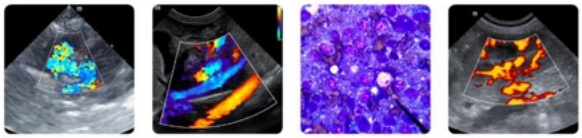

PATIENT

Charlie Vion

SPECIES

Canine

BREED

German Shephard mix

SEX

Male, neutered

AGE

6/22/2020

WEIGHT

57.1 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Waterway AH

REFERRING VET

Dr. Walker

INVOICE

13341

DATE

11/12/25

PRESENTING CLINICAL SIGNS

- Patient presenting with history of protein loss (low albumin) - potentially GI or kidney related
- Mild weight loss noted since diet change
- Previous intermittent GI issues with flares of diarrhea
- Currently stable on Purina HA diet with improved clinical signs

-Albumin 2.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (0.80 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 (9.46 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (9.68 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal 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 (0.67 cm at cranial pole) (0.59 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 (1.10 cm at cranial pole) (0.47 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 enlarged (2.37 cm in width at the level of the hilus) with swollen peripheral contours. A >3.7 cm hypoechoic to heterogeneous, expansile mass is observed within the parenchyma. In the remainder of the spleen, the parenchyma is subtly mottled in appearance. 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 regenerative pathology is evident. 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

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normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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 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 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 1.92 x 0.94 cm medial iliac lymph node is visualized. In addition, 1-2 enlarged hypoechoic lymph nodes are observed in the left cranial abdomen, one of the nodes measuring 1.3 x 1.2 cm.

Free Abdomen

Trace free fluid is observed.

Other

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

In the caudal abdomen, a >5.4 cm ill-defined hypoechoic to heterogeneous mass-effect is visualized. Surrounding mesentery is hyperechoic. Adjacent to the larger mass effect, a 2.7 x 1.9 cm cavitated macronodule/mass is seen.

ULTRASONOGRAPHIC FINDINGS

- Ill-defined mass in the mid to caudal abdomen, the origin of which is unclear. It may be arising from lymph node, mesentery, other. Neoplasia (i.e., round cell tumor, sarcoma, carcinoma) is suspected with a lower possibility of an inflammatory process. Adjacent peritonitis is present.
- The origin of the cavitated mass in the mid to caudal abdomen is also unclear. It may represent a cystic lymph node, an extension of the larger ill-defined mass, metastatic lesion, other.
- Splenic mass. Again, neoplasia is suspected with a lower possibility of a benign process (i.e., lymphoid hyperplasia or similar).
- The prominent abdominal lymph nodes could be consistent with infiltrative neoplasia or reactive change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consider fine needle aspiration of the ill-defined mid to caudal abdominal mass +/- splenic mass assuming normal clotting status. 25-gauge needles should be used. Depending on cytology results, consultation with a board-certified oncologist may be indicated.

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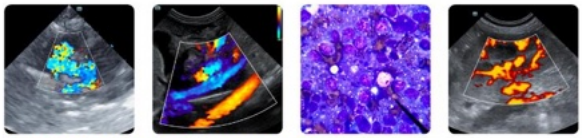

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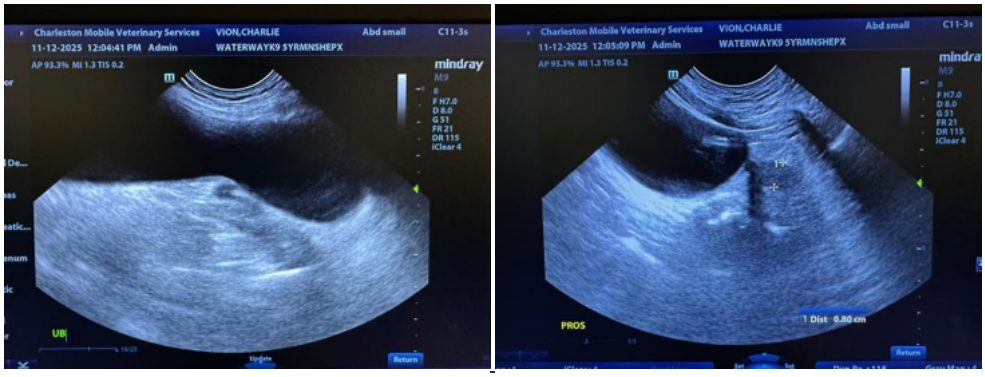

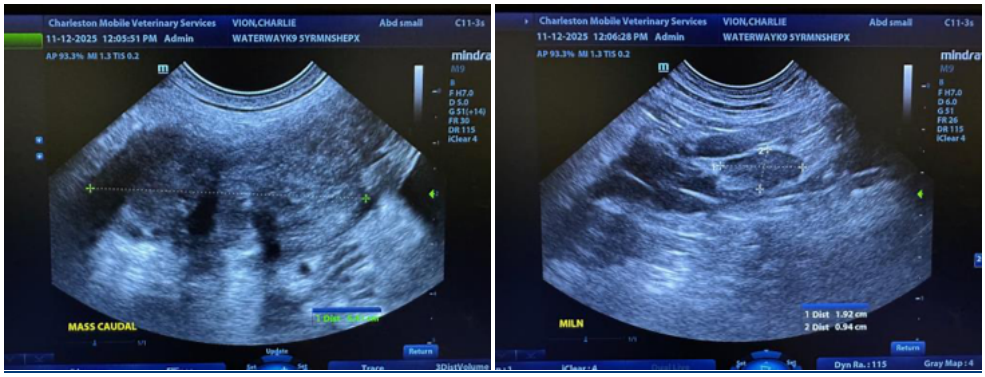

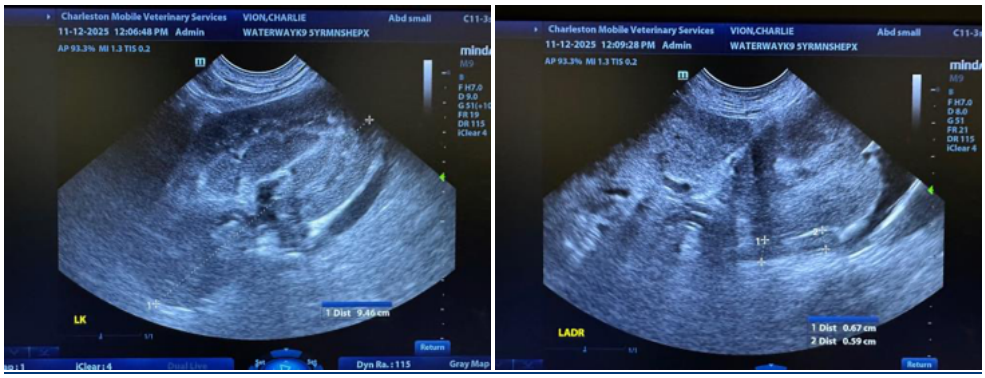

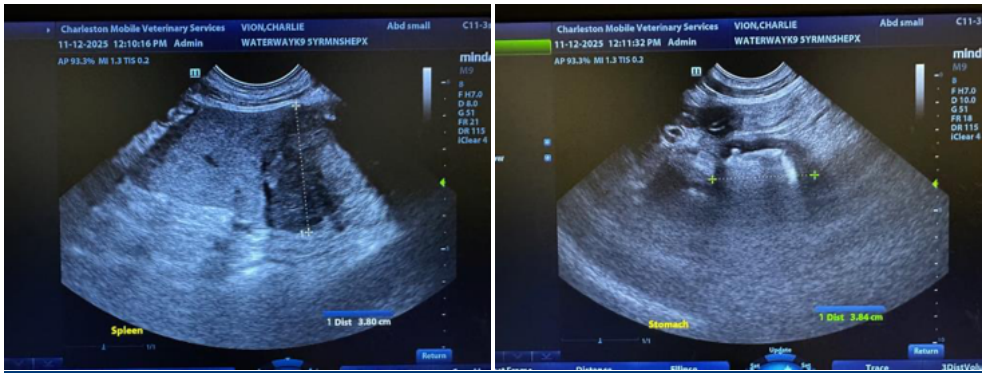

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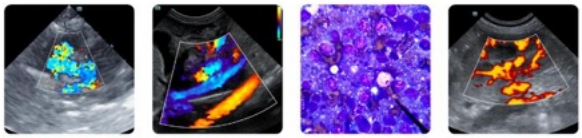

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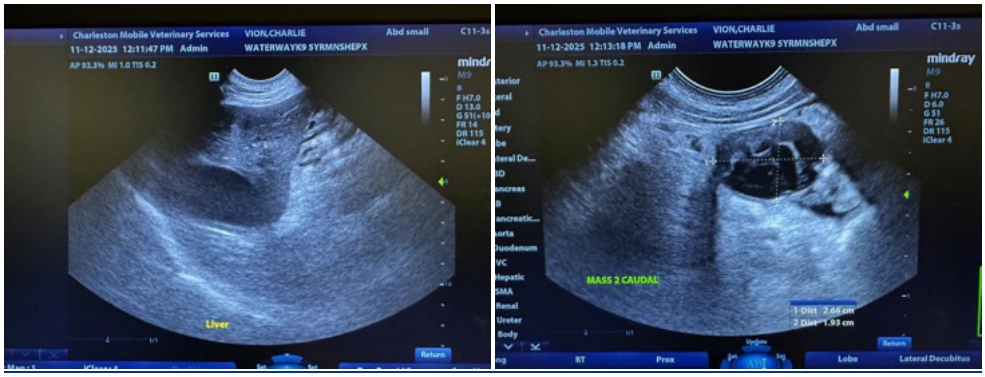

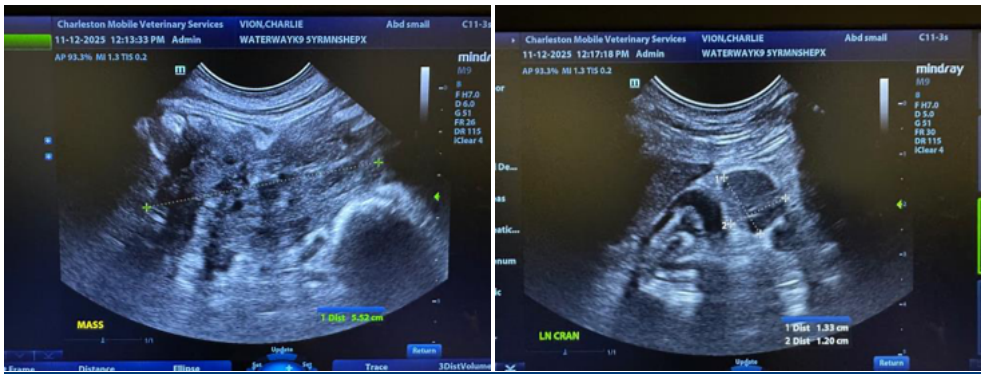

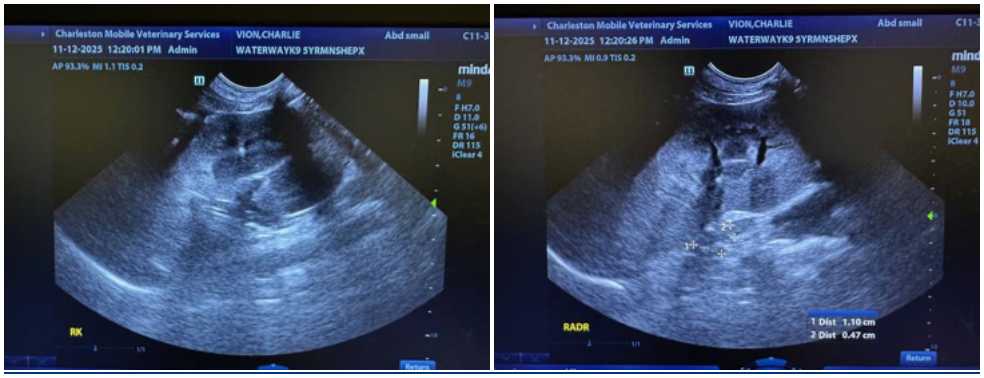

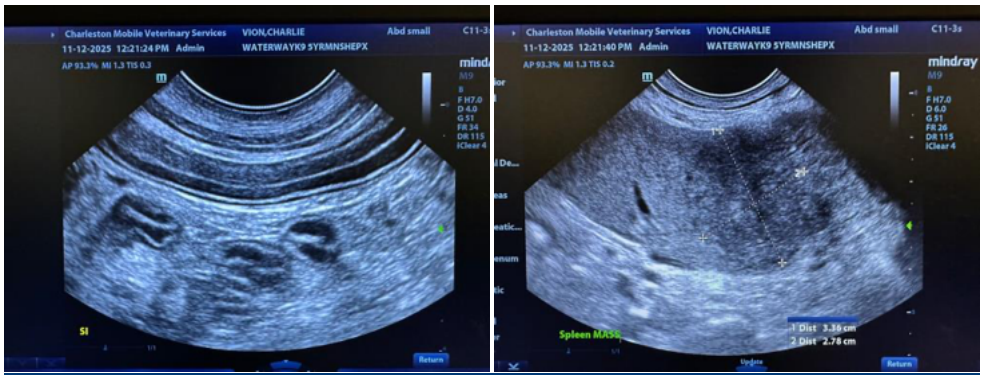

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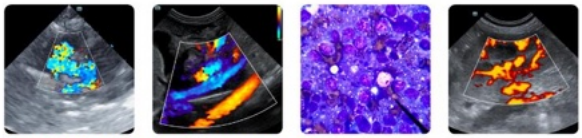

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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