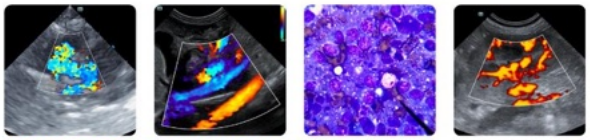


PATIENT

Oakley Buffington

SPECIES

Canine

BREED

Boxer

SEX

Male, intact

AGE

9 Yrs.

WEIGHT

30.4 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. Kerr

INVOICE

13607

DATE

6/9/26

PRESENTING CLINICAL SIGNS

History: P was fine yesterday am, running around, playing ball. Last night when they went to bed, she said he felt hot, his heart was racing, he was shaking and very lethargic. Previous Health Concerns Recently hit in head with a rock at motocross; laceration left cheek Current Medications Prednisone (almost 4 weeks- weaning): 1/4 SID, last given 6/8 am Finished Clindamycin on Sunday Abnormal PE/Chem/CBC/UA Results: Temp 103.7 on admission to hospital last night CBC- NR Chem: ALT 276(H) ALP 391(H) GGT 22(H) EPOC: NSF Radiographs no obvious foreign material/ signs of obstruction; mid abdominal mass effect with caudally displaced SI spondylosis T9-13

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with mostly anechoic urine. The wall is diffusely thickened (up to 0.75 cm) with a slightly irregular mucosal surface. No cystic calculi are observed. The visible portion of the proximal urethra is normal.

A portion of the prostate is visualized and is enlarged (4.5 cm in width) with 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 normal in size (7.88 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 (8.09 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 (0.53 cm at cranial pole) (0.54 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.

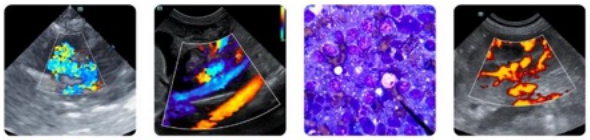
Spleen

The spleen is normal in size (1.33 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Splenic vasculature is normal. See *Other*.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen with several small hypoechoic nodules throughout the organ, one of the nodules measuring 1.74 x 0.73 cm. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No cholelithes are observed. The cystic and common bile ducts are normal. There is a questionable tiny cholelith within the lumen.



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Gastrointestinal
The gastric lumen is mildly fluid 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 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 2.32 x 0.60 cm medial iliac lymph node is visualized.

Free Abdomen
A small amount of free fluid is observed.

Other
In the cranial to mid-abdomen, a 9.9 x 6.6 cm heterogeneous mass is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Cranial to mid-abdominal mass, the origin of which is unclear. It may be arising from spleen, mesentery, pancreas, liver, other. Neoplasia (i.e., sarcoma, carcinoma, round cell tumor) is suspected with a lower possibility of an inflammatory lesion.
- Mild ascites
- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.

Secondary Findings:

- Mild gastric ileus
- The prominent medial iliac lymph node is likely reactive with a lower possibility of emerging neoplasia.
- The urinary bladder wall changes could be consistent with cystitis or may be artifactual due to lack of full repletion. Correlation with the patient's clinical history and urinalysis findings is recommended.
- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a consideration, particularly if the patient is exhibiting lower urinary tract signs.
- Possible tiny non-obstructive cholelith

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consider fine needle aspirates of the abdominal mass as well as the liver assuming normal clotting status. 25-gauge needles should be used.

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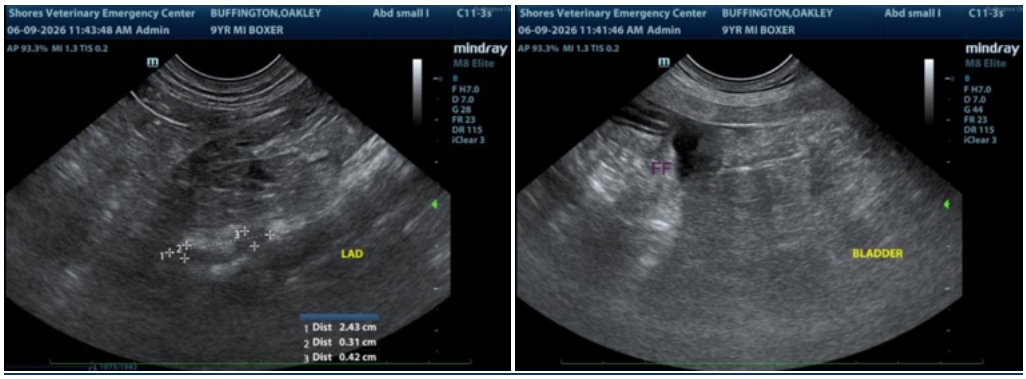
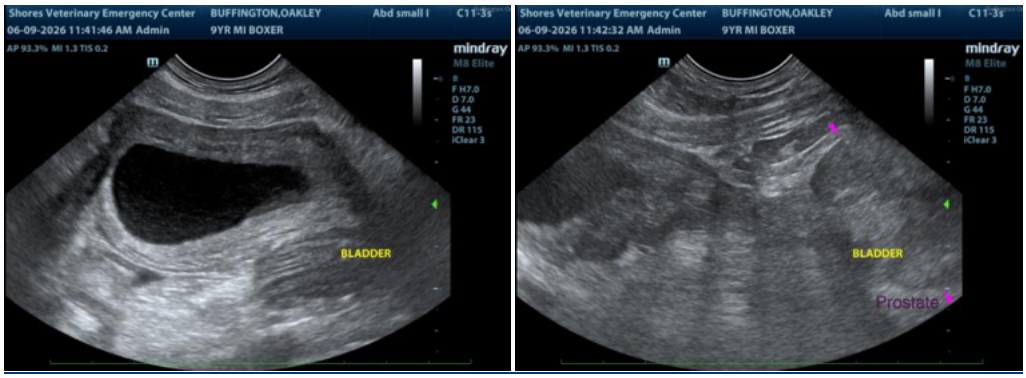
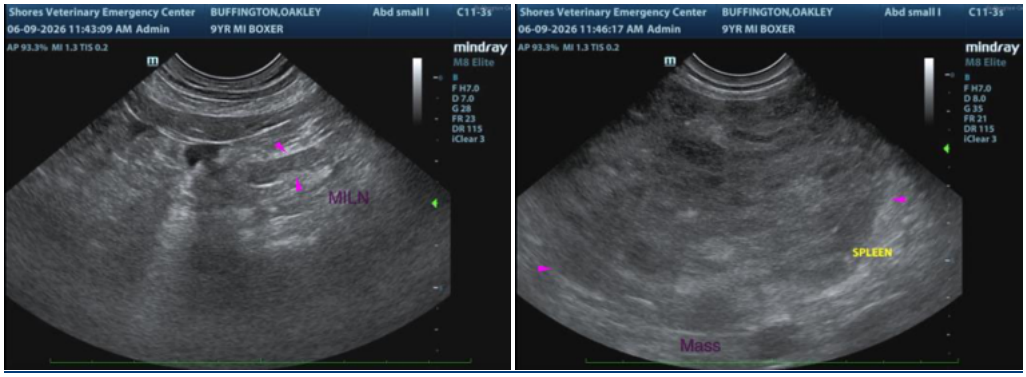
3. Also consider an abdominal CT scan to further evaluate the origin of the abdominal mass.
4. Depending on the results of the above diagnostics, an abdominal exploratory with abdominal mass removal along with liver biopsies, aerobic and anaerobic bile cultures and hepatic copper quantitation may be indicated.







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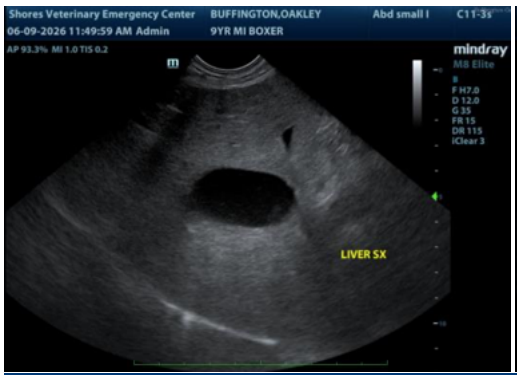

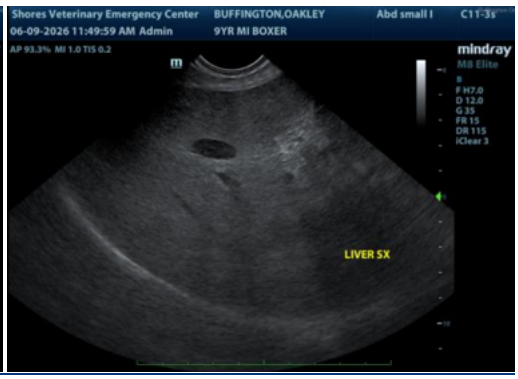

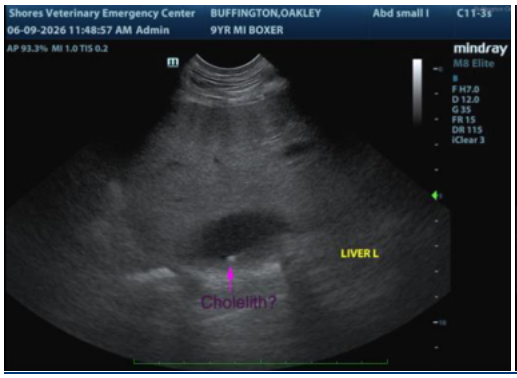

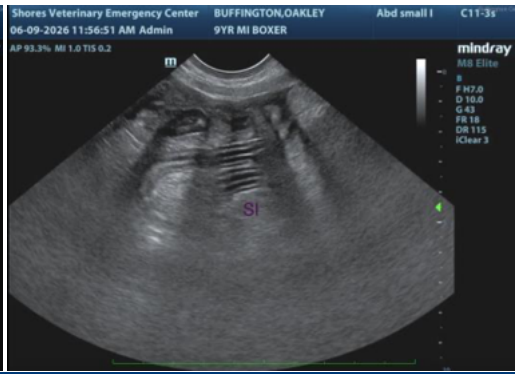

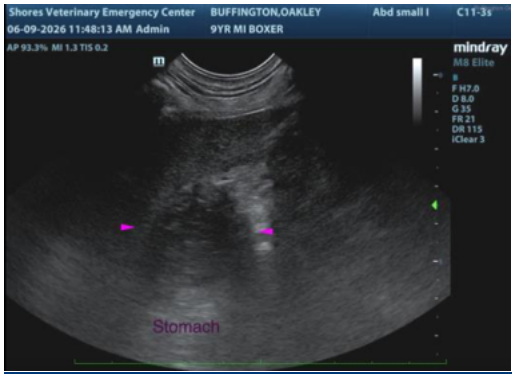

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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