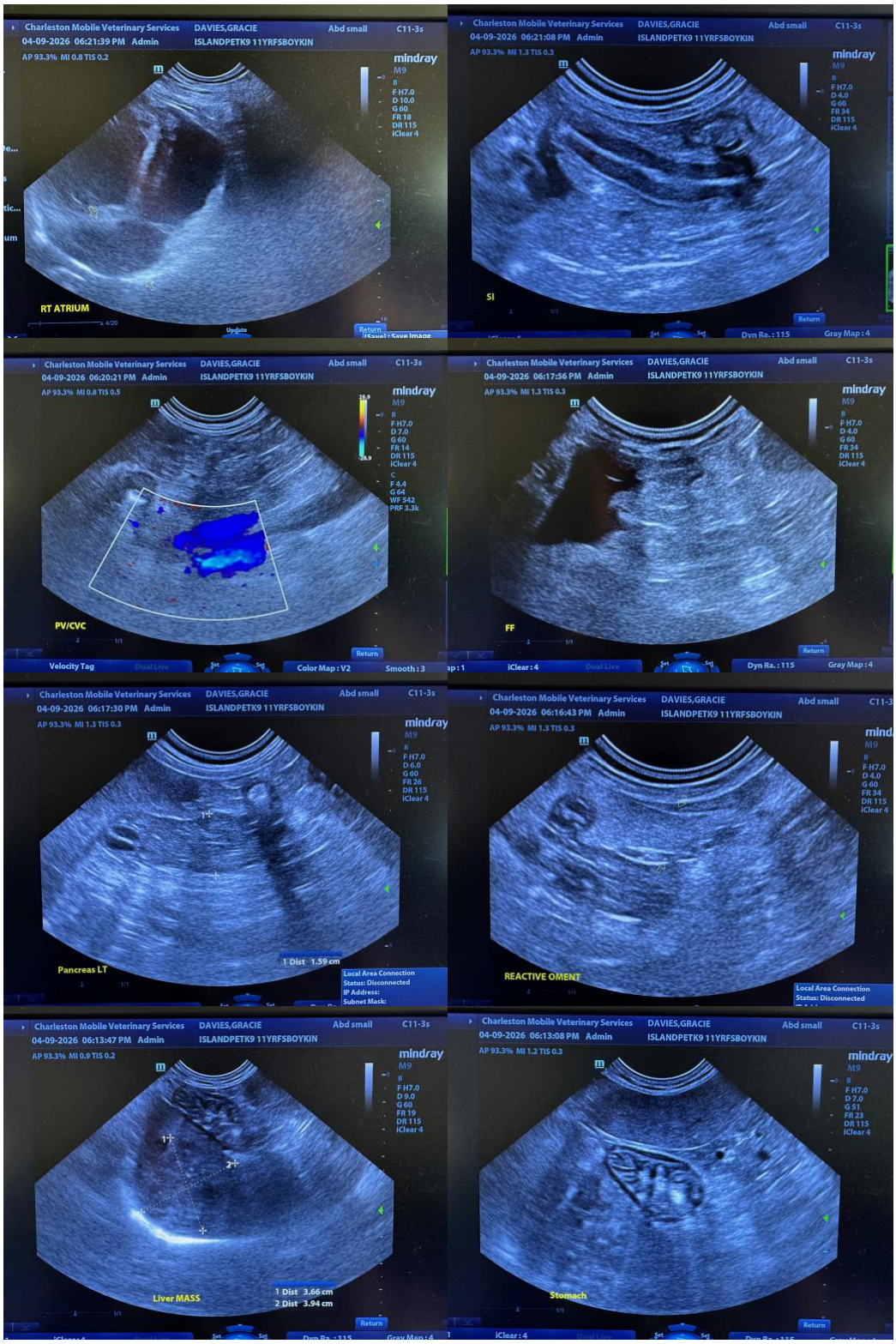

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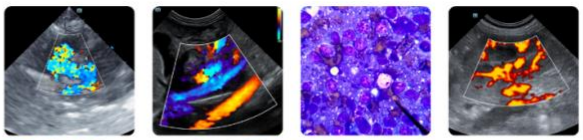

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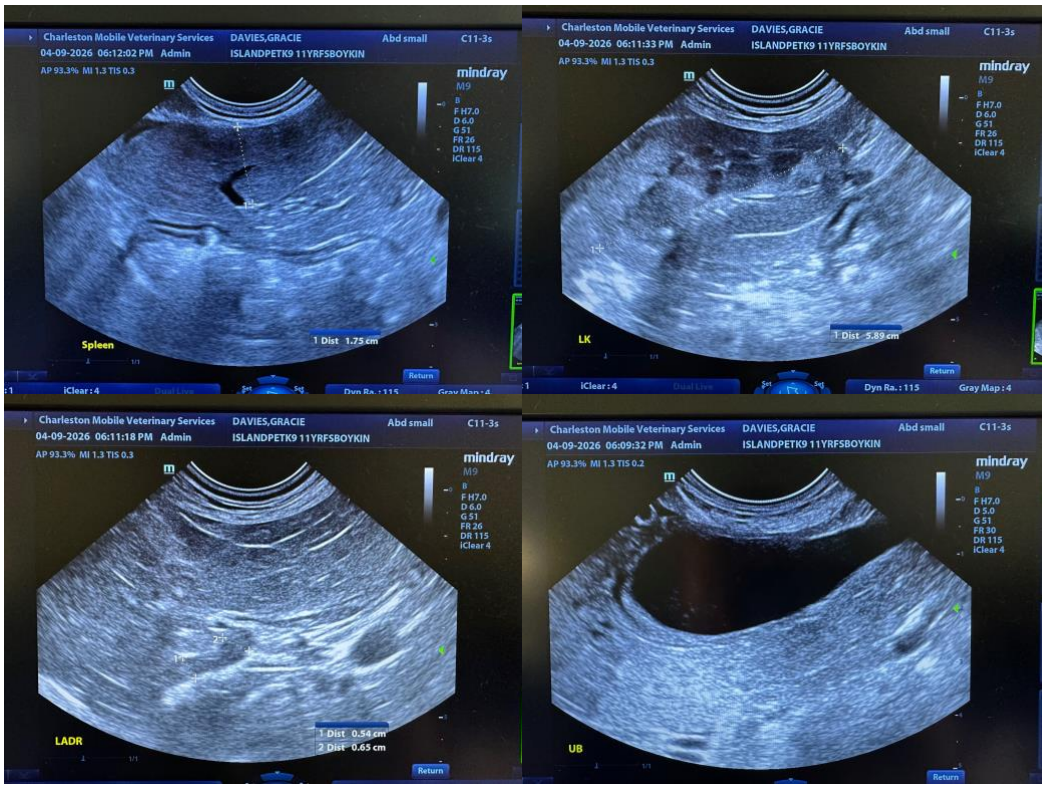

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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