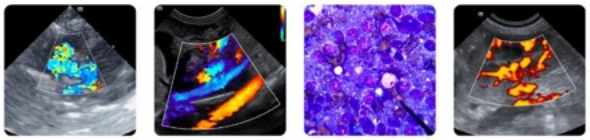


PATIENT

Ace Alonso

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male, intact

AGE

11 Yrs.

WEIGHT

47 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel

HOSPITAL NAME

Central Jersey Vet

REFERRING VET

Dr. Gabriel

INVOICE

13568

DATE

5/25/26

PRESENTING CLINICAL SIGNS

History: losing weight anorexia enlargement of right submandibular l.n lethargic Abnormal PE/Chem/CBC/UA Results: leukocytosis FNA of the L.N pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly to moderately distended. The wall in the region of the apex is mildly thickened (up to 0.59 cm) with a slightly irregular mucosal surface. The wall tapers to a normal thickness as it extends toward the cystourethral junction. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2.5 cm, are normal.

In the visualized portion of the prostate, it is enlarged (at least 4 cm in width) with relatively smooth peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and heterogeneous in appearance. The prostatic urethra is not overtly dilated.

The left kidney is subjectively normal in size with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild 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 (6.32 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Moderate pyelectasia is present (0.40 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.62 cm at cranial pole) (0.67 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 region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (2.00 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

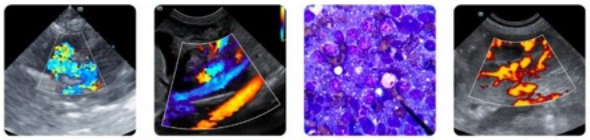
Liver

The liver is subjectively normal in size with normal contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance. A 0.72 cm cystic lesion is suspected on the right side. 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 moderate amount of mostly gravity-dependent echogenic debris is observed within the lumen. 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 thickness is normal with a normal



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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

A 4.56 x 1.60 cm irregular slightly hypoechoic medial iliac lymph node is visualized. 1-2 prominent hypoechoic lymph nodes are also observed in the left cranial to mid-abdomen, one of the nodes measuring 1.73 x 0.86 cm. At least 2-3 prominent rounded hypoechoic periportal lymph nodes are also seen, one of the nodes measuring 4.3 x 2.4 cm. The largest of the periportal lymph nodes is cystic in appearance. At least 2 prominent mesenteric lymph nodes are also visualized, one of the nodes measuring 2.1 x 1.0 cm.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The abdominal lymphadenopathy could be consistent with emerging neoplasia (i.e., round cell tumor), lymphadenitis or lymphoid hyperplasia.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation or infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

Secondary Findings:

- Bilateral nonspecific, age-related renal changes with moderate right pyelectasia. The pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD (if applicable) or some combination thereof.
- The mottling of the hepatic parenchyma could be consistent with age-related remodeling, emerging neoplasia, inflammatory disease, hepatotoxicosis (i.e., copper), fibrosis and/or other hepatopathy. Correlation with the patient's clinical history is recommended.
- The urinary bladder wall changes in the region of the apex are suggestive of cystitis, however correlation with the patient's clinical history is recommended.
- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for lymphadenopathy in the chest. Depending on these findings along with the cytology from the submandibular lymph node, consultation with a board-certified oncologist may be indicated.

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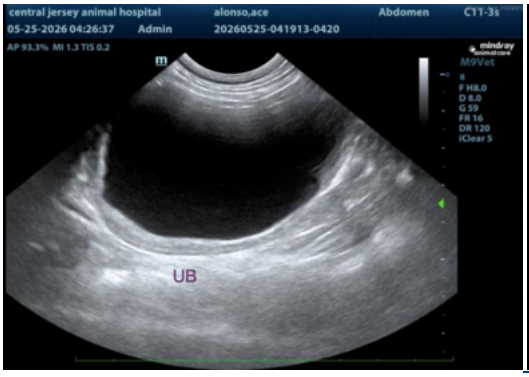

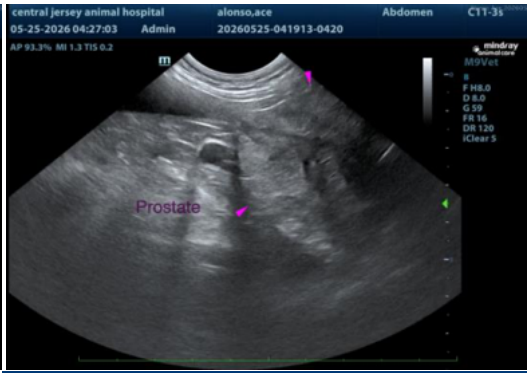

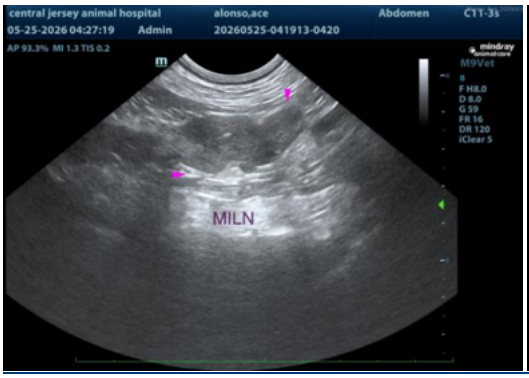

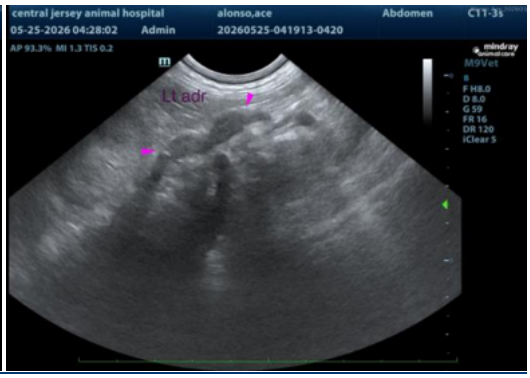

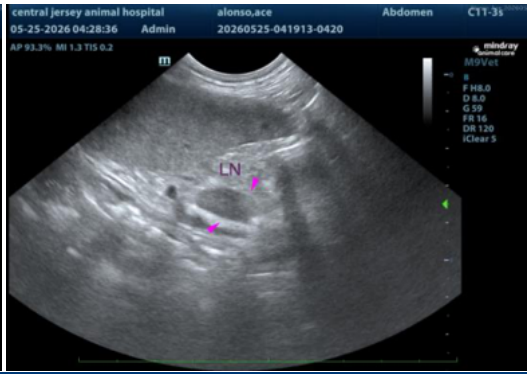

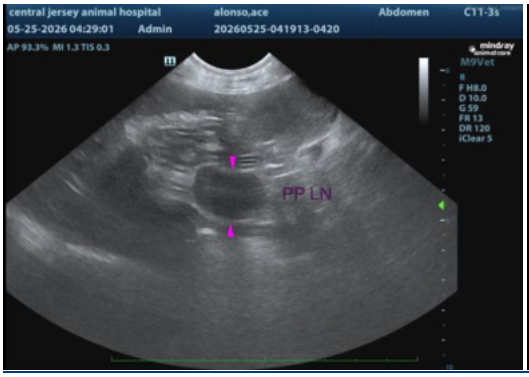

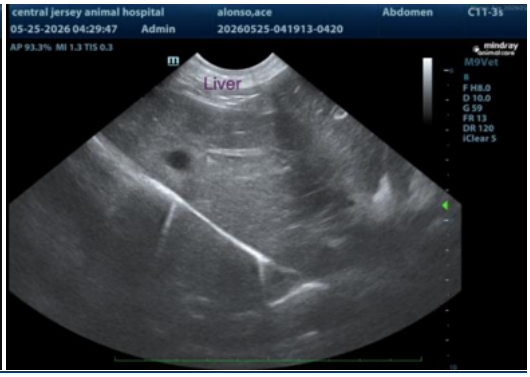

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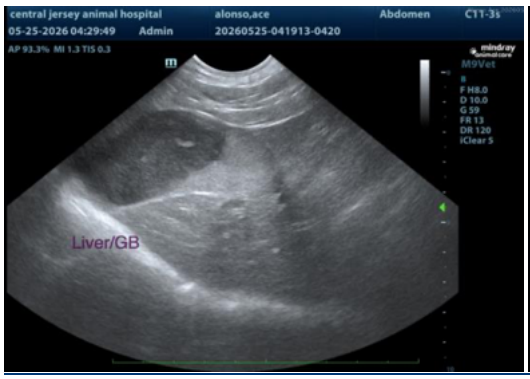

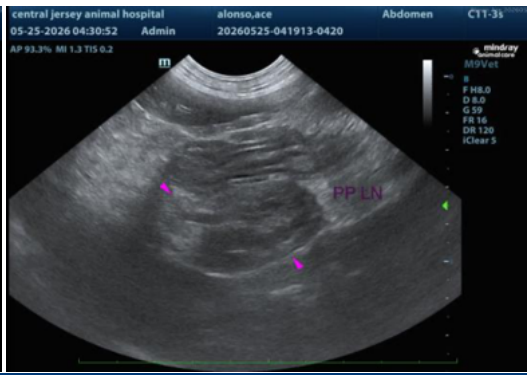

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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