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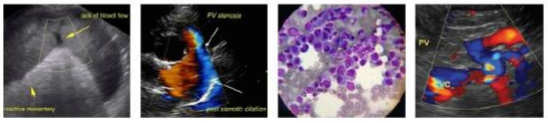


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Sumo Lind

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

12 years

WEIGHT

74 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT LVT

HOSPITAL NAME

Sierra Animal Wellness

REFERRING VET

Dr. Peggy Roberts

INVOICE

11012

DATE

6/1/22

PRESENTING CLINICAL SIGNS

History: 12 YO MN Lab BW 74# multiple SQ masses, eyelid mass, dental disease. Possible abdominal mass palpated on PE. No blood work done yet. sedated w/ dex/torb IV 0.05ml/0.1ml
Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney presented normal size (7.40 cm in length); normal shape and architecture with smooth peripheral margins. There is a 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A 1.90 cm cortical cyst is observed at the caudal aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (6.70 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinctionThere is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (1.30 cm at cranial pole) (1.00 cm at caudal pole) (3.37 cm in length); with a slightly irregular shape. The parenchyma is subtly heterogenous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

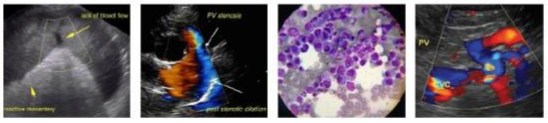
The right adrenal gland is normal size (1.00 cm at cranial pole) (0.98 cm at caudal pole); with a slightly irregular shape. The parenchyma is subtly heterogenous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (2.03 cm in width at the level of the hilus) with normal curvilinear peripheral contours. A 2.81 cm ill-defined hypoechoic to heterogenous area is observed at the lateral aspect. In addition, numerous, irregular, varying-sized hyperechoic nodules are observed throughout the organ. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal



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lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder 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/not seen.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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 or overt infiltrative disease is noted.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is observed.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

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

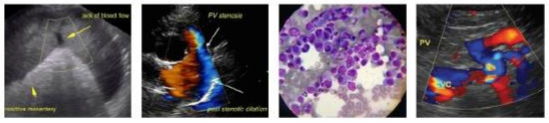
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hypoechoic area of the spleen could be consistent with a benign process (i.e., focus of lymphoid hyperplasia, extramedullary hematopoiesis, or similar). Alternatively, an emerging tumor is possible. The hyperechoic splenic nodules trend toward the benign (i.e., myelolipomas) with a lower possibility of multifocal neoplasia.

Secondary Findings

- Minor, bilateral, chronic renal changes
- Mild, bilateral adrenomegaly.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory



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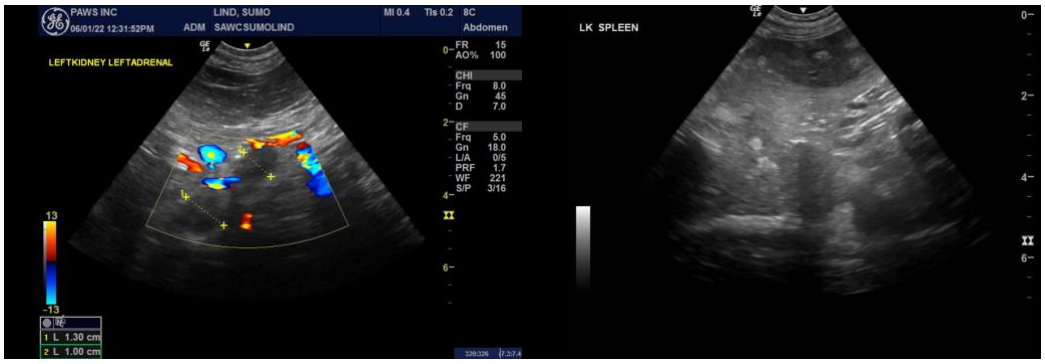
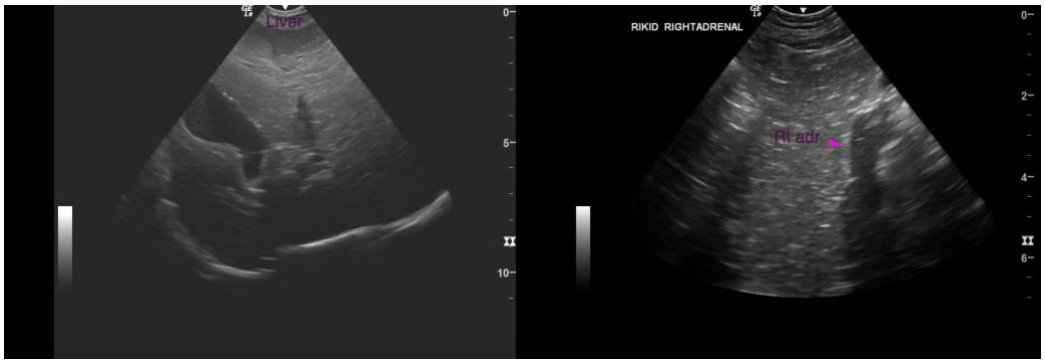
and infiltrative disease are considered less likely. However, correlation with the patient's liver values is recommended

*There is no obvious evidence of a discreet mass in the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fine-needle aspirate of the hypoechoic area in the spleen if clotting status is appropriate.
- Given the patient's age, baseline lab work, including a CBC Chemistry panel, urinalysis and T4 is recommended, to assess overall metabolic function. Also consider thoracic radiographs to assess cardiopulmonary status.





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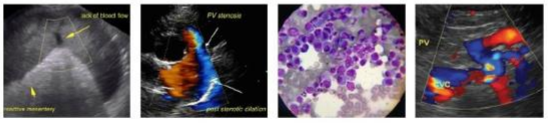

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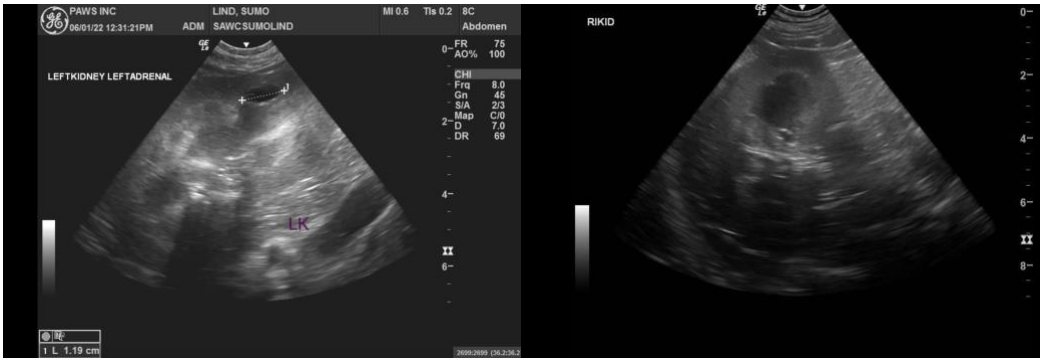

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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