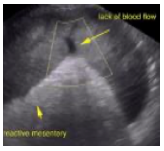
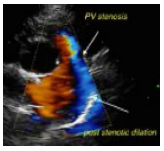
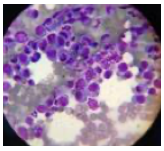
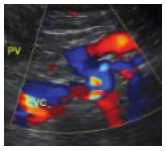





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Gunna Mease

SPECIES
Canine

BREED
Goldendoodle

SEX
Male, neutered

AGE
9 Yrs.

WEIGHT
23.5 kg.

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

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores Veterinary Emergency Center

REFERRING VET
Dr. Law

INVOICE
14907

DATE
5/9/2023

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for transfer from rdvm. Lethargy, anorexia, vomiting, increased thirst. Possible diarrhea; straining noted and grass in feces. Previous Health Concerns: Lyme positive (5-6 yrs ago) last Flex 4 12/22- neg Current Medications: none Appetite/When did they eat last: unsure, food ad lib; possible anorexia 4 days
Abnormal PE/Chem/CBC/UA Results: Rdvm radiographs: no obvious stones/obstructions/effusions; questionable mid abdominal mass effect. Rdvm blood work: hct 57%, SDMA 39, BUN 67, creatinine 3.3, calcium >16, lipase 2,155(H) Shores flex 4: negative X4 Urinalysis: pH 6.0 ,usg 1.014, leukocytes trace wbc none, rbc none, casts none, epithelial cells 0-1/hpf, crystals calcium oxalate 0-3/hpf

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. A scant amount of suspended 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 cm, are normal.

The prostate is normal in size (1.23 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 (7.45 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (7.13 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. 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.

Adrenal Glands

The left adrenal gland is normal size (0.47 cm at cranial pole) (0.68 cm at caudal pole) (2.69 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

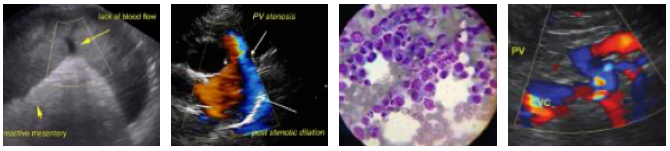
The right adrenal gland is normal size (0.89 cm at cranial pole) (0.61 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

A >4 cm hypoechoic mass is arising from the parenchyma. The mass causes capsular expansion. In the remainder of the spleen, the margins are curvilinear and the parenchyma is homogeneous. Splenic vasculature is normal with no evidence of thrombosis.

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



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regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no obvious evidence of free fluid. A few enlarged slightly rounded hypoechoic lymph nodes are observed just medial to the spleen, the largest measuring 3.60 cm in length. In addition, a 1.17 cm cranial abdominal lymph node is seen with a few prominent lymph nodes in the right cranial quadrant.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

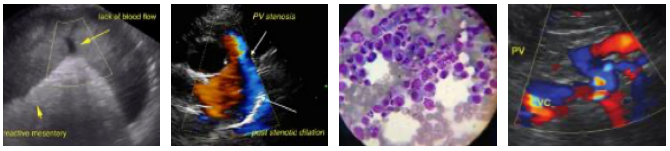
- Splenic mass. Neoplasia (i.e., round cell tumor) is considered likely with a lower possibility of a non-neoplastic process (i.e., inflammatory, other).
- The enlarged abdominal lymph nodes could be consistent with infiltrative neoplasia (i.e., round cell tumor), reactive lymphadenitis or lymphoid hyperplasia.

Secondary Findings:

- Minor bilateral, chronic renal changes.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for lymphadenopathy in the chest.
- Consider fine needle aspirates of the splenic mass and enlarged abdominal lymph nodes, if accessible and if clotting status is appropriate. 25-gauge needles should be used.



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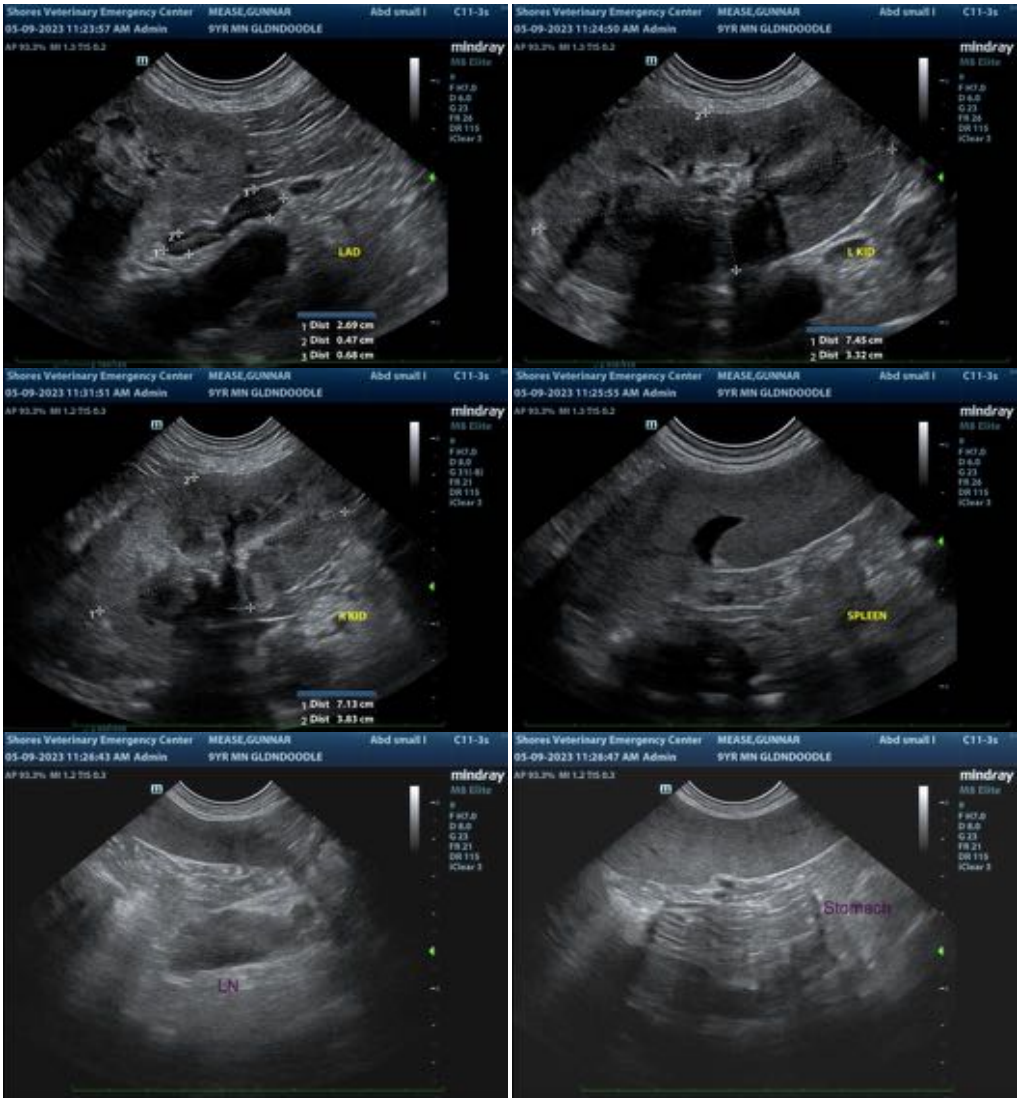
- Other diagnostic considerations include the following:
    1. Rectal examination to evaluate for anal gland tumors.
    2. PTH/PTHrP/ionized calcium.
    3. Resting cortisol to screen for hypoadrenocorticism.
    4. Urine culture and sensitivity.
    5. UPC if proteinuria is present in the absence of infection.
    6. Baseline blood pressure measurement.
- While awaiting test results, symptomatic care is recommended.



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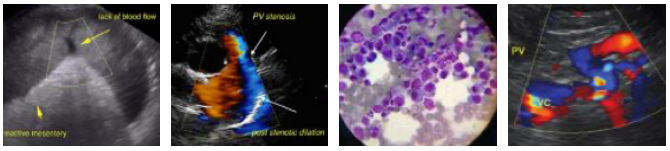

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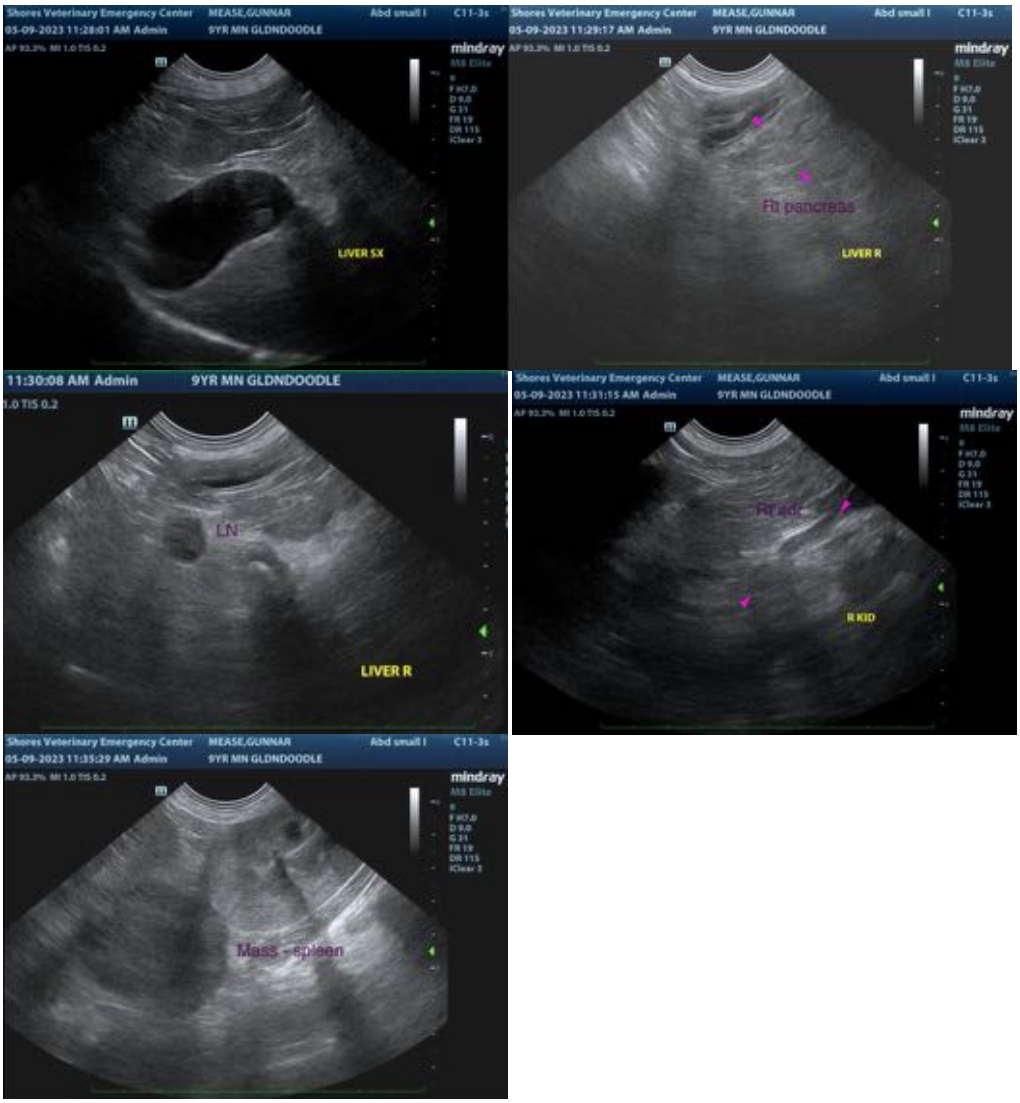

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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