PATIENT

Riley Brazelton

SPECIES

Canine

BREED

Cocker spaniel mix

SEX

Male, neutered

AGE

2/2/26

WEIGHT

50 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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HOSPITAL NAME

Sun Dog Cat Moon

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Dr. Pruitt

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13447

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2/3/26

PRESENTING CLINICAL SIGNS

Pt has not been feeling like himself lately, asking to go out during the night, seeming anxious, reduced appetite. Does have a urinary tract infection that is currently being treated.
09-23-2025: Arrhythmia - ventricular premature complexes (VPCs) managed at CVRC
04-24-2025: Pancreatic carcinoma
hyalinizing pancreatic ACA, completely excised.
09-12-2024: Mass of spleen
Splenectomy and liver biopsy 9/17/24
12-15-2023: Heart murmur
As of last echo September 2025:
class B2 mitral valve disease, mild tricuspid regurgitation also noted, normal systolic function, new onset ventricular arrhythmias
11-18-2022: Lipoma
multiple- left inguinal, caudal to right thirteenth rib

Klebsiella UTI 2/2/2026 - starting TMPS on 2/3; plan to perform STT
2+ proteinuria
1/19/2026:
- ALP 298
- BUN 69/Creatinine 1.8
- Glucose 141
- Potassium 6.0
- Na/K+ 25
- Precision PSL 205
- Platelet count increased 528
- h/o Ehrlichia positive on snap test

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 proximal urethra, visible to a depth of 2 cm, are normal.

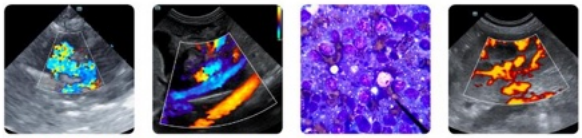
The prostate is normal in size (1.06 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.27 cm in length) with an irregular shape. The cortex is isoechoic relative to the spleen and variably thickened with moderate loss of corticomedullary distinction. A few small cortical cysts are seen. Trace pyelectasia is present (0.19 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.82 cm in length) with an irregular shape. The cortex is isoechoic relative to the spleen and variably thickened with moderate loss of corticomedullary distinction. An approximately 3 cm irregular/ill-defined septated cystic lesion is observed within the cortex. Several smaller cortical cysts are seen. There is a suspected infarct at the cranial pole. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.58 cm at cranial pole) (0.70 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule,



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cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (1.09 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.

Spleen

Previously splenectomized. The region of the splenic fossa is unremarkable.

Liver

The liver is normal to prominent in size with relatively smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. Left to mid-liver, a 1.7 x 1.1 cm hypoechoic to heterogeneous nodule is visualized. In addition, a 1.5 cm hypoechoic nodule is observed on the right side. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

The gallbladder 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.

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 base and right limb are enlarged with irregular peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and heterogeneous in appearance with a nodular type pattern. The pancreatic duct is not overtly dilated.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

Trace free fluid is observed.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pancreatic changes could be consistent with recurrence of adenocarcinoma. Alternatively, a benign process (i.e., chronic pancreatitis with parenchymal remodeling) cannot be excluded.
- The hepatic nodules trend toward the benign (i.e., regenerative nodules, inflammatory foci). However, metastatic lesions cannot be ruled out. Histopathology would be necessary to get a definitive diagnosis.

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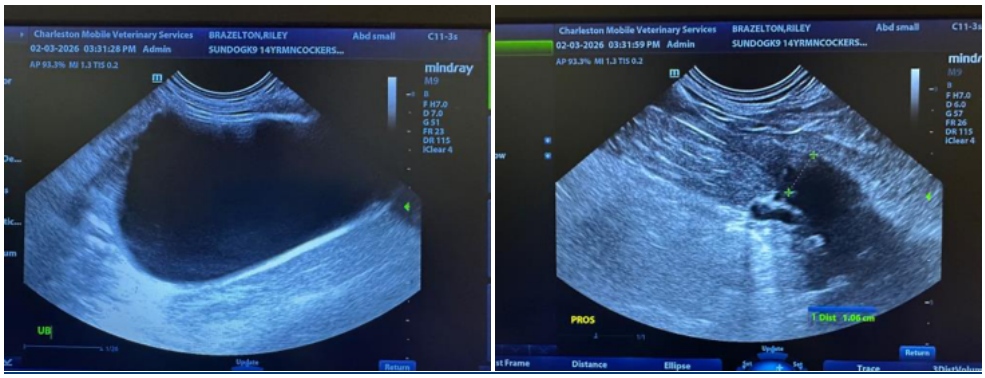
- Trace ascites

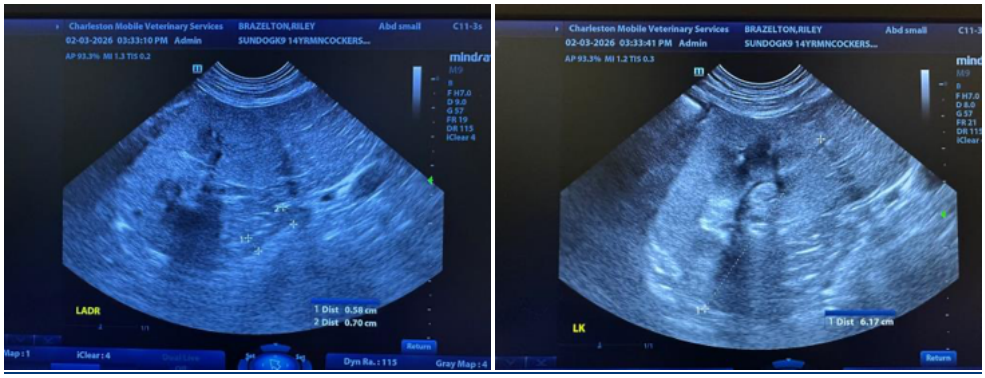
Secondary Findings:

- Bilateral nonspecific, age-related renal changes with cortical cysts, trace left pyelectasia and a suspected right cortical infarct.
- Gallbladder debris, non-mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Submission of the thoracic radiographs for a radiology consultation is recommended.
2. Consider fine needle aspiration of the pancreatic pathology. Heavy sedation would be required. An abdominal CT scan may also be beneficial in further evaluating pancreatic pathology.
3. Follow up with the patient's oncologist should also considered for further recommendations.





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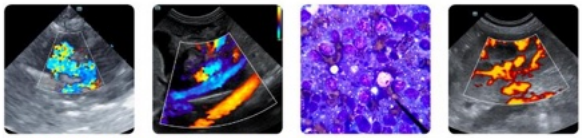

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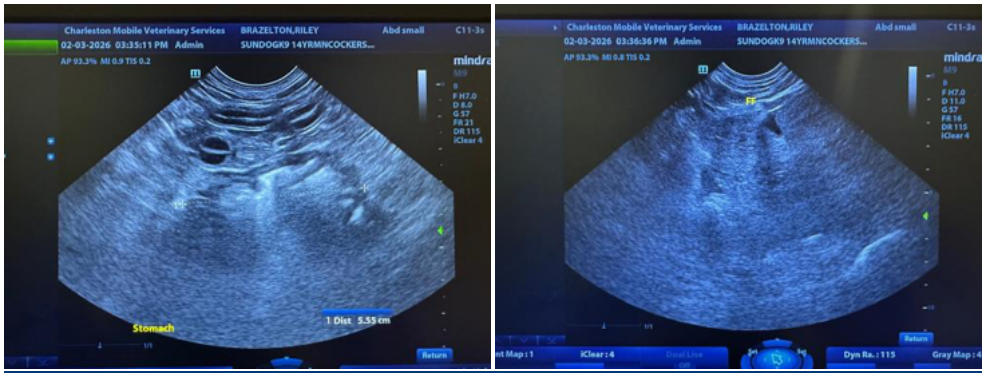

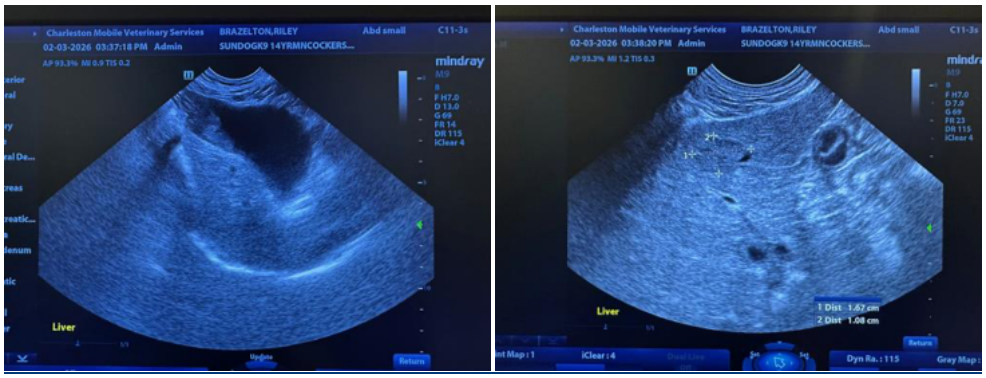

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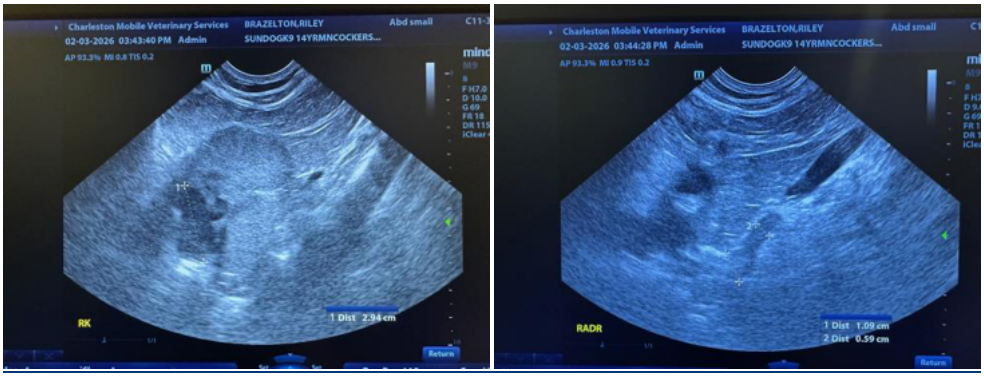

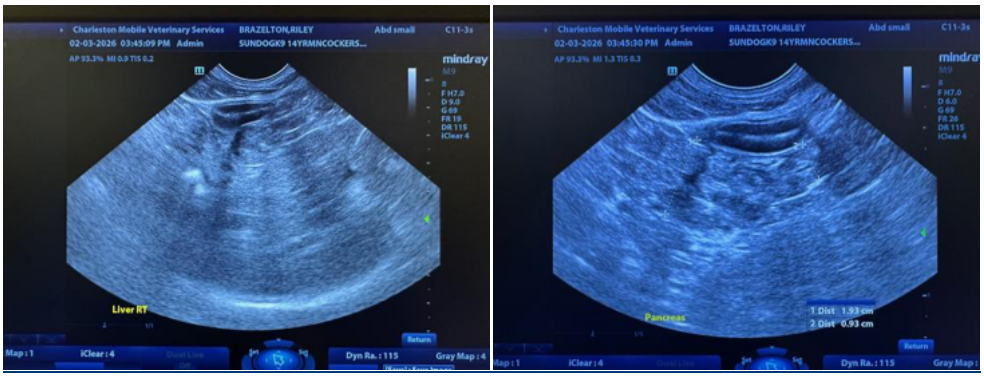

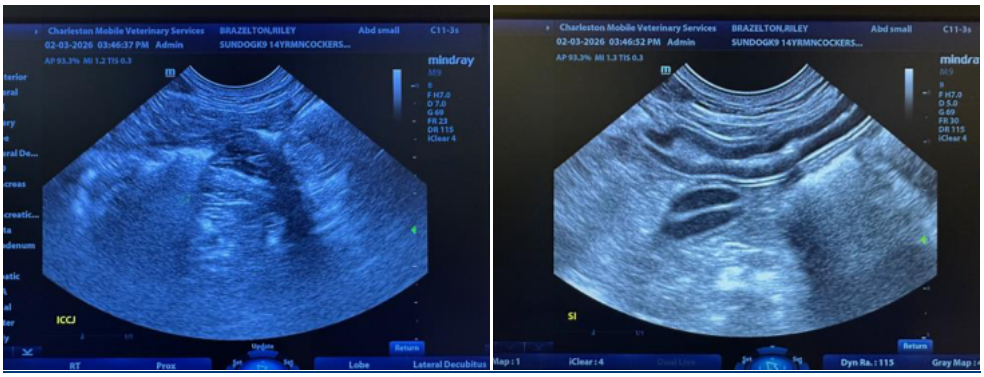

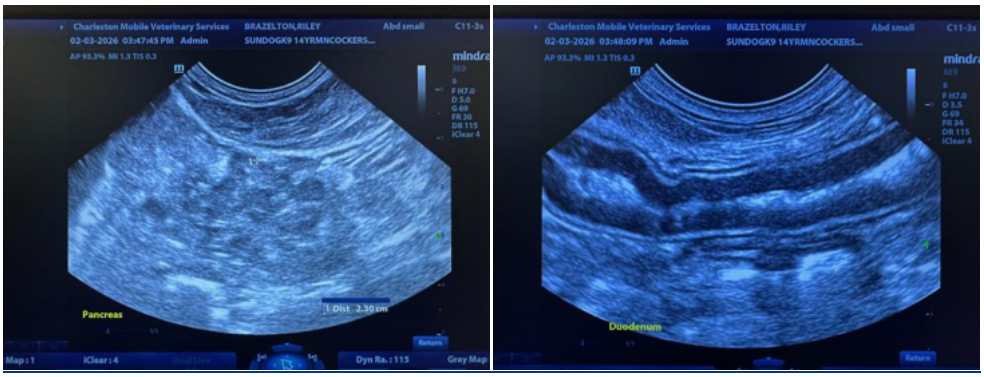

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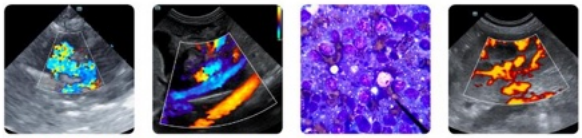

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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